

BIBLIOGRAPHY TOR THE PARENTS OF HARD OF HEARING

REG. NO.M9404

AN INDEPENDENT PROJECT SUBMITTED AS PART FULFILMENT FOR THE
FIRST YEAR M.Sc. (SPEECH AND HEARING) TO THE UNIVERSITY OF
MYSORE, MYSORE

ALL INDIA INSTITUTE OF SPEECH AND HEARING: MYSORE 570 006

MAY 1995


DEDICATED TO

GRAND PARENTS

CERTIFICATE

This is to certify that the Independent Project entitled: BIBLIOGRAPHY FOR THE PARENTS OF HARD OF HEARING is a bonafide work in part fulfilment for the Degree of Master in Science (Speech and Hearing) of the student with Reg.No.M9404.

Mysore
May 1995


Dr. (Miss) S. Atkan
Director
All India Institute of
Speech and Hearing
Mysore - 6

C E R T I F I C A T E

This is to certify that the Independent Project
entitled: BIBLIOGRAPHY FOR THE PARENTS OF HARD OF HEARING is
prepared under my supervision and guidance.

Mysore

May 1995



Dr. (Miss) S. Nikam

Professor and H.O.D.
Audiology Department
All India Institute of
Speech and Hearing
Mysore 6

DECLARATION

I hereby declare that this Independent Project entitled: BIBLIOGRAPHY FOR THE PARENTS OF HARD OF HEARING is the result of my own study under the guidance of **Dr. (Miss) S.Nikam,** Prof, and Head of the Department of Audiology and Director, All India Institute of Speech and Hearing, Mysore and has not been submitted earlier at any University for any other Diploma or Degree.

Mysore
May 1995

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INTRODUCTION

Granted that the first handicap of deafness lies in communication. Man's need for communication with his fellow man is possibly his greatest need and the fulfilment of his other needs and desires is largely dependent upon, or at least greatly facilitated by, his ability to hear, but only a person who has enjoyed the privilege of hearing for sometime and then become deaf can say how this condition is.

Maybe and condition could have been avoided if only he had a little more care. A little more interest in preventing this condition progressing, he would not have been suffering so much.

Primary prevention relates to early detection, early diagnosis and early aid, treatment and rehabilitation so that the impact of the disability will be integrated as much as possible.

In focussing on rehabilitation, we mean to imply that our aim is to restore, as far as possible, functions that have previously been normal. The concept applies to children or adults who, as a result of sickness or accident, lost some of their ability to hear.

The rehabilitative procedures include -

- > Auditory training
- > Speechreading
- > Counselling
- > Surgery or a hearing aid.

Auditory training is a special kind of training given to the acoustically handicapped that results in more effective speech sound perception and production which in turn affects language development. Auditory training includes 4 steps:

- 1) Awareness of sounds
- 2) Differential gross sounds from each other
- 3) Cross discrimination of speech sounds
- 4) Fine discrimination of speech sounds.

Those individuals who have no residual hearing left, mainly depend on speechreading to understand speech.

Speechreading is the process where a person understands speech by watching the lip movements as well as, the position of tongue and teeth, the facial expression of a speaker also help in speech reaching.

Counselling Parental counselling plays a very important role in the rehabilitation of hearing-impaired child. Counselling for the parents should include - What problem the child has? Whether it could be treated with medicine or surgery and if it could not be treated how they can make use of hearing aid?

Hence such a person or parents of such a person should have the basic knowledge of the conditions that brings about a hearing loss, the ones which can be treated medically or surgically, the ones that cannot be treated and what can be done about them. So that they can recognize them as soon as they appear in him or others and get immediate help.

For these reasons a proper understanding and awareness of the problem, what can be done about it, what should be done by the parents to help the child, what is the role of the parents in hearing rehabilitation program, is necessary.

A number of books in the broad area of 'parents and hard-of-hearing children* have been published. With increase in knowledge and experience a large literature has gradually accumulated.

As far as possible, different areas in which parent's of hard-of-hearing children's role comes into being given by different people (authors) are given in this **Bibliography**. The period covered is from 1962 to 1994. Here, interested readers and parents will find an expansive listening books, articles, films, pamphlets, handouts on the subject of Hard-of-Hearing children and their parents. This bibliography should serve to help the readers to get relevant published reports and data easier than if one has to laboriously search through more general books, etc.

