

I Feel Good!

**A Guide to Support the Mental Health
and Well-Being of Children and Youth
who are Deaf/deaf and Hard of Hearing
in Ontario's Schools**

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Section 1: A Message from the Collaborators

"I Feel Good!": A Guide to Support the Mental Health and Well-Being of Children and Youth Who Are Deaf/deaf and Hard of Hearing in Ontario's Schools" (Guide) was developed collaboratively by VOICE for Hearing Impaired Children and the Canadian Hearing Society. This guide offers a compilation of information, strategies, and resources that promote healthy social and emotional development and is relevant to all adults who are part of the lives of children who are Deaf/deaf or hard of hearing.

This resource, funded by the Ministry of Education¹, is designed to help parents and educators distinguish among problems that are age-related and developmentally appropriate, those related to the impact of a hearing loss², and those behaviors that may be indicative of more serious mental health and social/emotional concerns. This guide was developed to complement *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*, a resource developed by the Ministry of Education which provides educators with information on the early signs of mental health and addictions problems, along with strategies that can be used in the classroom to support students. This document can be accessed at <http://www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf>.

It is essential that all children be given the best start in childhood and adolescence in terms of their mental health and well-being. We hope that you find information and resources in this guide to better understand children and the impact of their hearing loss in order to make good decisions that will promote healthy social and emotional development.

This Guide has been developed to offer proactive and pro-social strategies as well as tools to educators and parents of children who are Deaf/deaf and hard of hearing who may be experiencing social and/or emotional problems related to their hearing loss. Mental health exists on a continuum and if you have any serious concerns about a

¹ The views and opinions expressed in this guide are those of the author(s) and do not necessarily reflect those of the Province, Ministry of Education and its staff.

² For the purposes of the 'I Feel Good' guide, the term 'hearing loss' may refer to either a partial or total inability to hear.

child's mental health, we encourage you to consult with your family doctor and school resource team. In addition, if you would like advice from or referrals to professionals who have experience with students who are Deaf/deaf or hard of hearing, contact VOICE at ww.voicefordeafkids.com or the Canadian Hearing Society at www.chs.ca.

Both VOICE and CHS obtained significant support in the researching and writing of the information contained in this document through contributions from researchers in the Childhood Hearing Loss Laboratory at the University of Toronto and the Department of Psychology King's University College at the University of Western Ontario.

Section 2: Guiding Principles

"I Feel Good!": A Guide to Support the Mental Health and Well-Being of Children and Youth Who Are Deaf/deaf and Hard of Hearing in Ontario's Schools (Guide) represents a collaboration between the Canadian Hearing Society and VOICE for Hearing Impaired Children to create a resource for parents, educators and families of children who are Deaf/deaf and hard of hearing, and is funded by the Ministry of Education.

This Guide has been designed to increase awareness and understanding of potential social and emotional issues related to being Deaf/deaf or hard of hearing. Some of these issues are interrelated to language development and ability and its effect on healthy social interaction, however this Guide is not intended to instruct parents and professionals in specific techniques that address language acquisition in children who are Deaf/deaf or hard of hearing. The Guide's focus is on providing tools, strategies and resources that promote mental health and well-being of students who are Deaf/deaf or hard of hearing.

The Ministry of Education uses the terminology "children who are Deaf/deaf and hard of hearing" to identify children who have a range of hearing losses. Other terms that are used to address this population include "culturally Deaf, deaf, deafened, hard of hearing, hearing impaired, or oral deaf," and this list is not exhaustive. For clarity, in this Guide the terminology "children who are Deaf/deaf or hard of hearing" will be used to

refer to a broad range of children who are using either a spoken language, a signed language, or both, and includes both audiological and cultural perspectives.

Section 3: How to Use This Guide

“I Feel Good!”: A Guide to Support the Mental Health and Well-Being of Children and Youth Who Are Deaf and Hard of Hearing in Ontario's Schools is an online resource for parents and professionals supporting children who are Deaf/deaf or hard of hearing at different stages of social and emotional development.

Each section addresses a different topic and can be read as a stand-alone. The sections do not have to be read in sequence. As such, since each section can be read separately, readers might find that some information is repeated.

The sections have been divided according to developmental stages; if your child is not exhibiting behaviors expected for a certain age, refer to the previous section and focus on reinforcing the development of those skills.

Parents and professionals are encouraged to use this Guide in whatever order is best suited for the children they are supporting.

This Guide is one among many resources available. Throughout the Guide, we have provided links to relevant guides and resources where appropriate.

Section 4: What is meant by Mental Health and Well Being?

The World Health Organization defines mental health as, "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2007). Rather than focusing on how negative interactions affect mental health, this perspective emphasizes the positive qualities that allow individuals to

succeed and thrive in society, many of which involve elements of healthy child and family support systems and the development of strong social and interpersonal communication skills.

Characteristics of Positive Mental Health:

- *Courage, optimism, hope, honesty, interpersonal skills, work ethic and perseverance.*
- *Ability to enjoy life* – Living in the moment, appreciating the “now.” Ability to learn from the past and plan for the future without dwelling on things that can’t be changed or predicted.
- *Resilience* – Ability to bounce back from hard times, manage stress without loss of optimism.
- *Balance* – Ability to juggle many aspects of your life. Ability to make changes to restore balance when necessary.
- *Self-actualization* – Recognition and development of individual strengths to reach one’s full potential.
- *Flexibility* – Ability to feel and express a range of emotions. Ability to solve problems and revise expectations.

<http://mentalhealth.about.com/cs/stressmanagement/a/whatismental.htm>

Parents play a very important role in guiding the development of these attributes of positive mental health in their children. Each child (and parent) is unique with their own temperament, personality, strengths and weaknesses and the interactions of these factors with the environment, genetics, and the challenges of life make each parent/child relationship a little bit different. There may not be an absolute recipe for success, but authors such as Paul Tough (*“How Children Succeed — Grit, Curiosity, and the Hidden Power of Character”*) outline seven character traits key to childrens' success, especially at school:

- Grit
- Curiosity
- Self-control
- Social intelligence
- Zest
- Optimism
- Gratitude

<http://www.cbc.ca/news/world/story/2012/11/22/f-how-children-succeed-paul-tough.html>

Child Development

The developmental years (the time period between birth and the end of adolescence) are marked by the achievement of multiple developmental milestones. Developmental milestones are functional skills or age-specific tasks that most children can do within a certain age range. Each milestone that a child reaches is like a building block or stepping-stone fostering the next phase of change. Child development typically progresses through four major skill areas, which are:

Language: Expressing needs, wants and thoughts; using body language and gestures; and understanding what others communicate.

Movement and muscle coordination: Using the body's large muscles (sitting, standing, walking, running, keeping balance, and changing positions) as well as small muscles (eating, drawing, playing, dressing, colouring) and developing hand-eye coordination.

Play and social: Having relationships with others, cooperating, and responding to the feelings of others.

Thinking and reasoning: Learning, understanding, problem-solving and remembering. It is natural for parents to compare their child's progress with other children. However,

although most children meet milestones within an average range, every child develops in a unique way and at a different rate. There are clearly wide variations in what is considered “normal,” influenced by factors such as genetics, intellectual stimulation, family history, parenting skills, physical and mental health, culture, nutrition, as well as environmental and educational factors. While recognizing that each child develops differently, a general knowledge of expected developmental benchmarks may help alert parents and/or clinicians of development that is atypical for children who are Deaf/deaf and hard of hearing. Children who are late in achieving developmental milestones may be showing delays in one or more areas of development. Language, play/social and thinking/reasoning all have important influences on the child’s mental well-being.

Language Development

Communicating with a child is one of the most important things parents can do. This, however, can be one of the most difficult challenges facing Deaf/deaf and hard of hearing children. Regardless of whether parents decide to provide hearing technology such as hearing aids or cochlear implants to assist with their child’s effective communication, it is very important that a child learns language – whether spoken, signed or a combination of the two – from a very early age. Language has a significant impact on the development of positive mental well-being and health.

Play and Social Development

Age-appropriate social language skills are required in order for children to develop positive social relationships (Gallagher, 1993). The inability to develop social networks has been shown to result in an increased incidence of psychosocial and mental health problems. Furthermore, poor social skills and self-concept in the early years are strong predictors of adult outcomes.

Social and interpersonal skills that have been linked to promoting positive self-esteem and well-being include:

- thinking independently
- developing self-control
- understanding the feelings, needs and motivations of oneself and of others
- understanding and expressing a range of emotions
- learning from past experiences in planning for the future
- responding to challenges and obstacles through effective problem solving
- recognizing and developing one's strengths through self-actualization
- self-advocacy
- effectively navigating diverse social situations
- managing communication breakdowns
- maintaining healthy relationships with others

Research has shown that Deaf/deaf children of hearing parents may lag several years behind hearing children of hearing parents in terms of their development of theory of mind (Lundy, 2002) which is part of social development. Du Feu & Chovaz (2014) describe how baffling it must be for Deaf/deaf and hard of hearing children to make sense of their parents' or friends' behaviour if they cannot understand the thoughts and feelings of another person (theory of mind). A delay in the development of theory of mind may result in reduced consequential thinking (Gray, Hosie, Russell, & Ormel, 2003), less developed emotional vocabularies, less understanding and recognition of emotion and emotional regulation, and weaker coping skills (Johnson, 2012). It is encouraging to know that these constructs are currently being studied by researchers to help us better understand how best to support these children.

