The specifics of psychological counseling for children with hearing impairment

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Abstract: *The objective of this paper is to highlight the issue of psychological care for children with hearing impairment and also the possibilities of psychological diagnostics delivered to these clients. Mentioned are also some factors that have a negative impact in psychological counseling focused on the hearing-disadvantaged child client and its family – for example, the evident lack of psychologists dealing with this issue, or the lack of specific methods of work that take the child's hearing impairment into account.*

Keywords: *psychological care, psychological diagnostics, child with hearing impairment*

1 Introduction

The psychological counseling care with complete diagnostic services and the subsequent therapy for children with hearing impairment and for their parents provide here the specialized workers in government and private counseling facilities of a special pedagogic type CŠPP [Center of Special Pedagogic Counseling], SCŠPP [Private Center of Special Pedagogic Counseling], DIC [Child Integration Center], SDIC [Private Child Integration Center], DC [Child Center]). This is an interdisciplinary collaboration of special and pedagogic therapists, psychologists, social workers, pediatricians, and therapists dealing with this professional subject in their practice. If parents of a hearing-impaired child for some reasons refuse to contact the center of special pedagogic counseling, they will usually visit a counseling facility of a regular type. Is this because they want to see their child "at any cost as if it could hear?" Or did they decide that it would be included in the majority social environment and they chose an inclusive way of education? In this case, however, they must be registered in one of the special educational counseling networks (Guštafíková, 2010).

Early psychological intervention for the hearing impaired

Which problems do we most frequently encounter when delivering psychological services to families with the hearing-impaired child in the period of early development? It is clear that with counseling intervention it is appropriate to begin at the child's age of 0 to 3 years if there is either a suspicion that the child can develop a loss of hearing, or it has been diagnosed with hearing impairment. The most acceptable appears the utilization of professional services directly in the home environment and for all family members, but due to the real financial situation they are commonly carried out in facilities of special pedagogic counseling. The definite confirmation of the hearing disability diagnosis with determination of its degree – that is, the etiology of the disorder – should be the onset of the intervention activity in the family. **We consider the early diagnostics and the already mentioned early onset of professional help to be the crucial psychological factors** in managing the initial stress, which parents must bear with the birth of a disabled child**.** It is therefore appropriate for parents in this period to cooperate with expert workers (Prevendárová, 1998). The uneasy parental position demands a professional support, especially at the time when parents are getting used to the new life situation. In a simplified way it could seem that deaf partners more easily accept and elaborate the fact that their child is hearing impaired, because they are able to immediately provide it with the communication system. However, there are not rare cases when birth of an equally handicapped child brings disappointment to the family because they expected a healthy child. It is natural that with hearing parents only a very small part of them is immediately able to competently and acceptably cope with the basic principles of immediate care for such a child.

Every deaf child as well as the healthy one has a certain potential for developmental possibilities. In opposition to the child without a disability it is more beneficial to intensively and systematically offer the child various stimuli, because it searches for them less initiatively. If it is not regularly stimulated and if it remains without a professional help, it begins to lag behind more significantly in comparison with the child in which special pedagogic and psychological support service was indicated and delivered on time. It is apparent and confirmed by research (Zborteková, 1996, Špotáková, Tomčániová, 2000) that professional care from early age manifests itself by natural increments in the cognitive development of child with hearing handicap, by increasing communication and social competencies, too, and later even by better chosen interests. Especially stimulating for the intellectual and speech development unambiguously appears to be the child's family environment. In practice, many times there are delays in psychological, special pedagogical and overall professional influence on child clients suffering with hearing impairment, which reduces the quality and the resulting effect of the delivered intervention.

Counseling for the child with hearing impairment and for its parents

The procedures and methods of counseling work with hearing-impaired children and with their families are utilizable practically in all types of counseling facilities. The counseling service should have a complex effect and should be based on interdisciplinary activities of several specialized workers (a pediatrician, a special pedagogue, a psychologist, a social worker, a therapist). It usually takes place on the following levels:

- **medical:** the large-scale application of perfect screening by a simple method for examination of hearing immediately after the child's birth with the subsequent central record of the risk newborns,
- **special-pedagogic:** informing about available educational opportunities for hearing-impaired children, solving their communication problems from the speech therapeutic and surdopedagogic aspect,
- **psychological:** providing assistance in solving a wide range of issues associated with the child's development, with overcoming emotional problems related to acceptance of the child and its handicap in the family,
- **social:** explanation of questions from the area of social security,
- **technical:** informing about compensation aids and their availability.