FOR THE HEARING AID USERS

This handout gives some points which every hearing aid user should be aware of -

- 1) Keep in touch with the professionals.
- 2) Regular visits to an ENT specialist are essential.
- 3) In case of children, hearing aid prescription may be only tentative as it is difficult to determine a child's amplification needs precisely.
- 4) The earmold must fit well.
- 5) A hearing aid requires servicing every 3 months.

You can help us by promptly responding to letters from professionals.

GUIDELINES FOR PREVENTION OF HEARING LOSS
(Public Education Handout)

This handout gives information regarding the prevention of hearing loss.

The hearing mechanism constitutes a major link between man and his environment. One must therefore try to protect it from any damage. Here are a few suggestions for the prevention of hearing loss.

- (i) Do not try to clean the ears with sharp objects like pins, because the lining of the ear canal may be damaged or the eardrum may be ruptured in the process.
- (ii) For earaches, swelling around the ear, infections, colds and upper respiratory infections consult the doctor promptly.
- (iii) Do not listen to loud music even though you enjoy it. If you work in a noisy area use ear protective device.

- (iv) Protect your ears while swimming, as contaminated water may enter the ears causing infection.
- (v) See that neither your ear nor your head becomes the target for blows or injuries.
- (vi) Infectious diseases such as typhoid, mumps, measles are known to cause hearing loss, so take preventive steps.
- (vii) Drugs should be taken only on physician's advice.
- (viii) When there is a history of hearing loss in your family, consult an audiologist in a Speech and Hearing Centre.
- (ix) Avoid using medicines indiscriminately.

SPEECHREADING FOR THE YOUNG DEAF CHILD
(Public Education Handout)

All children learn to understand before they are able to speak. So, the more alert a child is to other's speech, faster he will learn to speak. Hence the parents of the hearing-impaired, should emphasize on speechreading. Speechreading more commonly known as lip reading is being able to recognize words on the speaker's lips. These habits may be built up through various techniques.

Some of these simple techniques are mentioned in this handout:

- (i) Matching colours
- (ii) Matching objects
- (iii) Matching objects to pictures
- (iv) Matching picture to picture
- (v) Matching toy or picture to the spoken word.

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DEPARTMENT OF AUDIOLOGY

WHY DOES A CHILD NOT SPEAK?
(Public Education Pamphlet)

This pamphlet gives information about the reason of why a child does not speak. For the parents - you may have often wondered why a child, is not speaking as he should. In such cases the parent's should be able to contact some audiologist and speech pathologist who can help you in identifying the cause and the planning out the habilitation also.

Department of Audiology

CARE OF YOUR HEARING AID

This pamphlet gives tips for "Hearing Aid' Care:

1. Care of switches and controls
2. Care of the cord
3. Care of the receiver
4. Batteries
5. Care of the earmold
6. Our address

1. **Care for switches and controls:** The volume control should not be sealed. Dust and debris may cause scratchiness. Occasionally one has to check the conditions of the controls by listening to the hearing aid. The hearing aid must be cleaned and checked every year.
2. **Care of the cord:** The child should be cautioned against chewing or twisting the cord. Avoid disconnecting the cord unnecessarily. Do not move the end back and forth in the socket or pull on the pliable area of the cord.

3. **Care of the receiver:** It should not be dropped or banged against hard objects.

4. **Batteries:** Battery types should not be substituted with other types unless it is suggested by the dealer, clean the battery terminals with a pencil eraser or scrap away corrosion with a knife.

5. **Care of the earmold:** Clean the earmold with soap and warm water. If the earmold is plugged with wax, most a pipe cleaner in the canal part (the hole drilled in the centre).

ADJUSTING TO AMPLIFICATION
(Public Education Pamphlet)

This pamphlet gives information regarding the adjustment of the hearing aid.

A few suggestions are mentioned below to help you adjust to your hearing aid:

1. Start by wearing the aid for a few hours everyday. Do not restrict aid for special occasions.
2. During the initial period, discomfort may be experienced on wearing the aid. This sensation will disappear on regular usage.
3. It is advisable to wear the hearing aid in quiet situation first.
4. Adjust the volume a control at the level comfortable to you.
5. Practice conversing with one family member at a time.