Being Deaf/deaf or hard of hearing does not mean that a child cannot successfully master social development milestones, but access to language is key. Developing

language is an interactive process that allows Deaf/deaf and hard of hearing children to participate fully in their environment.

It is never too early to begin to work on these areas of social competence. Even very young children can be guided by their parents and teachers to develop these skills at an age-appropriate level. Developing these competencies may prevent the development of negative social consequences and reduced feelings of well-being and self-esteem.

The link below provides an article for more information on the impact of being Deaf and hard of hearing on psychosocial development:

<http://jdsde.oxfordjournals.org/content/5/4/349.full.pdf>

Thinking and reasoning

Children who are Deaf/deaf and hard of hearing have the capacity to reach the same cognitive and developmental milestones as children who have normal hearing. As with hearing children, some Deaf/deaf and hard of hearing children may be within the average range of intelligence, some may be intellectually gifted and some may be developmentally delayed. Children who are Deaf/deaf or hard of hearing may struggle with reading and writing, resulting in delays in academic achievement and literacy skills, which have been shown to negatively affect children's mental health and self-esteem (Hindley, 2005). These struggles may be related to language issues as well as difficulties accessing the world around them and not to intelligence.

Having a Hearing Loss versus Having a Mental Health Problem

Children who are Deaf/deaf or hard of hearing can and do live emotionally healthy lives. Similar to children with typical hearing, some will excel in their academics and their relationships and some will know hardship including poor education, poor choices and offences against society. Parents and educators want the best for their children and students, so it is vital to become aware of potential risk factors that might increase the

chances of the child or youth developing a mental health difficulty, learn strategies to promote better health, and know where to turn if concerns arise.

Having a hearing loss is not a mental health issue and does not necessarily predispose a child to having a mental health disorder. As with any child, risk factors such as genetics, biology, environment, parent-child relationships, infections, and disease may increase the risk of mental health problems. Having a hearing loss does not cause disorders nor is it a disorder. However, there are various consequences that may be associated with hearing loss that may indirectly or directly heighten the risk of mental health issues. Some of these include etiology or the cause of the hearing loss. For example, a toddler who loses hearing due to meningitis (an infection of the lining of the brain) may also experience difficulty in areas that affect learning or reasoning. In this way it can be seen that having a hearing loss did not *cause* the mental health disorder yet it is associated with it.

Other risk factors associated with being Deaf/deaf or hard of hearing include:

- Prematurity
- High fevers
- Infections
- Genetic syndromes
- Language delays
- Maternal rubella
- Cytomegalovirus (CMV)
- Late identification of hearing loss

All of these risk factors may have an effect on a child's mental health and well-being. As such, parents who are aware of these risk factors are in a better position to support their children in their developmental years.

Mental Health Issues

Some research has shown that children with hearing loss may be more vulnerable to mental health and psychosocial problems than their peers with typical hearing.

Children's Mental Health Ontario estimates that 1 in 5 Canadian children will experience a mental health disorder. It is not difficult then to predict that Deaf/deaf and hard of hearing children facing potentially more challenges may have higher rates of distress (Du Feu & Chovaz, 2014). Research cites the incidence of emotional difficulties to be 3-6 times higher in school-aged children who are Deaf/deaf or hard of hearing than in their peers with typical hearing (Health Canada, 1994; Hindley, 1997; 2000; 2005).

Children who are Deaf/deaf or hard of hearing may have any of the mental disorders experienced by all children including behavioural disorders (impulsivity, hyperactivity) or social-emotional difficulties (anxiety, depression). In addition, children with hearing loss are also 3-4 times more likely to experience additional handicapping conditions than children with typical hearing. These include visual impairments, motor difficulties, and learning difficulties all of which may impact mental health.

The child who uses hearing aids faces unique challenges in family, social and school situations. Existing hearing technology is not a perfect replacement for typical hearing, and children with hearing loss continue to face many challenges in accessing and processing auditory information. Situations such as multi-talker conversations in small and large group interactions, and situations involving background noise or other difficult listening conditions can cause extreme difficulties for children wearing even the most sophisticated hearing technology and are particularly problematic for children who are in the language learning period (Flexer, 2011).

With current trends toward educating children in their local communities, it is often the case that there is only a single child with a hearing loss in a particular school. Children who use spoken language and wear hearing technology may also see themselves as being less attractive and less socially accepted than their peers with typical hearing as a result of their need to wear hearing technology (Cappelli et al., 1995). Hearing technology itself is often visible on the head and may draw attention to itself, requiring

verbal explanation. These children and their parents may be asked unwanted questions about their technology and their hearing loss. The lack of awareness in the general public regarding hearing loss in general and hearing loss in children in particular may make this situation especially challenging. Children need to be given the language and the confidence to be able to respond to these questions in a socially acceptable and self-affirming manner.

Children who sign and use a sign language interpreter in the classroom face similar challenges regarding their unique and highly visible situation. In addition, these children may feel left out of peer interactions during recess, breaks or on the bus when the interpreter is not available. This may contribute to feelings of loneliness and isolation as well as affording fewer social learning opportunities. In summary, Deaf/deaf and hard of hearing children in integrated settings may have less opportunity and more difficulty to develop the age-appropriate social skills necessary for friendships and interactions with their peers.

Families

Families who have a Deaf/deaf or hard of hearing child experience many of the same successes and challenges as other families. For some families, learning that their baby is Deaf/deaf or hard of hearing may change family dynamics and impact many different areas of family life. Effects may be experienced in the marital relationship, interactions between parent and child, relationships with siblings, relationships with extended family members, family gatherings, and everyday family routines. For example, having a Deaf/deaf or hard of hearing child may affect paternal career choices and limit family leisure time due to additional related responsibilities. Siblings may feel neglected or resentful of the amount of attention given to their Deaf/deaf or hard of hearing sibling. Extended family members may experience similar grieving and acceptance processes following the child's identification. Conflict between the child's parents may occur due to different levels of perceived responsibility or due to different views, priorities, or preferences during times of decision making.

The following are key factors that hearing parents can focus on to create a family environment that will establish social and emotional development of their Deaf/deaf and hard of hearing children:

- Early identification of deafness or hearing loss and professional involvement markedly improve overall functioning and increase feelings of self-esteem.
- Promote early attachment, family support, and acceptance of the child.
- Provide adequate life experiences for your child to learn behaviours and attitudes appropriate to family and society.
- Find a balance when encouraging your child's exploration (restriction and overprotection may hinder independence).
- Reinforce strengths in your child to promote feelings of competency rather than inferiority.
- Encourage the use of technology and the Internet that can provide access to information and social contacts.
- Provide opportunities for social relationships, building social networks at school, but also within the home and community.
- Encourage social experiences with Deaf peers that can lead to comfort and identification with Deaf culture.
- Encourage participation in extracurricular activities.
- Expose your child to Deaf/deaf and hard of hearing adults, role models and mentors.
- Seek out skilled, educated and caring professionals to work with the child and family.

Section 5: Mental Health Disorders and Risk factors for children and youth who are Deaf/deaf or hard of hearing

A differential diagnosis is the term used when identifying the presence of one disorder where there are multiple alternatives possible. This method is essentially the process of obtaining information that identifies the presence of an additional condition aside from the hearing loss. The challenge for the professional is to be familiar with the development of children with hearing loss in order to identify the possibility of other disorders, especially those with a language component (e.g. delays and disorders in speech and language unrelated to hearing loss). When a parent or educator is concerned about the development of the child who is Deaf/deaf or hard of hearing, it is imperative to seek out the knowledge of those professionals who are experienced with this population. Below are some descriptions and symptoms of disorders often showing comorbidity with hearing loss.

Developmental Disorders

Autism Spectrum Disorder (ASD)

ASD is a complex neurodevelopmental disorder that affects the way the child's brain functions. Children with ASD typically have difficulties with social behaviours, communication, and exhibit restricted, repetitive, and stereotyped behavioural patterns. The cause of ASD is not entirely known, though there is considerable evidence that genetics play a part.

Children with ASD typically show delays and disturbances in their language development. Deaf/deaf children may display language deprivation, which can present like a language delay, but which is, in fact, due to a mismatch between the language used in the home and the language the child can access. The important and fairly consistent difference, however, is that a Deaf/deaf child typically shows communicative

attempts, whereas typically the child with autism does not. If concerns arise, it is essential that parents seek out clinicians with an understanding of how ASD presents itself in a Deaf/deaf or hard of hearing child to ensure accurate diagnoses and avoid both missed and mis-identifications.

Intellectual Disability (also called developmental delay)

An Intellectual Disability involves delays in everyday living (i.e. adaptive behaviours) and lower scores on formal intelligence tests. Examples of adaptive behaviours include communication competence, personal care skills, functional reading and writing, and social skills. These delays must be apparent during childhood.

A Deaf/deaf or hard of hearing child may have an intellectual disability as a result of associated risk factors. For example, many children with Down syndrome have both some degree of hearing loss and an intellectual delay, and a child who suffered from meningitis may have changes or damage to the brain, resulting in lowered intellectual functioning as well as damage to the auditory system. Since these children present with signs of both an intellectual disability and hearing loss, a comprehensive psychological assessment is essential to accurately identify both.

