Psychosocial Aspects of Hearing Loss in Children

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KEYWORDS

- Hearing loss • Cochlear implants • Mainstreaming • Inclusive environments
- Self-confidence • Social-emotional learning

KEY POINTS

- The initiation of newborn hearing screening and the resultant opportunity for children with hearing loss to begin early intervention in the first months of life have dramatically changed the landscape of pediatric deafness.
- Federal education and access laws have allowed families to seek and receive the accommodations and services that their children with hearing loss require to attend mainstream schools and excel in the academic realm.
- Despite impressive gains in language development, children with hearing loss are more likely to experience social isolation, feel awkward with peers, and demonstrate immaturity.
- When social-emotional learning programs and approaches are implemented effectively in school settings, children's academic achievement increases, problem behaviors decrease, and the child's relationships with others improve.

EARLY IDENTIFICATION AND INTERVENTION: A NEW PARADIGM

One of the important outcomes of widespread newborn hearing screening in the United States and around the world has been the opportunity early identification affords for children with hearing loss to have access to hearing-assistive technology at a young age, thereby taking advantage of developing brain plasticity and allowing for better language outcomes. Before the initiation of widespread newborn screening, most children born with hearing loss were identified after 20 months of age.[1,2]

It is no longer unusual for children to be fit with hearing aids within the first few months of life,[3–5] which was uncommon even 15 years ago. When parents are given comprehensive, evidence-based information about communication and technology choices during early intervention, children born deaf are able to move through the

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Abbreviations

CI	Cochlear implant
SEL	Social-emotional learning
ToM	Theory of Mind

hearing evaluation process in a timely way and receive a cochlear implant (CI) at 12 months. In 2015, 12 months was the youngest age under the US Food and Drug Administration guideline for providing the CI intervention to a child with bilateral profound deafness. Providing access to sound through cochlear implantation at the youngest possible age maximizes brain connectivity in the process of hearing and offers crucial opportunities to impact a major childhood disability. With appropriate support, children are now able to achieve the holy grail of pediatric hearing loss; even congenitally deaf children are developing language and reading skills that are close, or equivalent to, that of their hearing peers.[6]

For children with mild to severe hearing loss, technological advances in amplification provide improved outcomes in a range of challenging listening situations. Hearing technology has progressed dramatically, like other consumer electronics, and has also become “cool” in appearance, as exemplified by an incident[7] in which a thief grabbed a CI processor off a child’s ear thinking it was a new type of Bluetooth device.

Until recently, typical expectations for a child with a significant hearing loss (and even for many with lesser levels of hearing loss) were that he or she would attend a special school or program with other children with hearing loss. Given late identification, once a child’s hearing loss was identified, the hard work ahead was *both* learning language and catching up. Missing the window of language learning meant that many children with hearing loss never did catch up. The median reading level for a child with bilateral deafness graduating from high school was fourth grade.[8] Although there are few recent definitive measures of literacy in children with hearing loss, it is known that early access to language through appropriately fit hearing-assistive technology or early exposure to fluent sign language (via deaf parents who are fluent signers) provides dramatic benefits for language and literacy.[9]

Making full use of federal education and access laws,[1] families are seeking and receiving the accommodations and services that their children require to attend mainstream schools with their siblings and neighborhood friends. The opportunity to go to school, play sports, and pursue cultural activities and other extracurricular activities in inclusive environments allows children the chance to grow up in, and become accustomed to, participation and success in the larger hearing world. Seeking such independence in the mainstream is an important goal for most families.

Federal access laws in the United States have supported and facilitated the shift to a new normal in which it is commonplace for children with hearing loss to grow up and thrive in inclusive environments alongside their siblings and friends.[10,11] Combined with laws that provide children with accommodations and needed support services—regardless of the type of school they attend—this new opportunity has engendered a dramatic change in where children with hearing loss go to school. Society has moved from educating children in special environments to neighborhood school

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[1] Federal laws such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act require that public places (including schools) provide accommodations, such as frequency modulation systems, captioning, or sign language, that enable a child with hearing loss access to effective communication.