Department of Audioloyv

TROUBLE SHOOTING A HERING AID

(Public Education Pamphlet)

Trouble shooting refers to tracing and correcting failure in machinery. This handout describes the steps in trouble shooting hearing aids. By learning to trouble shooting, a hearing aid, the user can detect the sources of defect and rectify them to a certain extent. Some of the common malfunctions of a hearing aid, steps to identify the cause and the procedure to rectify the defect are described:

1. No Sound

- (i) Check the seal on the cell or the plastic sheath or its lower surface have been removed. If not remove the same.
- (ii) Has the cell been placed correctly ie. the +ve sign on the cell on the same side as the one in the battery compartment.
- (iii) Look for leakage from the cell and for corroded battery terminals. Replace the cell, if leaking.
- (iv) Check for the voltage if the battery has been replaced.

If despite replacing the cell, the aid does not work, the defect may be elsewhere, check below:

Cord: If the signal is intermittent the cord is defective to be replaced. If the aid continued to be defective, check the earmold.

Earmold: The mold may be clogged with wax/debris, detach it from the receiver. Wash the mold with soap and luke warm water. Dry it thoroughly, replace and recheck, if the aid works.

2. Weak sound: Replacement of the cell and cleaning the mold should help rectify this problem
3. Distorted sound: The user should avoid covering the mic with his clothing. It may arise from dirty or dusty microphones, broken receiver, or broken switches etc.
4. Intermittent sound: A common cause is a broken cord. Replacement of cord would solve this problem.
5. Squeal from the Hearing Aid: check the volume control setting, the mold is not properly inserted, ill fitting etc.

**HEARING AID CARE
(Public Education Pamphlets)**

The hearing aid is composed of delicate and small components. Any rough handling or carelessness in its maintenance can disturb the hearing aid characteristics. Power output may be reduced or sound may be distorted. Proper care of the hearing aid can lengthen its life and ensure good performance.

This pamphlet gives information about the hearing aid care. Initially a brief description of hearing aid is given.

The care to be taken:

1. Care of the cord: A cracking noise, while rolling the cord, indicates a broken cord. The plug pins should be cleaned periodically with a small brush.
2. Cord should be plugged correctly.
3. Receiver: Connect the receiver properly to the cord, so that the small and large pins of the cords are inserted properly into their corresponding plug points in the receiver.

The receiver should not be detached from earmold or cord unnecessarily.

4. Earmold: The receiver of the hearing aid should fit into the earmold. Persons subject to heavy wax secretions in the ear canal should have the ears cleaned by a doctor as often as it is necessary. Molds should be kept away from the acids.

If the hearing aid is handled carefully, you will enjoy many years of good service.

Kurian Babu, T. (1977). Survey of parental attitude towards their hard-of-hearing children. **Unpublished Master's Dissertation.** University of Mysore, Mysore.

- The present investigation was undertaken with the purpose of studying parental attitudes towards their hard-of-hearing children.

Conclusions: Upper socio economic group parents were found to be more dominant toward their hard-of-hearing children.

- The parents of severe hearing loss children were more affectionate and over protective than the parents of mild and moderate hearing loss children.
- No significant difference exist between the parents of boys and girls, as far as their the attitudes towards their children are concerned.

Saravana, P, S. (1991). Home Training Programme for the preschool hearing-impaired child. Unpublished Master's Independent Project. University of Mysore, Mysore.

- The plan includes:

Guidelines for the parents (Sec-1).

Normal development of speech and language (Sec-2).

All about hearing aids (Sec-3).

Prelinguistic skills (Sec-4).

Auditory training (Sec-5).

Speech and language training (Sec-6).

Lip reading specific and general (Sec-6).

Activities and lesson plans that can be used (Sec-8)

The future of your child (Sec-9).

Special problem faced and how to tackle them (Sec-10).

Jaya, P. (1991). Survey and analysis of commercially available sources of acoustic stimuli in identification and rehabilitation of hearing-impaired children (3-6 years). Unpublished Master's Independent Project. University of Mysore, Mysore.