Unfortunately, Deaf/deaf and hard of hearing children without an intellectual disability may show lack of communication skills related to their language deprivation in the early years rather than deficits in their ability to think and reason. Mainstream testing of IQ typically utilizes tests of intelligence that are language-loaded – meaning the child needs a good grasp of language for mastery of the tests. These tests may be both inappropriate and unfair for use with Deaf and hard of hearing children depending on factors such as their exposure to and mastery of language. Use of these tests of intelligence by uninformed clinicians may yield both false negatives (concluding that Deaf/deaf children are intellectually intact when they are not) and more commonly false positives (concluding that Deaf/deaf children have an intellectual disability when, in fact, they do not). It is important to differentiate a true developmental delay from the far-

reaching effects that lack of language access may have on childhood development of cognitive (thinking) and linguistic (language) skills.

Parents are urged to ensure any formal testing of their child is done by clinicians knowledgeable of these issues.

Affective Disorders

Affective disorders refer to mental health disorders that affect moods such as anxiety and depression. These are among the most common mental disorders among children and there appears to be an even greater prevalence of these emotional and behavioral disorders in children who are Deaf/deaf or hard of hearing. Although being Deaf/deaf or hard of hearing in itself does not cause these disorders, it is again likely that risk factors such as language deprivation, neurological vulnerability, family issues, and barriers created by society all influence the child's overall development. The outcome of this may potentially have an important impact on how children who are Deaf/deaf and hard of hearing experience and react to the world around them.

Anxiety Disorders

Anxiety disorders are one of the most common mental health disorders among all children. Some of the manifestations of anxiety in children include the following:

- avoiding school or extracurricular activities
- repeated requests for reassurance from parents
- becoming easily upset frequently
- experiencing sleep difficulties and nightmares
- complaining of stomach cramps, light-headed, headaches, vomiting and diarrhea
- sleep difficulties and nightmares
- Feeling angry, sad, hopeless, embarrassed out of proportion to the situation



Some research studies suggest that children who are Deaf/deaf and hard of hearing may be more vulnerable to developing anxiety disorders given a more limited understanding of the world around them (incidental learning, theory of mind), difficulties communicating, and feelings of isolation. In a world that does not make sense (i.e., language, theory of mind, emotions etc.) in addition to the behaviours seen above, children who are Deaf/deaf and hard of hearing may seek to impose order upon their chaos through engaging in preservative and obsessive behaviours.

Suggestions for parents to minimize anxiety in children who are Deaf/deaf and hard of hearing include the following:

1. Respond to issues associated with being Deaf/deaf and hard of hearing in an adaptive way that will positively influence the child's self-esteem.
2. Strive for clear, meaningful and accessible communication.
3. Expose the child who is Deaf/deaf or hard of hearing frequently to Deaf/deaf and hard of hearing role models to foster a stronger sense of belonging and a better understanding of the world.
4. Observe your child for behaviours and/or emotions that indicate they are feeling anxious.

Depression

Some studies report that Deaf/deaf children show higher rates of depression than hearing children. However, this higher rate of depression is not directly related to the actual hearing loss. These children may share the same risk factors of being teased, mistreated, or neglected, but Deaf/deaf and hard of hearing children may also have significant problems making themselves understood to hearing peers and adults, which contributes to the overall higher rate of depression. Once again, this highlights the association between language and the manifestation of psychiatric disorders such as depression.

Some of the following are signs of depression in hearing children:

- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomach aches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored
- Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Reckless behaviour
- Difficulty with relationships

Parents need to be aware of how and why these signs of depression may be expressed by Deaf/deaf and hard of hearing children. For example, a Deaf/deaf or hard of hearing child who was deprived of language during their early years may have difficulty communicating thoughts of running away from home, fearing death, or expressing non-specific physical complaints. Deaf/deaf and hard of hearing children who feel isolated attending a school program with hearing peers, may not have close relationships, feel somewhat bored and not have any regular playmates. In such cases, even greater care must be taken when parents and/or clinicians consider depression to ensure accurate identification.

Behaviour Regulation Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a common neurobiological disorder characterized by:

- hyperactivity (difficulty regulating activity level)
- impulsivity (difficulty inhibiting behaviour) and/or
- inattention (difficulty attending to the task at hand).

Teachers and parents often report that Deaf/deaf and hard of hearing children are fidgety, easily distracted and not able to maintain attention on task. It is important to recognize, however, that these behaviours do not necessarily lead to higher rates of ADHD among Deaf/deaf and hard of hearing children, especially when these children are assessed using accessible and appropriate measures.

It appears that children with a hereditary cause of hearing loss are not at a greater risk of developing ADHD, yet children with acquired hearing loss are at a significantly higher risk of doing so. This difference is likely related to the medical conditions causing the hearing loss, the family dynamics, and the language delays which distinguish these two groups. If a child becomes Deaf/deaf or hard of hearing as a result of an infection, disease, or trauma, parents should be vigilant in observing and understanding their

behaviour. However; children who exhibit symptoms of ADHD do not always have the disorder; their behaviours may be related instead to communication difficulties, boredom, and isolation from mainstream activities.

Oppositional Defiant Disorders (ODD) and Conduct Disorders (CD)

ODD and CD are a group of behavioural and emotional problems in children and youth. ODD is characterized primarily by aggressiveness and a tendency to purposefully bother and irritate others, while children and adolescents with CD have great difficulty following rules, accepting authority, and behaving in a socially acceptable way.

The list of risk factors that contribute to the development of behavioural disorders in hearing children is the same as for many Deaf/deaf and hard of hearing children and adolescents. In addition to these risk factors experienced by both groups, children with sensorineural (nerve) hearing loss rather than a conductive (bone) loss seem to show significantly higher rates of these types of behaviour problems than hearing children. This is likely because some causes of hearing loss, such as meningitis, may contribute to negative behaviours even though being Deaf/deaf or hard of hearing is not the cause.

Other risk factors for Deaf/deaf and hard of hearing children associated with ODD and CD are as follows:

- academic difficulties
- vulnerability to maltreatment (e.g. bullying, abuse)
- communication difficulties with parents
- overly harsh, controlling and intrusive parenting practices.

It should be noted that in addition to the above risk factors, there appear to be strong links between language and behaviour problems for both hearing and Deaf/deaf and hard of hearing children. It is not clear whether problems in language development lead to behaviour problems, if language problems are the result of behaviour problems or whether both language and behaviour problems are actually both part of an overall

developmental delay. It is clear, however, that Deaf/deaf and hard of hearing children of hearing parents are considered at even a greater risk of behaviour problems as either a direct or indirect function of the language deprivation they may have experienced in addition to other known risk factors. It should be noted that Deaf children of Deaf parents can also have behaviour problems, but likely for different reasons.

Substance Abuse

The principles underlying addiction are the same for hearing adolescents as for Deaf/deaf and hard of hearing adolescents. The difference, however, is that Deaf/deaf and hard of hearing youth may experience higher levels of stress in their lives related to communication difficulties, isolation, relationships, educational and employment opportunities. As a result, Deaf/deaf and hard of hearing adolescents may turn to alcohol or drugs as a way of coping with their stress.

The Deaf/deaf and hard of hearing adolescent who abuses substances may not have information on alcohol/drugs and treatment programs in a way which is accessible to their hearing peers. Frequently, recovery programs are group-based and support systems are offered through peer telephone contact, which may pose difficulties for Deaf/deaf and hard of hearing individuals.



Self-Harm and Suicide

Self-harm can be a child or youth's way of coping with emotional pain. Emotional pain might include feelings such as sadness, frustration, confusion, self-loathing, guilt or rage. Self-inflicted pain can sometimes be a way of expressing feelings that the child doesn't know how to express using language. For example, the action of cutting seems to temporarily provide a distraction from emotional pain; children often report that it makes them feel better, at least for a short time. However, the feelings return and the cycle repeats with the urge to hurt themselves again.

It is important for all parents to understand that self-harm behaviour is not just "looking for attention," as this may trivialize the depth and extent of the pain their child is actually feeling. Deaf/deaf and hard of hearing children may experience more risk factors than hearing children, which may contribute to overwhelming feelings which may lead to self-harm. These risk factors include communication issues, isolation, loneliness, and difficulties accessing mental health services. Although there is a significant gap in the research literature in terms of absolute numbers of Deaf/deaf and hard of hearing children who self-harm, the more important point is that parents must be aware of these behaviours and risk factors leading to it.

Children who die by suicide may be feeling so much emotional pain that they feel they have no other option. Young people, including those who are Deaf/deaf and hard of hearing, may feel tremendous pressure in many areas of their lives, including home, school, and peer groups and often are unable to see solutions to their problems. When this pressure exceeds a child's ability to cope, suicide may seem like an option.

Parents, teachers and communities must be aware of these signs of stress in youth.

The following links provide parents with more information on the topics of self-harm and suicide:

http://www.signhealth.org.uk/documents/suicide_leaflet_v8.pdf

<http://www.annals-general-psychiatry.com/content/6/1/26>

Section 6: Mental Health and Deafness

A hearing loss is not a mental health issue and in itself does not predispose a child to having a mental health disorder. However, there are clearly a number of risk factors associated with deafness (described earlier in this Guide) which may affect the mental health of children who are Deaf/deaf or hard of hearing. As such, parents and educators need to educate themselves about and encourage the development of skills that will promote good mental health.

Protective Factors

A proactive approach that promotes well-being for children and youth shifts the focus from risk factors and deficits to the development of protective factors that build on the family's and the individual child's strengths.

Protective factors are individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events (www.cdc.gov/healthyyouth/protective/). Protective factors which promote positive mental health in children and youth include:

- Positive nurturing and attachment
- Knowledge of parenting and of child and youth development
- Resilience (parent, family and self)
- Social connections
- Concrete supports for parents

<http://friendsnrc.org/cbcap-priority-areas/well-being-and-the-young-child/pf-young-child>

How will protective factors help?