The counseling work for hearing-impaired children has **much in common with work for children with impaired communication ability**, for children from linguistically and socially disadvantaged settings – that is, generally for children who have problems with communication. In cases that require counseling intervention, the object of which is a problem but hearing child, the work of specialized workers goes in the direction of consistent knowing of the child toward the information about its settings. **If the counselor cooperates with the hearing-impaired child, his/her activities are mainly focused on the family**, i. e. counseling intervention is usually provided not only to the child but also to its parents. Parents are able to cooperate with their counseling psychologist only after overcoming the initial adaptation phase, when they themselves cope with the fact that their child is disabled. They are getting used to the increased long-term mental, social, economic, but also physical stress in the family; their attitudes and relationship to the disabled child vary considerably in this period. They particularly need to understand and accept their own situation. They look for a practical guidance – "how to work with the child?" They expect clear and mostly true answers to questions that turn up in concrete situations. The psychologist should help parents deal with their everyday problems they face regarding their child's hearing impairment. The best thing is if he/she can offer several alternatives from which they can choose accordingly. The uniqueness of every family must be taken into account, its autonomy must be respected, as well

as expectations and needs and the final decision-making right of parents. During the child's development changes take place in the measure of coping with parental stress. According to parents' testimonies, the period of training appears to be one of the most demanding things. They also point out to the eighth year of the child's age – the time they begin to focus more on controlling its speech with a belief that the child should already communicate really well. Particularly at this time parents are looking for an accepting attitude toward the child and its disability. They need to take advice on how to, in the most adequate way, handle the situation in their family, how to cope with social and work limitations or partner problems, how to find back the missing family well-being. They also need guidance in assessing the child's developmental prospects in the area of education; later in vocational issues. It is very useful to involve parents into the decision-making processes about their child and to enhance their competences in this regard. Parents would appreciate if the specialized worker communicated with them without making distinctions and with empathy, if he/she could listen, if he/she accepted them as a concrete family and without making generalizations. In their mutual communication mostly truthfulness in the information exchange is necessary, as well as nondistortion and nonembellishment of facts. Most parents proactively seek out all available possibilities how to help their child regardless of whether they choose a special pedagogical environment or integration into normal social environment.

Psychological diagnostics of hearing-impaired children

Subsequently the **diagnostic work with the child alone comes into action** – to determine the level of intellectual development, the assessment of personality traits, the evaluation of the course of emotional and social development. Very important appears to be the information on development of fine motor skills (directly related to the level of articulation skills and to the prerequisites for the acquisition of sound speech as the communication code) and the expressions on the choice of the communication channel (oral language, sign language, other supportive language means, bilingual access, etc.).

Overriding is the **thorough knowledge of personal and family history** of the child, on the basis of which we can assess the perinatal, postnatal causes, or the genetic conditionality of hearing disability. After careful collection of the anamnestic data, it is possible to proceed to the **examination of intellectual abilities**. Psychological diagnostics of the level of cognitive abilities significantly affects the child's school performance; therefore the responsible assessment of the child's individual possibilities and preconditions in the area of mental development is vital. Presently it is already quite apparent and verified by research that the child's intellectual development does not take place uniformly, but in "leaps". The selection and use of IQ

tests in children with hearing impairment is substantially limited. Typical is the lack of adequate techniques of psychological differential diagnostics. Such methods are used that are designed for the hearing population with the fact that in the evaluation and interpretation of the results attention is paid to the child's hearing disability. In our psycho-diagnostic practice the following tools are most frequently used **to determine the cognitive development level in hearing-impaired children** – the Leiter International Performance Scale (LIPS), the Raven's Colored Matrices, the Wechsler Intelligence Scale (WISC III) – only the performance part is most frequently administered – and the Terman-Merrill Intelligence Scale (T-M).

Part of the psychological diagnostic process in hearing-impaired children should also be the **diagnostics of eupraxia** (co-ordination and integration of fine motor activities), which, as Dutch experts suggest, has a key significance in the process of speech production. The management of speech presupposes also a reasonable degree of fine motor development. Equally important place has also the **diagnostics of memory processes** of hearing-impaired children. Insufficient memory abilities can be the cause of problems in later educational activities, although the development of intellect is normal (Luterman, 1999).