The present study was aimed at:

- 1) Evaluating the effectiveness of noise making play materials in the identification of hearing-impaired children between 3-6 years.
- 2) To guide the parents in selecting of these materials and activities in rehabilitation of these children.

This independent projects will help the parents in understanding the need for early identification and also to judge the effectiveness of play materials in the identification of hearing-impaired children between 3-6 years.

Gokul Krishnan (1991). Glossary of terms in Audiology.
Unpublished Master's Independent Project, University of
Mysore, Mysore.

This work aims at providing terminology which can be used by the parents of hard-of-hearing. the various audiological terms and their meanings can be helpful for the parents, in understanding audiology and hearing-impairment better.

Sideshwar Prasad, P. (1993). Audiological Presentation on speechreading. Unpublished Master"s Independent Project University of Mysore, Mysore.

Aims at giving information about, what is speechreading, components of speechreading, who needs speechreading, factors influencing speechreading.

The usefulness of this audiovisual is give information about speechreading, what is the significance of speechreading in communication? How can parents teach their child about the speechreading and help their hard-of-hearing children in better communication.

Hasan, S.A. (1993). Audio cassette and Public education programme in Urdu. Unpublished Independent Project University of Mysore, Mysore.

The Independent Project is being developed for the awareness of the wide spread vast Urdu speaking population in our country.

This is aimed at helping them reduce the prevalence of hearing loss by taking up all the prevalence of hearing loss, by taking up all the preventive measures suggested or else if a hearing loss has already occurred then project speaks about ways and means of identifying the defective hearing at the earliest possible for the purpose of early intervention and behaviour rehabilitation.

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FILM: Children in Deafness No.80.

This film describes about the hearing loss in children, what is deafness in children, what is the affect of the hearing loss in child, how does it affect them. This film enlightens the parents about the problems faced by the hearing-impaired children and how they should prepare themselves to deal with their hearing-impaired children.

(Therapy Clinic)

VIDEO CASSETTE: HEARING IMPAIRMENT

The video cassette can be useful for the parents, as it gives information regarding, the hearing-impairment and its rehabilitation. The cassette demonstrates various activities involved in aural rehabilitation starting from auditory training.

Various therapists demonstrate various activities:

1. **For awareness:** using drum, bell name call etc. making the child to be aware of ie. by responding through raising the finger, or placing the block.
2. **Localization:** Here the child is made to understand as to, from where the sound is coming.
3. **Discrimination:** Here the child is made to understand between different sounds of different frequencies like drum, bell, jingle, male voice, female voice, etc.
4. **Speechreading:** If the hearing-impairment is of profound category. He is taught to speechreading.

'Speechreading' is the process in which the child has to look at the speaker's lips and face in order to understand speech.

5. **Cued speech:** Here certain symbols are used to understand speech.

All these activities are demonstrated in the therapy sessions and parents are counselled to carry out the same activities at home also.

Therapy Clinic

HOME TRAINING FOR HARD-OF-HEARING (Video-THC-MCo3).

The video gives the information about, as to how home training should be done. The hard-of-hearing should be helped to understand that he is needed and needs more care and attention. It is shown how various tasks are carried out, like cooking, washing etc. where the hard of hearing children are involved. Mothers of hard-of-hearing-impaired explain them the procedure and make them also in the task, so that they can understand the everyday conversation better and can make use of their hearing. Initially the therapist counsels the parents regarding the problem and home training programme is given to them as to how helpful the home can be in improving child's listening skills. This brings the confidence in child also helps him to develop simple skills also.

Brewster L.C., and Morrison., H.D. (1978). Observations of parents and child as a part of diagnostic process - The SPARC Program: Gerber and Menchar, M. 'Early diagnosis of hearing loss", New York, Grune and Stratton, P.353.

The 'SPARC Program - The Saskatchewan Preschool Rehabilitation Centre was established to provide services to hearing loss children which included counselling services for parents and on going evaluation services of hearing-impaired children.

Stream, R. W., and Stream, K.S. (1978). Counselling the parents of the hearing-impaired child. Martin (Ed.) in Paediatric Audiology. Prentice Hall, USA, 311-320.