Protective factors encourage:

- Clear self-concept
- High self-esteem and confidence
- Self-efficacy
- Self-advocacy
- An ability to deal with change
- Skills and values that lead to efficient use of personal ability
- A good range of social problem solving skills
- Aspirations for the future
- The feeling of having options
- The feeling of being in control of one's life

Parental reactions to the identification of hearing loss

Parents hold dreams about their baby based on assumptions including the ability to communicate fully, effectively, and intuitively without barriers, just as their parents communicated with them.

Parents' emotional response and how they cope when they find out that their child is Deaf/deaf or hard of hearing will affect both family adjustment and child outcomes.

Parents who can cope and adjust to the psychological stress precipitated by the identification can have a positive influence on their child's development.

Risk factors

High parental stress is associated with:

- Child socio-emotional problems
- Child behaviour problems
- Child variables including:
 - children with disabilities in addition to being Deaf/deaf and hard of hearing
 - late language acquisition relative to their chronological age (communicative/language competence)
 - Inhibited parental involvement

Protective factors

Low parental stress is associated with:

- Parental access to personal and social support/resources support
- Sense of meaning in one's life
- Parental involvement

Parents want information about accessing services, capacity-building informational resources, supports for parenting skills, and social supports. Top-ranked sources of support as indicated by parents include the following:

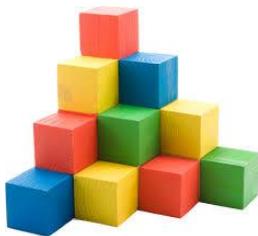
- individual professionals with expertise in the area
- other parents of children who are Deaf/deaf or hard of hearing
- family support organizations
- grandparents/extended-family members
- opportunities to connect with mentors and role models

- service providers dedicated to children who are Deaf/deaf or hard of hearing, such as VOICE (www.voicefordeafkids.com) and CHS (www.chs.ca)

Parents have also shared that the following factors empower families to be resilient thereby promoting better outcomes for their children:

- family time and routines
- social support
- affirming communication attempts
- developing problem-solving skills
- having a religion and/or faith
- providing daily love and encouragement
- gathering many informational resources
- having high expectations
- actively searching for meaning and acceptance of the child's Deaf/deaf or hard of hearing status.

Section 7: The Developing Child



Developmental Milestones

Child development generally refers to the time period between birth and the end of adolescence. This time period is markedly different from any other stage of human development for it encompasses tremendous biological, psychological, social and

emotional changes. These developmental changes represent a progression from dependency towards increasing independence, and are marked by the achievement of developmental milestones.

Developmental milestones are functional skills or age-specific tasks that most children can do within a certain age range. Each milestone that a child reaches is like a building block or stepping-stone fostering the next phase of change. Child development typically progresses through four major skill areas, which are:

- **Language:** Expressing needs, wants and thoughts, using body language and gestures, understanding what others say/sign and expressing complex and abstract thought.
- **Movement and muscle coordination:** Using the body's large muscles (sitting, standing, walking, running, keeping balance, and changing positions) as well as small muscles (eating, drawing, playing, dressing, colouring) and developing hand-eye coordination.
- **Play and social:** Having relationships with others, cooperating, and responding to the feelings of others.
- **Thinking and reasoning:** Learning, understanding, problem-solving and remembering.



Language Development

Language is a very important key to success in the development of mental health of children who are Deaf/deaf or hard of hearing.

Early Language Development (0-3)

The first three years of life are a period of incredible growth in all areas of a baby's development. Babies' primary attachment is to their parents and these relationships are the foundation upon which babies build their knowledge of the world. All babies and toddlers need positive early learning experiences to foster their intellectual, language, social and emotional development and lay the foundation for later success.

Early Screening

Every year in Ontario, approximately four in 1,000 babies are born Deaf/deaf or hard of hearing. In addition, some infants or children will lose their hearing in the early years due to infections, high fevers, trauma, and genetic disorders. Many of these children may need to learn speech and language differently, so it is important to detect a hearing loss as early as possible.

Early identification also provides parents with support and information which allows them to educate themselves regarding their child's needs. It is helpful for parents to meet with professionals, and other families with children who are Deaf/deaf or hard of hearing, who have travelled the same journey.

One of the most crucial decisions parents will make at this time is how their children will develop language. Identifying a hearing loss early ensures that children can get the help they need and the chance to develop language skills comparable to typically hearing children.

Babies born in Ontario are screened for hearing loss at birth and audiological and language intervention services are available to families through government funded programs. The following link provides more information about screening, child development, language stages and intervention services:

<http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/hearing/index.aspx>

Family Reactions

Some parents are prepared for the possibility that their baby will have a hearing loss. This may be because members of their family are Deaf/deaf or hard of hearing and/or the baby's parents are Deaf/deaf or hard of hearing themselves. These parents usually already have some knowledge, supports, and parenting experience. However, approximately 90% of children with a hearing loss are born to hearing parents and, for many, it may be a new experience.

Some commonly expressed concerns are:

- How will we communicate?
- How do we parent her?
- How will his brother and sister play with him?
- How will he learn?
- What about her grandparents?
- Will she love us?
- Will he be normal?
- How will we know what to do?

A baby who has been identified with a hearing loss is a baby like any other. Babies need love, care, and nurturing in order to develop secure attachments. A secure attachment between a baby and their parent leads to the healthy development of emotions, as well as a better understanding of relationships later in life.

However, there are some important differences in parenting a baby who is Deaf/deaf or hard of hearing. It is not that parents need to do more or less for their child, but will need to do things differently. The following are some recommendations to consider in this early stage of getting to know your baby:

- *make effective language decisions*
- *play with your child*
- *build a support team*
- *have lots of patience*
- *maximize strengths*
- *communicate with your child*
- *ensure safety*
- *practice positive parenting*
- *take time with your spouse*
- *minimize weaknesses*

Communicating with their child is one of the most important things parents can do. This, however, can be one of the most difficult challenges facing children who are Deaf/deaf or hard of hearing. Whatever mode of communication parents decide for their baby, spoken or sign language, or what kind of amplification (hearing aids, cochlear implants) is decided, it is very important that the baby learns language from an early age.

When a baby is born (and even while still in utero), a very specific area of the brain is ready to learn and use language. This highly specialized part of the brain does not particularly care which language is used - it just wants language.

Early language milestones are found in the following link:

http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/hearing/brochure_services.aspx

Cognitive Development

Cognition (or intelligence) is multi-faceted involving a combination of different language and non-language aspects: perception, memory, mental imagery, concept formation, problem solving, language learning, academic achievement, and navigating everyday life.

Intelligence depends on the interaction between a child’s innate capacity (i.e. what they are born with) and their environmental experiences. The human brain is remarkably flexible in that it works to capacity. It also tends to follow the maxim “use it or lose it” in terms of both structure and function.

Children who are Deaf/deaf and hard of hearing have the capacity to reach the same cognitive and developmental milestones as typically developing hearing children. As with hearing children, some Deaf/deaf and hard of hearing children may be intellectually gifted and some may be developmentally delayed. There is also the possibility that a Deaf/deaf or hard of hearing child may experience cognitive delays. Delays can be the result of something genetic that impacts the child’s cognitive abilities (which may occur with certain etiologies, (i.e. causes of being deaf) or can be due to environmental conditions.

It can be difficult to determine the intellectual level of Deaf/deaf and hard of hearing children in part because most intelligence tests used to measure cognitive abilities are not designed for children who are Deaf/deaf or hard of hearing. Professionals administering these tests with this population of children should have extensive experience with Deaf/deaf and hard of hearing students who use spoken language and/or signed language and are able to accommodate their needs.

Social and Emotional Development

Theorist Erik Erikson describes a framework for understanding psychosocial development in a child. Each critical phase in the sequence of a child’s development is characterized by a specific task with the child hopefully achieving the goal on the left:

Task	Age Range	Parents’ Role
<i>Basic trust vs. mistrust</i>	Infancy 0 – 1 yr.	Providing most basic needs
<i>Autonomy vs. shame and doubt</i>	Early childhood 1 – 3 yrs.	Respecting and developing child’s independence
<i>Initiative vs. guilt</i>	Play age 3 – 6 yrs.	Gentle, clear coaching of

boundaries

Industry vs. inferiority School age 6 – 12 yrs.

Teaching child to enjoy learning, productivity and striving for success

Identity vs. confusion Adolescence 12 – 19 yrs.

Support and encourage adolescent's exploration and practice of being an adult

Healthy social and emotional development will provide the child with a solid sense of self and strong inner security. Therefore, it is important for parents and educators to attend to this process of development to support a successful outcome. Reflection on Erikson's developmental tasks and the parents' role in the child's achievements emphasizes again the importance of meaningful and clear communication between parent and child.

Section 8: Tools and Strategies for Parents/Teachers

One of the best ways to prepare all children and teens to deal with everyday challenges is to give them the emotional life tools they need to have successful connections with friends and adults in their social circles. Although childhood is thought to be a time of growth and development without the responsibilities of adulthood, it is a period that can carry concerns and anxiety related to social interactions, academics, and athletic accomplishments. Additional challenges, such as a hearing loss, other sensory or learning issues, may further impact the ease and confidence with which a child or teen navigates through life stages.