In counseling practice it is necessary to know the child complexly, hence also from the aspect of its personality traits or its course of emotional and social development. Thorough knowledge of the said partial characteristics in children affected by hearing deficiency is often very problematic and requires – in addition to quality psychodiagnostic test material – also a rich practical counseling experience.

The specifics of psychological diagnostics in children with hearing-impairment

When working with hearing-impaired children, it is necessary to pay regard to certain specifics (Leonhardt, 2001):

1. **Communication barrier** – it strongly influences the choice of psycho-diagnostic methods that can be used in testing this category of children. There are only a very few techniques that do not require utilization of the speech channel in their administration. However, at the same time they provide less encompassing information about the child.
2. **Age specifics** – the psychologist usually follows the deaf child immediately after the hearing loss is diagnosed already in the so-called "pre-problem period", when in the child's development there are not any other differences apparent except for hearing impairment. Parents perceive the loss of hearing as their child's major problem.
3. **Time span of working with the child** – usually the onset of a long-term cooperation of the child – that is, of the family with the psychologist (from identification of hearing impairment through the educational period up to the professional orientation).

4. **Direction of psychological activity** – in most cases the model for intervention is a problem of the normally developing child in the context of family or school environment. The psychologist's work usually begins through consistent knowledge of the child and then it goes in the direction of identification of its problems in the relevant environment. In case of cooperation of the psychologist with the family of the hearing-impaired child, the professional care is devoted primarily to parents (the period of parental stress), and only in the further phase it is directed toward the diagnostics of the child alone.
5. **Predictive orientation of psychological activity** – the psychodiagnostic process is predictably oriented toward assessing the child's successfulness in personality and educational development on the basis of long-term follow-up and in-depth knowledge. The goal of thusly-focused psychological intervention is to avoid possible failures and developmental irregularities in the future.

Psychodiagnostics in children with hearing-impairment at preschool age has its own distinctive specifics. The use of intelligence tests in these children is significantly limited not only as regards the limitability of their selection (mostly typical performance tests are used such as LIPS, the Raven's Progressive Matrices). On their basis it is possible to determine the child's non-verbal intellect, but they cannot predict the child's ability to acquire the language. At the same time, it is apparent that the assessment of information on mental development of the deaf child is necessary, however, we need to gather much more information about the child and we can then also have a prognostic benefit from it (anamnestic data, etiology of disability, personality characteristics, etc.). And just in children with hearing impairment at early and preschool age the question of predictability in the area of the choice of the communication code is very essential. Parents often insist on advice – they ask what are the child's possibilities in the area of speech development. The psychologist's role is to responsibly assess the child's preconditions as well as the possibilities of the family in dealing with and in coping with the difficult communication problem.

The psychological diagnostic process appears to be least problematic in hearing-impaired children of school age, which is due to several reasons:

- available is a wider choice of psychodiagnostic methods than for children at preschool age,
- cooperation with the child at this age is typically not troublesome, as it is usually cooperative at this age and with regard to its hearing handicap it has the well-built communication system with which it is possible to communicate with this child.

Counseling services for the family with hearing-impaired child (Kročanová, 1999):

- **psychological counseling in coping with the** increased long-term mental, physical, economic and social **burden in the family**,
- **reducing the level of parental stress** by enhancing stability, by supporting cohesiveness, the uniformity and completeness of the family, as well as the current internal microclimate by acting on positive personality qualities of parents,
- **assistance in the adjustment process of the family** in the presence of the disabled child and in its acceptance,
- **selection of educational approaches,** formation of positive attitudes toward the child, solution of social-emotional problems,
- **managing partner problems** and social-vocational limitations of parents,
- **providing the up-to-date information** on possibilities of training, vocational orientation of the child with disability,
- offering **educational and stimulating programs** to the child and also to parents.

2 Conclusion

Only a little part of psychologists from practice pay attention to psychological counseling and to it closely related diagnostics of children with hearing impairment in our country, although this is a very contemporary issue. Simultaneously, this area is, too, typical with the lack of specific and appropriate means and methods of work, therefore only those are utilized that are designed for the hearing population with the fact that regard is paid to the child's hearing impairment. In the future, this problem in the area of psychological and special pedagogic counseling must be addressed more actively.

3 Literature

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