PRACTICAL AURAL HABILITATION
For Speech-Language Pathologists and Educators of Hearing-Impaired Children

ABOUT THE AUTHOR

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By

PRATIBHA SRINIVASAN, M.S., CCC-A

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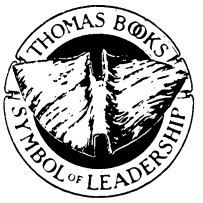

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PREFACE

This book is intended for educators who work with hearing-impaired children and who follow a program that includes the development of verbal communication as one of the objectives. An important segment of these educators are the speech-language pathologists working in a public school system. Regardless of whether a hearing-impaired child is placed in a regular or self-contained classroom, he is invariably seen by a speech-language pathologist. Generally, the speech-language pathologist has a great deal of freedom in designing the aural habilitation program for a hearing-impaired child within the latter's overall educational program. The purpose of this book is to help the therapist in this process.

This book is also useful to teachers of the hearing impaired, speech-language pathologists who work in hearing and speech centers, and other special educators who work with hearing-impaired children. Even parents of hearing-impaired children may find some sections of this book very helpful.

Aural habilitation is important for hearing-impaired children using any mode of communication as long as verbal communication is one of its components. Thus, this book is relevant for all except those adopting a purely manual mode of communication. It is also applicable to hearing-impaired children whose needs are compounded by other disabilities. The general principles underlying aural habilitation may also be useful when working with children who have auditory processing difficulties.

This book is characterized by two features. First, it is practical. It has a problem-solving orientation. It presents a systematic approach to determining problems, assessing the need for aural habilitation therapy, planning and implementing a suitable program, and integrating that program with the overall educational goals of a child. It combines, in a "how to" format, the various elements of an effective program such as formulating goals and objectives, devising strategies necessary to achieve these objectives, instituting an appropriate organization structure if one

does not already exist, and setting up effective systems and procedures. A number of examples and case studies are given for this purpose.

All practical books are not necessarily "hands-on" in the sense of dealing with the nitty-gritty aspects of the subject. This book, however, places a significant emphasis on this aspect. For example, it demonstrates how the speech-language pathologist can condition a child to respond to sounds so that more reliable hearing test results can be obtained. It details how to use hearing test results to formulate specific therapy goals. It provides a ready-to-use planning book to manage a child's program. Most importantly, it gives a collection of aural habilitation activities, described step by step, which the therapist can start using immediately with little or no modification.

A good way to describe a book is to explain what it is not. This book is not an academic treatise. There are excellent academic treatments available on this subject, and a few of them are mentioned in the section on recommended reading. This book, however, emphasizes practice over theory. While the procedures and techniques described in this book are rooted in sound theory, the theoretical aspects themselves are only briefly, if at all, touched upon. Referencing is sparse, and the writing style often refers to the reader in the second person, especially when describing activities. Most importantly, unlike a book with an academic purpose, this one does not attempt to cover every point of view of an issue. It necessarily reflects the author's preferred orientation. This does not imply that the presented approach is the only valid one or even the best one in all situations.

This book is organized in the following manner. The first two chapters of this book give a brief introduction to the role of aural habilitation in the development of spoken language in hearing-impaired children. The next three chapters supply the reader with some essential information on the types of hearing loss, interpretation of hearing test results, and amplification devices. Chapter 6 deals with the assessment of the hearing-impaired child to determine the nature and extent of his therapy needs. Chapter 7 discusses general techniques of aural habilitation. Chapter 8 is a collection of aural habilitation activities that the reader can put to use immediately. Chapter 9 explains how to put it all together into a consistent program. Chapter 10 demonstrates how a good aural habilitation program can fit into an overall educational program based on thematic units.

Phonemes are denoted by the use of keywords in parenthesis, when

necessary. For instance, the vowel denoted by [i] in the international phonetic alphabet notation is represented in this book as *ee* (b*ea*t). Keywords are omitted when the representation is obvious.

In this book, a child with a hearing loss is referred to as a hearing-impaired child for the sake of readability. Also, the child is referred to by the masculine pronoun and the therapist, the feminine pronoun. This is done for convenience since these two are the key players in much of this book and use of the nonsexist plural pronoun for both could cause confusion while avoiding the use of pronouns entirely would result in clumsy expression. The author is aware that hearing impairment strikes both sexes equally, and that therapists come in both sexes. No stereotyping is intended. The same goes for gender stereotyping of roles. It is impossible to equally distribute references to "mommy cooking" and "daddy cooking" in describing activities. The reader is invited to modify such references as desired.

All names used in examples and case studies are fictional. The examples themselves are composites or stylizations of real-life cases.

The author would like to thank Sandra Aldrich, Dr. Mary E. Campbell, and Dr. Rebecca M. Fischer who reviewed the manuscript and provided valuable comments and suggestions. This book has benefited greatly from their input.