A strong command of language forms the crucial foundation onto which children and teens build their knowledge of the world and interactions. Social language and skills are naturally learned by typically hearing children through overhearing, observations, and often with no direct teaching. These skills are naturally developed by children as they

observe others and by having other people react to their behaviour. How we learn social skills is based on very subtle cues, such as facial expressions, body postures and quiet auditory cues. Because of their smaller “listening bubbles,” children who are Deaf/deaf or hard of hearing do not pick up social language cues and the subtle aspects of interactions going on around them as fully as their peers with typical hearing.

Parents and teachers may wonder whether a child who is Deaf/deaf or hard of hearing is exhibiting typical developmental behaviour in the domains of social skill development, self-esteem, and self-advocacy. Parents and teachers may incorrectly assume that certain observed behaviours are reflections of the consequences of the child being Deaf/deaf or hard of hearing and that children with typical hearing do not demonstrate these behaviours. At times, while the child is in the language acquisition stage, a parent may observe their child’s frustration related to communication attempts. For this reason, it is important for parents and educators to have a solid understanding of typical child development in the area of social skills in order to support the social and emotional development of children who are Deaf/deaf or hard of hearing.

This Guide focuses on supporting the well-being and emotional health of young people with hearing loss. This proactive and preventive approach provides strategies to build their self-esteem, boost confidence, strengthen coping skills, reduce anxiety and build resilience in children and teens that are Deaf/deaf or hard of hearing.

What can teachers do?

The daily actions of effective teachers and their positive relationships with their students actively promote the appropriate growth and mental health of students.

Teachers’ roles and relationships reach through and beyond the substance of the curriculum to impact students’ feelings of self-worth, dignity, identity, and belonging. Through interactions with both students and their parents, teachers are in a unique position to strengthen these important elements of mental health.

Teachers are also in an excellent position to observe mood changes or behaviours that seem excessive or unusual, perhaps lasting longer than average, which could indicate a mental health problem requiring consultation and intervention.

“Sometimes you just can tell that something is not right.”

How can parents help?

Parents know their children best, therefore trust yourself when advocating for your child

- Actively engage with your child without overwhelming
- Collaborate with your child’s school
- Have a Deaf/deaf or hard of hearing professional on the Individualized Education Program planning team

Preschoolers (Age 3-5)

Developmental patterns for all children

In these early learning years, children’s primary attachment is with adults (parents, caregivers or teachers) who use child-directed language. Adults use simple sentence constructions with a great deal of redundancy and make efforts to elaborate on the child’s language attempts and to repair communication breakdowns.

At the same time, preschoolers are more ready to socialize, and interaction with their peers increases. These youngsters are developing the ability to communicate their needs and thoughts and begin to control their environment through the use of their developing language. As they play with peers, they are beginning to learn how to deal with conflict and how to solve problems. They are becoming sensitive to other children’s feelings and are developing a basic understanding of their own emotions and how to regulate themselves. A great deal of social development occurs through fantasy play and imagination.

Possible effects of hearing loss on informal interactions

Language development and vocabulary may be delayed due to age of identification, level of hearing loss, beginning of language intervention program and other factors affecting learning

How parents and teachers can help

Communicate more with the child

- Increase exposure to language through field trips, books and hands-on-activities (e.g. sports, art, gardening, cooking)
- Provide direct instruction of new vocabulary
- Create an experience books to prepare child for social events or field trips and then review often.
- Attend to the new vocabulary words and identify environmental sounds that may be new or different
- Children love books that tell stories about their own adventures:
(http://www.avcclisten.com/finding_the_value_of_experience_books.htm)
- Give the child the specific language to express their needs, wants and emotions and model that interaction, (e.g.) Adult: “Did you also want to play with the blocks? Let’s ask him. Say, ‘I want to play too.’”

Language that supports socialization and play may be learned more slowly by children with hearing loss as these language structures are often learned informally and incidentally through overhearing

Directly teach, model and reinforce social and play language as well as appropriate interactive behaviour!

Encouraging friendships

- Promote appropriate interactive behaviour such as greetings; making eye contact, saying hello and goodbye; smiling, being polite
- Praise positive social and play interactions “It was very nice of you to give Sally your truck. I think that made her happy” or “Good sharing!”

Create opportunities for children to practice language through play

- Create learning centres with emphasis on imaginary play
- Role play stories and social situations with props
- Use experience books to prepare child for social events and then review often and focus on new vocabulary

Encourage children to talk and interact with peers

- Help children learn every child's name and for students communicating in sign language, share the student’s “sign name” with classmates. Encourage all

classmates accept a sign name from the signing student

- (<http://www.atozkidsstuff.com/welcome.html>)
- Incorporate songs that encourage social interaction (e.g., Who Stole the Cookie from the Cookie Jar;
<http://supersimplelearning.com/songs/original-series/two/who-took-the-cookie>)

Develop Social Problem-Solving Skills and Language for Conflict Resolution

- Redirect children to converse with one another - give the child the language to use, (e.g. Tell your friend, “I don’t like that” or “How do you play this game?” or “Help me push the wagon.”)
- Help child develop sharing and cooperation strategies.
- Create a cooperative art project - one big project that all create together
- Limit art supplies so the children have to ask each other for supplies and allow extra time for collaboration
- Have a share day
- Make experience books of shared experiences

Develop skills to enter play

- Model language needed to enter, maintain and end play, (e.g. “My turn”, “Can I have a turn?”, “I want to play, too”, “I’m finished now, here is the car”, “Your turn now!”)
- Interpret the non-verbal behaviour of others to children, (e.g. “Look at Josie. She is eager for a turn.”)
- Redirect children to talk to one another, (e.g. Tell your friend, “I don’t know.” Ask your friend, “How do you play this game?” or “Do you want to help me make a tower with these blocks?”)
- Role play stories and social situations with props

May be delayed in recognizing and developing the language to express emotions

Develop language to describe emotions and explain feelings

- Label the emotions that the child experiences (e.g. happy, sad, angry, scared)
- Teach what emotions look like on the face; what facial expression and posture tells us about what others are feeling
- Recognize opportunities to discuss feelings and emotions as they happen

(e.g. In stories: “Why do you think he’s crying?” or “What did she do to make him happy?” In daily interactions: “Oh, look: Andrew’s eyes are big and wide - what do you think that means?”)

- Teach acceptable ways to deal with frustration, anger or hurt (e.g. Tell him, “I don’t like that” or “I’m not finished my turn yet.”)
- Help children understand consequences of behaviour (e.g. “When you grab things from your friends, they might not want to play with you later.”)

May struggle with self-identity and self-concept because of feeling different (i.e. use of hearing aids or cochlear implants, or a signed language)

- Read stories about others who wear hearing aids, (e.g., Marvel Comics Blue Ear Superhero) or others who use sign language to communicate
- <http://www.cbsnews.com/news/marvel-team-creates-deaf-superhero-called-blue-ear-in-honor-of-boy/>
- <http://www.deafculturecentre.ca/Public/index.aspx>
- Help them understand how hearing technology helps them hear their friends and take part in class activities and games and how using interpreters can be there to initiate connections with

classmates

- Encourage child to be involved in choosing the colour of their hearing aid/cochlear implants and/or molds
- Introduce them to other students who wear hearing technology so they don't feel like they are the only ones
(Participate in VOICE family activities and camp www.voicefordeafkids.com)

References:

1. Anderson, K & Arnoldi, K. Building Skills for Success
2. Jamieson, Janet. Hearing, Learning & Belonging: The Social Challenges – and Successes – of Hard of Hearing Students. Presentation at VOICE conference
3. John Tracy Clinic - Ways to Facilitate Social Skills
4. Easterbrooks & Estes. A Guide for Educators and Families
5. <http://www.scholastic.com/parents/resources/article/social-development-3-5-year-olds>

Resources:

1. **Feeling Games for Early Childhood.**

http://www.kidlutions.com/feelings_games.html. **Kidlution**, www.kidlutions.com, founded by Wendy Young, aims to help kids and adults who care about them deal with behavioural and emotional issues. Products build social-emotional skills that are predictors of happiness in life. Games and resources designed for kids, parents, teachers and mental health professionals.

2. Story books about hearing loss are available through many of the hearing aid and cochlear implant manufacturers.
3. **Oliver Gets Hearing Aids** from Phonak. (Free download at http://www.phonak.com/com/b2c/en/support/children_and_hearinginstruments/downloads.html). Oliver is struggling at school and home to hear his friends and family. He sees an ear doctor who checks his hearing and fits him for hearing aids. Oliver loves his hearing aids and how much they help him.
4. **Oliver Gets FM** from Phonak. (Free download http://www.phonak.com/com/b2c/en/support/children_and_hearinginstruments/downloads.html) Even though Oliver is wearing his hearing aids, he is having a difficult time at school. His audiologist suggests an FM system. Oliver couldn't be happier about how helpful his FM system is at school and at home.
5. **Book Boosters!** www.rule-the-school.com. Companion to Oliver Gets Hearing Aids and Oliver Gets FM- 25 activities that build self-advocacy, language and literacy skills.
6. **Sort and Say Feelings** www.superduperinc.com. Students talk about their emotions while matching a feeling tile to feeling scenes.

Kindergarten – Grade 2

Developmental patterns for all children

Children in this age range are expanding their friendships to include a group of friends, and often play group games with their peers. Social hierarchies begin to emerge and friendships can be unstable. Children enjoy being the winners and will typically change the rules of games being played in order to suit their own needs.

In terms of their self-identity, kids at this age are becoming more aware of their personal characteristics - what they are good at, how they're different than others, and what is

challenging for them. They are beginning to express pride in their capabilities and at the same time, can be embarrassed and anxious in new situations.

Children continue to depend on adults to assist with conflict resolution and when navigating difficult social situations. They are beginning to interpret social cues and understand expected social behaviours and interactions appropriate in various situations.

Possible effects of hearing loss on informal interactions

May gravitate more towards adults than peers as adults understand and accommodate for hearing loss, language errors and delays

May withdraw socially because peers are not as accommodating as adults

May feel different or singled out by their peers because of having to wear hearing technology or using an interpreter

How parents and teachers can help

- Ensure student knows classroom routines and expected behaviour.
- If needed, use a visual activity calendar
- Encourage peer friendships through cooperative activities in the class
- Facilitate situations where children can talk and interact with peers (e.g. outings, sports groups)
- Plan playdates at home - teacher can make suggestions to parent of children who may be good playmates
- Provide an environment that fosters acceptance of differences (help all classmates to see them as just another student who happens to need hearing aids or that uses signed language to communicate)

- Ensure that the child's peer group understands hearing loss, e.g. how to communicate with the child, what the challenges are, and how technology helps them (Use picture books available through hearing aid and cochlear implant manufacturers).
- Explain the role of the interpreter or educational assistant
- Explain to children with hearing loss why they wear hearing aids/cochlear implants and how they help them to hear and/or how to use the interpreter
- Teach the correct labels for hearing technology, how to put them on/when to take them off, and how to care for technology (e.g. change the battery, charge FM)
- Discuss lag time for those who are using interpreters
- Encourage children to be involved in choosing their hearing aid or mold colours and where best to position the interpreter if one is being used
- Help children learn how to take care of their technology and to troubleshoot if the equipment doesn't work (e.g. test battery,

etc.)

May experience social language delays, difficulty overhearing social cues and may intrude inappropriately

- Show and explain visual alerting devices to the student and their classmates
- Teach social rules directly; greetings, attending to speaker; not interrupting; appropriate ways of getting attention
- Provide situations for kids to practice conversation through play and everyday activities (e.g. games, art and science projects)
- Teach language structures required to start and end a conversation
- Practice asking questions to identify and solve problems
- Teach communication repair strategies (e.g. asking questions, requesting clarification when information is not understood)
- Remind student of lag time when using an interpreter, ensuring time for the student to respond
- Model strategies to participate in group play; model language and appropriate attention-getting behaviours needed to enter, maintain, and end play

May need help entering play situations, listening to others

- Play turn-taking games and games that require listening or attending to others (e.g. Go Fish matching game; Guess Who; Guess Where).
- Create a cooperative art project - one big project that all create together (Limit art supplies so the children have to ask each other for supplies)
- Have a share day
- Make experience books of shared experiences

May be delayed in developing complex language to describe emotions

- Teach language to describe emotions and feelings beyond 'happy, sad, mad' such as frustrated, bored, angry, kind, nervous, mean, scared
- Teach acceptable ways to deal with frustration, anger or hurt
- Model behaviour and language to deal with conflict resolution, disagreeing with others; language to apologize or how to explain their behaviour; ways of complimenting others

May feel self-conscious and withdraw socially because they see themselves as

- Connect students with other students who are Deaf/deaf or hard of hearing.
- Support families in joining a support organization so they may meet other

*different/less attractive,
wearing hearing
technology*

families who have children with hearing
loss

References:

1. Anderson & Arnoldi. *Building Skills for Success*
2. Jamieson, Janet. *Hearing, Learning & Belonging: The Social Challenges – and Successes – of Hard of Hearing Students*. Presentation at VOICE conference
3. John Tracy Clinic - *Ways to Facilitate Social Skills*
4. Anderson, K. *Social Needs and I hate my hearing*.
<http://successforkidswithhearingloss.com/resources-for-professionals/social-needs>

Resources:

1. **Hearing Aid Tic-tac-toe Bingo** (game and app) www.rule-the-school.com
A fun way to increase students' knowledge of hearing aid parts and teach the language needed to report problems with their hearing aids such as "My ear mold is broken", "My tubing has water in it" or "You have to push the program button."
2. **I'm the Boss of My Hearing Loss** www.rule-the-school.com
Using positive language and humorous pictures, a boy shows how he demonstrates responsibility for his hearing aids as well as educating the reader about hearing loss.
3. **Sophie's Tales: Learning to Listen** by Melanie Patcoff www.rule-the-school.com

The story of a Sophie, a little dog who discovers she has a hearing loss and her journey to receiving a cochlear implant. Sophie understands that she is different from other dogs because she needs help to hear, her confidence and fun personality never waiver.

4. **Book Boosters!** www.rule-the-school.com
Companion to “Sophie’s Tales” and ‘I’m the Boss of my Hearing Loss.” Twenty-five activities that build self-advocacy, language and literacy skills.
5. **Helping Hands** www.rule-the-school.com
A fun activity focused on teaching students with hearing loss about their accommodations (sitting away from noisy areas, close to the teacher).
6. **Early Social Scenes for School** www.superduperinc.com
Pragmatics and social skills lessons containing a stimulus picture of everyday situations students encounter at school, follow-up questions for discussion and extension activities. Encourages increase in expressive language and problem solving skills through discussion on how to respond to each situation.
7. **Communicate Junior - The Social Skills Party Game!**
www.superduperinc.com
Game which provides practice recognizing facial expressions, conversation strategies, eye contact, listening, ignoring, sharing , taking turns, interpreting body language and voice, intonation and pitch, following rules and manners
8. **Sort and Say Feelings** www.superduperinc.com
Students talk about their emotions while matching a feeling tile to a feeling scene.
9. **Fold and Say Social Skills Activity Booklets** www.superduperinc.com
Create more than 200 little books each describing a social situation at school, home or community and follow up question and answers.
10. **Practicing Pragmatics Fun Deck** www.superduperinc.com

11. **Tool Kits for Kids** - <http://toolkitsforkids.com/>
Elementary School Edition, teach skills to address the everyday emotional concerns faced by kids, ages 5-11. Kits include 20 thinking and behaviour tools and parent child activities.
12. **Come Sign with Us: Sign Language activities for Children**
Fun activities manual. Twenty lively lessons introducing 10 target vocabulary words
13. **Handy Stories to Read and Sign** - Parent/Teacher book and DVD set

Grades 2 – 4

Developmental patterns for all children

Children at this stage undergo rapid progress in all developmental areas. They are developing a growing independence and self-reliance. There is an increased interest in peer affiliation as they are learning how to get along with peers, adjusting to social rules, being part of a group of friends, learning to interpret social cues accurately and generate possible problem-solving strategies. As close friendship groups develop, the incidence of social cruelty and bullying become more evident. During this stage, children are beginning to develop a growing understanding of themselves, a conscience and a value system.

Possible effects of hearing loss on informal interactions

Classroom teacher expects self-reliance in terms of hearing technology

How parents and teachers can help

- Ensure students know how to take care of their own hearing aids, cochlear implants and FM systems

May rely heavily on adult to assist in social situations and may experience difficulties with social skills when adults are not present

- Directly teach: social cues; conversational repair strategies, problem solving strategies
- Role play social situations
- Play games that include social scenarios and how to practice resolutions in these situations
- Ensure that students understand the results or consequences of their own or others' actions or comments

In the classroom, may follow lead of other students

- Develop self-advocacy skills, promote self-confidence

May experience or witness incidences of bullying
Student may be unaware of bullying behind their backs

- Help kids understand and identify bullying
- Learn the difference between playful teasing and bullying
- Discuss strategies to use if being bullied
- Make sure kids know how and where to get help

May feel different or targeted because they are wearing hearing technology, have a hearing loss or use an interpreter

- Provide a classroom presentation to peers to help them understand what a hearing loss is, why there is a need to use assistive technology or an interpreter
- Point out that they are on a more equal

May choose not to wear devices so they do not stand out or may choose to ignore the interpreter

playing field with their peers when they DO make use of their amplification devices and/or the interpreter

May not report incidents of bullying because they feel that would make their situation worse

- Help children to understand that telling is not tattling
- Engage the child in discussion about relationships with peers (e.g. “Do you have good friends at school”, “Do you ever feel afraid to go to school? Why?”, “Do other kids ever bully you at school?”, “What do you do if you see other kids being bullied?”)

References:

1. Jamieson, Janet. *Hearing, Learning & Belonging: The Social Challenges – and Successes – of Hard of Hearing Students*. Presentation at VOICE conference, Guelph, Canada
2. English, Kris. *Bullying: Concerns and Strategies*. Presentation at 2014 VOICE conference. Toronto, Canada

Resources:

1. **What Do You Say...What Do You Do series – at home; in the community; at school** www.superduperinc.com
Board games with social stories which improve and reinforce reasoning, differencing, pragmatics, narrative and conversational skills

2. **Social Scenes for Home, School and Community** www.superduperinc.com
Pragmatic lessons to provide opportunity to discuss and practice appropriate behaviour in a variety of environments such as at the movie theatre, grocery store, on the phone, at school
3. **Social Scenes for Daily Living Skills and Feelings** www.superduperinc.com
Pragmatic/social lessons which focus on the skills needed to be successful in the classroom. Scenes provide an opportunity for discussion around appropriate and inappropriate behaviour responses. Some of the situations in this resource include daily living skills such as when to use a tissue; cover your mouth when you sneeze; and feelings (e.g. what to do when you feel afraid; when feelings are hurt; when someone is being a bully, when excited).
4. **Social Skills Chipper Chat** www.superduperinc.com
Twelve game boards of social stories designed to help students in social situations: politeness, responsibility, peer relations, compliance, assertiveness, staying focused, cooperation, body language, problem solving, self-management, social rituals, and language of negotiations.
5. **Positive Pragmatics Games** www.superduperinc.com
These game boards encourage students to improve their social communication skills. These games target pragmatic skills: e.g. giving information, persuasion, requesting, telephone etiquette, greetings and politeness markers, feelings, figurative language, appropriate interaction, topic maintenance, and problem solving.
6. **Tool Kits for Kids** - <http://toolkitsforkids.com/> – Elementary School Edition
Teach skills to address the everyday emotional concerns faced by kids, ages 5-11. Kits include 20 thinking and behavioural tools and parent-child activities.
7. **Deaf Planet** - <http://www.deafplanet.com/splash.php>
8. **Hand Speak** - <http://www.handspeak.com/>

Grades 5-7

Developmental patterns for all children

As this stage, young adolescents are consolidating some aspects of their identity, beginning to seek independence from their parents, yet still maintaining attachment and interdependence. Their affiliation shifts to peers and they want to belong to a group and be like peers.