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CONTENTS

PRACTICAL AURAL HABILITATION
For Speech-Language Pathologists and Educators of Hearing-Impaired Children

Chapter 1

INTRODUCTION

Hearing-impaired children come in many shapes and forms; so do aural habilitation therapists. They could be specialists such as auditory-verbal therapists or oral teachers of the deaf. More often, they are speech-language pathologists who work in a school system or a speech and hearing center. Regardless of the setting, these therapists have one thing in common: they want to provide the hearing-impaired child with the best therapy possible. While this book portrays the therapist and the child in a school setting, it is equally applicable in other settings.

THE HEARING-IMPAIRED CHILD IN SCHOOL

Backgrounds of Entering Children

Most states provide services to hearing-impaired children through the public school system when they reach the age of two. Thus, a therapist in the public schools is not likely to see infants unless the school system has a parent-infant program. All hearing-impaired children do not enter the school system for services at two. Some may not be identified until they are older, and others may develop a hearing-impairment later in their childhood.

The therapist will encounter children with a variety of prior educational backgrounds and communication skills. A preschooler who has already been through a good parent-infant program should have some basic skills such as attending to tasks, following simple directions, and verbal turn-taking. Parents of such children are usually well informed and will want to play an active role in their child's education. Other children might have developed few skills and even have learned poor communication habits that would need to be unlearned.

In addition to the normal variation in skill levels of children entering the school system, other factors such as the nature and severity of the

hearing loss as well as the presence of other disabilities influence the strategies for developing communication skills. In addition, the communication needs change over time as a child progresses through school.

Differing Communication Needs

Verbal communication means more than merely articulating sounds or using correct word order; it involves the understanding and use of the subtler aspects of interaction that can only develop through experience. Unlike the normal-hearing child, the hearing-impaired child does not learn all aspects of communication by himself. These skills have to be specifically taught. This can only be done when communication becomes an explicit component of every aspect of his life. Thus, the development of speech and language skills cannot be separated from the development of social skills, emotional development, or academic learning. The communication needs of the child should always be viewed in terms of this larger context.

Preschool Level: At the preschool level, the typical hearing-impaired child is just beginning to learn that he can verbally interact with those around him. His greatest need at this point is to develop good habits with respect to speech and language. This has little to do with the nature of his hearing loss but is determined largely by the behavior and responses of people with whom he interacts on a regular basis. A child who is able to use simple sentences to communicate but is allowed to successfully communicate with just one word will develop the habit of always trying to use the bare minimum verbal communication. A child who is allowed to get away with sloppy speech when he is really capable of better speech will fall into the habit of using sloppy speech. These habits can hinder the development of spoken language skills significantly.

A child's attitude towards verbal communication is formed in his early years. Thus, if high expectations are to be realized, they must be established now. The hearing-impaired preschooler runs the risk of low expectations from parents and educators who fear that increasing their expectations may harm his self-esteem. Too often, the child is excused from difficult work and allowed to get away with inappropriate speech and language behavior due to this mistaken notion. It is very possible to retain high expectations, promote self-esteem, and, at the same time, make communication rewarding.

Elementary School Level: As the child enters elementary school, reading and writing become part of the curriculum in addition to subjects

such as math and science. However, the focus on communication should not be lost. The child needs to refine his language and learn a vast amount of vocabulary related to academics. At the same time, he also has to learn to communicate with people outside the protected environment of his family and the classroom teacher. A child in a self-contained classroom has all the more reason to work on communication skills that can help him outside his classroom. To make academic learning the sole concern in such situations would be self-defeating. A child with poor communication skills is likely to be a poor learner in school.

Middle School Level: By the time the hearing-impaired child reaches middle school, academics have taken on even more importance. New and technical language appears in all textbooks. At this level, the student will need to participate in intelligent conversations on academic and other topics, which require relatively sophisticated communication skills and complex language. The child will need adequate conversational skills such as maintaining a topic, ending a conversation, using colorful expressions to communicate, and making inferences.

School Programs for Hearing-Impaired Children

Most school systems in the United States provide services for hearing-impaired children from the age of two. Typically, preschoolers attend a self-contained program in which they receive services from a teacher and a speech-language pathologist. Services for school age children range from a mainstream classroom to a full-time self-contained program.

A child's amplification equipment must be in good working condition at all times for him to develop spoken language communication successfully. Although most children attending school wear some form of amplification, research has shown that more than half the equipment is either broken or malfunctioning at any time.[1] In addition to equipment maintenance, periodic hearing tests and regular monitoring for ear infections are other areas of audiological management in school programs that are frequently inadequate. Often, this is due to a lack of appreciation of the importance of these factors to the successful development of spoken language.

Another factor necessary for a successful program is the integration of individual therapy, classroom instruction, and communication in the home. While all children receive speech-language services in school, these are often not integrated with the classroom activities and experiences at home. As a result, the overall effectiveness of the program is