In middle school, there is a growing importance placed on social status, which leads to comparisons and worries about social acceptance. Grades 4-8 are the top years for incidences of bullying being reported.

These youngsters continue to develop skills to relate to a variety of people, including those of the opposite sex and are learning to manage a wide range of more intense emotions. They seek to show mastery and competence in school, and are learning to think analytically and abstractly. Additionally, they are refining social problem-solving skills, evaluating effectiveness of strategies, and enacting novel strategies to deal with social situations.

Possible effects of hearing loss on informal interactions

May reject outward signs that set them apart from their hearing peers and dislike wearing their technology and explaining their accommodations to others

How parents and teachers can help

- Continue to reinforce the use of hearing technology/FM system and/or the educational interpreter

May experience difficulties

- Help develop the language needed to

*with identity, self-concept
and self-acceptance*

describe to others their communication needs and expectations of communication partners

- Help them develop their role as the "Technologist Specialist" and be comfortable explaining and using their technology or "Signed Language Specialist"
- Continue to develop age appropriate self-advocacy skills

*May be finding it difficult to
be the only child/student
with a hearing loss*

*May feel that others just
can't understand what it's
like to have a hearing loss*

- Help the student feel a part of a group of "cool kids who wear hearing aids" or to know another language (signed language)
- Connect student with others who have hearing loss so they can share their feelings about having a hearing loss and wearing hearing aids, using an interpreter, their successes and frustrations
- Introduce students a few years older, who are comfortable with their hearing technology, or use of signed language to act as mentors to a younger child

*May encounter challenges
finding a social group, and
may only be on the*

- Continue to develop problem solving strategies through role playing social

periphery of some friendships. They may often feel left out of conversations.

situations

- Include hearing peers in group discussions about the challenges of having a hearing loss so that they can better understand how peers perceive them and their hearing needs
- Help them see themselves as part of both the group of students who wear hearing technology and/or use signed language and those that do not have a hearing loss
- Encourage enrolment in activities where children can excel despite their hearing loss (e.g.: hockey, swimming, etc.)

May encounter bullying incidents, which affect concentration, academic performance and social-emotional development.

May be afraid to bring the incident to an adult because it may make the situation worse with their peers.

- Help students to be aware of bullying situations and develop strategies to deal with them
- Use a signal system when in need of peer or adult intervention
- Set up no-questions-asked procedure for child to remove him or herself from a situation where bullying behaviour occurs
- In school – support zero tolerance for bullying incidences

May be embarrassed to indicate others don't like them or ashamed that they can't stand up for themselves.

May also not want to worry parents.

May experience cyberbullying

- Discuss the definition of cyberbullying: meaning text messages or emails, rumours sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.
- Explore safe ways to use technology
- Encourage reporting of cyberbullying so it can be dealt with

References:

1. Jamieson, J. *Hearing, Learning & Belonging: The Social Challenges – and Successes – of Hard of Hearing Students*. Presentation at VOICE conference
2. Sinclair C. *Mental Health for All Children*.
<http://www.hincksdellcrest.org/ABC/Welcome>
3. Anderson, K. & Arnoldi. 2011 *Building Skills for Success in the Fast-Paced Classroom*. Butte Publications, USA

Resources:

1. **Rule the School Self Advocacy Game** www.rule-the-school.com
This game helps students with hearing loss to develop the knowledge and ability to speak up for themselves and their needs in regular classrooms in order to have equal access to their educational environment. Students learn and review vocabulary such as middle ear, audiogram, etc. and problem-solve commonly occurring scenarios in a board game format.
2. **Social Inferences Fun Deck** www.superduperinc.com
Social stories designed to help students develop inference-making skills (e.g. How does that person feel? How do you know?).
3. **Supporting Success for Children with Hearing Loss**
<http://successforkidswithhearingloss.com>
4. **Stop Bullying.** <http://www.stopbullying.gov>
5. **Outsmart Your Worry Tool Kit for Kids.** <http://toolkitsforkids.com/>
Activities that address anxiety, fear, worry, and stress in teens. High School/Middle School Edition.
6. **Tool Kits for Kids** - <http://toolkitsforkids.com/>
The High School/Middle School Edition Tool Kits targets the emotional challenges often confronting children aged 11-18. The kits contain 20 effective strategies to meet these challenges. Kits are designed for kids to use individually, or if preferred, with a parent or other help.
7. **What's the Problem?** <http://successforkidswithhearingloss.com/building-skills-book>
A game to increase understanding of communication breakdowns.

Grades 8-12

Developmental Patterns for Adolescence (15 to 18)

Teens worry about many things, such as doing well in school, making friends, peer pressure, family conflicts, or performance in extracurricular activities. They also worry about crime, illness, terrorism, or other dangers based on what they may have seen or heard in the media.

Teenagers continue to be focused on social acceptance, but with a greater concern for finding a group that reflects their chosen identity. Concerns about the larger world, moral issues, and their future successes are common.

Teenagers are also developing a sense of membership in a broader community, perhaps in sports teams or in clubs; preparing for personal and economic independence from parents; learning to take primary responsibility for own emotional and behavioural expression; developing a personal worldview that includes ethical values and a life philosophy.

Possible effects of hearing loss on informal interactions

May reject hearing technology in an effort to fit in with peers

May reject anything they “felt was done to them” (e.g. having cochlear implant surgery)

How parents and teachers can help

- Continue to explore and discuss feelings of being a person with a hearing loss
- Encourage friendships with others who have a hearing loss
- Help the student take control of his technology, and identification of alerting devices on the market
- Encourage teens to take an active role in audiological appointments, reporting issues and

asking questions directly to the audiologist (rather than having the parent lead the discussion)

May withdraw socially if they feel they don't fit in

- Encourage participation in sports, art, drama or other activity groups where students can be included because of their ability or interest
- Consider and encourage peer support group activities with others in order to share their experiences as students with hearing loss through conferences, after school activities.

May become involved in illegal activities or substance abuse as a way to fit into a group

- Provide opportunity to discuss activity choices and possible consequences
- Discuss alternative options and opportunities to feel part of a group
- Create a social group where the student can feel safe sharing experiences and issues
- Identify areas of interest or strengths and select groups that support those interests or strengths (e.g., sports, chess, drama)

May feel left out of conversations if not aware of the current "in language"

- Teach "cool language," figurative language and colloquial terms

May experience communication breakdown when interacting with peers

- Continue to provide opportunities to develop social language practice scenarios and ways to enter conversations and to repair communication breakdowns

May experience

- Discuss cyberbullying: meaning text messages or

cyberbullying

emails, rumours sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

- Explore safe ways to use technology
- Encourage reporting of cyberbullying so it can be dealt with immediately

References:

1. Anderson, K. *Social needs & I hate my hearing aids*
<http://successforkidswithhearingloss.com/resources-for-professionals/social-needs>
2. Anderson, K. & Arnoldi. 2011 *Building Skills for Success in the Fast-Paced Classroom*. Butte Publications, USA
3. Chansky, T. *Worrywisekids* <http://worrywisekids.org/>
4. Sinclair C. *Mental Health for All Children*.
<http://www.hincksdellcrest.org/ABC/Welcome>
5. <http://www.hearingourway.com/#!/kidsteens/ctx>
6. <http://www.mindyourmind.ca/wellness/how-be-media-well>

Resources:

1. **Ask & Answer Social Skills Games** www.superduperinc.com
Games provide opportunities for students to develop and practice social skills in the areas of politeness, solving problems, initiating conversations, staying on topic, requesting information and understanding feelings (body language and what they mean).

2. **Outsmart Your Worry Tool Kit for Kids.** <http://toolkitsforkids.com/>
Activities that address anxiety, fear, worry, and stress in teens. High School/Middle School Edition
3. **Stop Bullying.** <http://www.stopbullying.gov>
4. **Tool Kits for Kids** - <http://toolkitsforkids.com/> The High School/Middle School Edition Tool Kits target the emotional challenges often confronting children ages 11-18. The kits contain 20 effective strategies to meet these challenges. Kits are designed for kids to use individually, or if preferred, with a parent or other helper.
5. **Cyberbullying.** www.cybertip.ca
6. **Canadian Centre for Child Protection** www.protectchildren.ca

Section 9: Collaborators and Contributors

VOICE for Hearing Impaired Children was established in the early '60s by parents to offer support to other families with children who were deaf and hard of hearing. These Toronto parents wanted their children to be educated alongside their hearing peers in mainstream schools. VOICE chapters have spread throughout Ontario and associate chapters in other parts of Canada. Today, VOICE's principle objectives include providing hope and support to parents and inform them that children who are deaf or hard of hearing can learn to listen and speak. In particular, VOICE develops and implements programs and services encompassing parent support, public education, advocacy, and auditory-verbal therapy.

For more than 70 years, the Canadian Hearing Society (CHS) has served people who are culturally Deaf, oral deaf, deafened and hard of hearing. The CHS has tried to meet the needs of all the communities it serves. As an advocate, CHS has pressed for accessibility in workplaces, health care and education. As a service provider, the CHS offers a wide range of services and is the largest Canadian provider of services that

remove barriers to communication, advance hearing health, and promote equity for people who are culturally Deaf, oral deaf, deafened and hard of hearing.

Both VOICE and CHS would like to acknowledge the tireless efforts of the following individuals who assisted in the creation of this Guide:

- Anita Bernstein, M.Sc. LSLS Cert AVT, Director of Therapy and Training Programs, VOICE for Hearing Impaired Children
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- Alice Eriks-Brophy, Ph.D., Graduate Coordinator, Associate Professor, Dept of Speech-Language Pathology, University of Toronto
- Rebecca Grundy, MSW., RSW, Program Director, Counselling Services, Canadian Hearing Society
- Gary Malkowski, M.A., L.H.D., Special Advisor to President, Public Affairs, Canadian Hearing Society
- Barbara O'Dea, Ph.D., Barrier-Free Education Initiatives Project, Canadian Hearing Society
- Rhonda Quesnel, Psychological Associate
- Leah Radziwon, research assistant, Childhood Hearing Loss Laboratory, University of Toronto

Section 10: Resources

1. **Ask & Answer Social Skills Games** www.superduperinc.com

Games provide opportunities for students to develop and practice social skills in the areas of politeness, solving problems, initiating conversations, staying on topic, requesting information and understanding feelings (body language and what they mean)

2. **Book Boosters!** www.rule-the-school.com
Companion to Oliver Gets a Hearing Aid and Oliver Gets FM. 25 activities containing 25 activities that Build self-advocacy, language and literacy skills.
3. **Book Boosters!** www.rule-the-school.com
Companion to Sophie's Tales and I am the Boss of My Hearing Aid. 25 activities containing 25 activities that Build self-advocacy, language and literacy skills.
4. **Canadian Centre for Child Protection** www.protectchildren.ca
5. **Cybertip.ca** - Creates materials and resources for educators
6. **Communicate Junior - The Social Skills Party Game!**
www.superduperinc.com
Game which provides practice with Recognizing Facial Expression, Conversation strategies, Eye contact, Listening, Ignoring, Sharing, Taking turns, interpreting body language and voice, intonation and pitch, Following Rules and Manners
7. **Early Social Scenes for School** www.superduperinc.com
Pragmatics and social skills lessons containing a picture of everyday situations students encounter at school, follow-up questions for discussion and extension activities. Encourages increase in expressive language and problem solving skills through discussion on how to respond to each situation
8. **Feeling Games for Early Childhood**
http://www.kidlutions.com/feelings_games.html
9. **Fold and Say Social Skills Activity Booklets** www.superduperinc.com
Create over 200 little books each describing a social situation at school, home or community and follow up question and answers.
10. **Hearing Aid TicTacToe Bingo (game and app)** www.rule-the-school.com
A fun way to increase students' knowledge of hearing aid parts and teach the language needed to report problems with their hearing aids such as "My earmold is broken", "My tubing has water in it" or "You have to push the program button"

11. **Helping Hands** www.rule-the-school.com

A fun activity game focused on teaching students with hearing loss about their accommodations (sitting away from noisy areas, close to the teacher)

12. **I'm the Boss of My Hearing Loss** www.rule-the-school.com

13. **Kidlution**, www.kidlutions.com

Founded by Wendy Young, Kidlution aims to help kids and adults who care about them deal with behavior and emotional issues. Products build social-emotional skills, which are predictors of happiness in life. Games and resources designed for kids, parents, teachers and mental health professionals

14. **Oliver Gets Hearing Aids** (free download at:

http://www.phonak.com/com/b2c/en/support/children_and_hearinginstruments/downloads.html)

Oliver is struggling at school and home to hear his friends and family. He sees an ear doctor who checks his hearing and fits him for hearing aids. Oliver loves his hearing aids and how much they help him.

15. **Oliver Gets FM** (free download at:

http://www.phonak.com/com/b2c/en/support/children_and_hearinginstruments/downloads.html)

Even though Oliver is wearing his hearing aids, he is having a difficult time at school. His audiologist suggests an FM system. Oliver couldn't be happier about how helpful his FM system is at school and at home.

16. **Outsmart Your Worry Tool Kit for Kids**. <http://toolkitsforkids.com/>

Activities that address anxiety, fear, worry, and stress in teens. High School/Middle School Edition

17. **PATHS** www.channing-bete.com/prevention-programs/paths/paths.html.

A comprehensive school based program with a curriculum designed to improve social competence and to reduce behavioural problems for children who are deaf and hard of hearing. It teaches self-esteem, interpersonal competencies, and assists students in achieving self-control, emotional recognition skills, social

problem solving skills, and fosters healthy identities. It provides parents with strategies to improve their child's emotional vocabulary, facilitate peer relationships, discuss issues pertaining to being deaf and hard of hearing, and set up informal social networks.

18. Positive Pragmatics Games www.superduperinc.com

These game boards encourage students to improve their social communication skills. 10 game boards targeting pragmatic skills: giving information, persuasion, requesting, telephone etiquette, greetings and politeness markers, feelings, figurative language, appropriate interaction, topic maintenance, problem solving

19. Practicing Pragmatics Fun Deck www.superduperinc.com

20. Rule the School Self Advocacy Game www.rule-the-school.com

This game helps students with hearing loss to develop the knowledge and ability to speak up for themselves and their needs in regular classrooms in order to have equal access to their educational environment. Students learn and review vocabulary such as middle ear, audiogram, etc. and problem solve commonly occurring scenarios in a board game format.

21. Social Inferences Fun Deck www.superduperinc.com

Social stories designed to help students develop inference-making skills (e.g. How does that person feel – how do you know?).

22. Social Scenes for Home, School and Community www.superduperinc.com

Pragmatic lessons to provide opportunity to discuss and practice appropriate behavior in a variety of environments such as at the movie theatre, grocery store, on the phone, at school

23. Social Scenes for Daily Living Skills and Feelings www.superduperinc.com

Pragmatic/social lessons that focus on the skills needed to be successful in the classroom. Scenes provide an opportunity for discussion around appropriate and inappropriate behavior responses. Some of the situations in this resource include daily living skills such as when to use a tissue; cover your mouth when you

sneeze; and feelings (e.g. what to do when you feel afraid; when feelings are hurt; when someone is being a bully, when excited).

24. Social Skills Chipper Chat www.superduperinc.com

12 game boards of social stories designed to help students deal with social situations: politeness, responsibility, peer relations, compliance, assertiveness, staying focused, cooperation, body language, problem solving, self-management, social rituals, and language of negotiations

25. Sophie's Tales: Learning to Listen by Melanie Paticoff

www.rule-the-school.com

The story of Sophie, a little dog who discovers she has a hearing loss and her journey to receiving a cochlear implant. Sophie understands that she is different from other dogs because she needs help to hear, her confidence and fun personality never waiver.

26. Sort and Say Feelings www.superduperinc.com

Students talk about their emotions while matching a feeling tile to a feeling scene.

27. Supporting Success for Children with Hearing Loss

<http://successforkidswithhearingloss.com>

28. Stop Bullying. <http://www.stopbullying.gov>

29. Tools for Life: <http://toolsforlife.ca/>

Relationship-building solutions are fun, highly interactive resources for use in schools, child care settings, homes and community agencies for 3-13 year-olds.

- Progressively develops self-understanding, self-management, interpersonal communication and relationship problem-solving skills.
- Comprises user-friendly curriculum or manual supported by age, gender, culture and language appropriate resources.
- Aids communication between school and home.

- Helps children and youth discover how to handle their emotions and positively interact with others
- Step-by-step program designed to build those skills.
- It's activity-based, it's fun, and it works.
- Aims to equip children with life skills from listening and self-regulation to decision-making, problem solving, compromise and collaboration.
- Helps to develop empathy and resilience, attributes essential to self-awareness and self-confidence, key strengths for handling peer conflict such as bullying and for reducing and managing trauma.

30. Tool Kits for Kids - Elementary School Edition - <http://toolkitsforkids.com/>

Teach skills to address the everyday emotional concerns faced by kids, ages 5-11. Kits include 20 thinking and behavior tools and parent child activities.

31. Tool Kits for Kids - The High School/Middle School Edition -

<http://toolkitsforkids.com/>

Tool Kits target the emotional challenges often confronting children ages 11-18. The kits contain 20 effective strategies to meet these challenges. Kits are designed for kids to use individually, or if preferred, with a parent or other helper.

32. Turning the Tide: Making Life Better for Deaf and Hard of Hearing Schoolchildren by Gina A. Oliva and Linda Risser Lytle

http://www.kidsmentalhealth.ca/about_us/introduction.php

33. What Do You Say...What Do You Do series – at home; in the community; at school www.superduperinc.com

Board games with social stories that improve and reinforce reasoning, differencing, pragmatics, narrative and conversational skills

34. What's the Problem?

<http://successforkidswithhearingloss.com/building-skills-book>

A game to increase understanding of communication breakdowns.