Chapter's objectives include

- 1) The counselling process like - The audiologist as a consultant or manager. Initial Interview, Testing, Recommendations and Follow-up.
- 2) Types of hearing loss and case histories.
- 3) Rehabilitation procedure like auditory training, speechreading.
- 4) Education considerations of their child.
- 5) Vocational training
- 6) Emotional problem.

Philips, A.H.L. (1960). Early Habilitation. in Gerber and Mencher (Ed.) in 'Early Management of Hearing Loss'. Grune and Strttom, New York, 225-238.

Gives information regarding how parents can cope up with the special need of a hearing-impaired child as some parents lack the Stamina to cope with the special needs of a hearing-impaired child in addition to their other family commitments. The type of close working relationship which facilitates habilitation is most readily achieved when parents and professionals share common educational, social and cultural backgrounds have similar aspiration for the child.

Bolton, E. (1979). Comprehensive rehabilitation of multiply handicapped. Bradford and Hardy (Ed.) in 'Hearing and Hearing Impairment.'. Grune and Stratton, New York, 365.

The purpose of this chapter is to provide the reader with a global survey of the characteristic of young deaf rehabilitation clients. By extending optimal service to young adults, rehabilitation workers hope to reduce the number of maladjusted deaf adults in future decades. Principles of rehabilitation service included:

- (i) The ability to communicate in manual sign language is prerequisite to serving deaf.
- (ii) Deaf persons possess the same intellectual capacity as hearing persons.
- (iii) Counselling with deaf clients must be situation specific.

Gloric, A. (1965). Establishment of types of hearing loss, in 'Audiometry Principles and Practices' Williams and Wilkins Company, Baltimore, 194-296.

Gives information regarding the causes, history, tests and results, diagnosis and management of conductive and sensori-neural hearing loss.

Parents can be made aware of these so that they can make use of the rehabilitative techniques depending upon the type of hearing loss.

Newby (1972). Rehabilitating the Hard-of-Hearing, in the book **Audiology**, University of Maryland, New York, 360.

Gives information regarding speechreading, auditory training, hearing orientation, speech training and counselling regarding the psychological problems of the Hard-of-Hearing individual.

Luterman, M. (1977). Counselling parents of the deaf child. B.F. Joffe (Ed.) in 'Hearing Loss in children'. University Park Press, U.S.A. 667-672.

Gives information regarding the consideration to be taken by the professional while counselling the parents. In order for the professional to counsel the parent of the young hearing-impaired child. It is necessary to understand the antecedent behaviour of the parents. For most parents of a congenitally hearing-impaired child there is no awareness at birth or for the first several postnatal months. Typically, awareness on the parents part begins when one parent, usually the mother becomes, vaguely aware that something is not right with the child and it is here where the counselling plays a role.

Davis (1966). Rehabilitation for hearing lose. In 'Hearing and Deafness'. Holt, Renihart, Coinston, New York, 353, 368, 387.

Gives information about what is speechreading auditory training, and how to work in the conservation of speech and how these procedures can be used by the parents of hearing-impaired children.

Speechreading: Speechreading is the skill that enables a person, to understand languge by attentively observing the speaker. The speech reader must observe the rhythm of the sentences. He has to imitate the movements he sees. This repetition helps him to translate a visual image into a motor speech image and usually gives him the needed clue. This use of the muscle feeling sense is a valuable training and checking device and is used in teaching.

Auditory Traininga: Satisfactory hearing depends upon the ability to recognize differences between sounds. The individual is first made aware of the sounds using drum, bell etc. He can be made to respond using various activities like raising the finger, piling the blocks.

Conservation of Speech: Parents and friends can encourage speech development in the hard-of-hearing child. The 1st rule is to see that the child gets plenty of auditory stimulation. The 2nd rule is to ensure that he realizes the communicative importance of speech.

Pauls, M.D., Carhart, R. (1979). Rehabilitation for hearing loss. Davis (Ed.), Hurry Hill Books, New York, 257 to 318.

This Chapter gives information regarding the steps involved in speechreading, auditory training and how with the help of parents and friend's speech can be considered.

Speechreading: Speechreading, more commonly known as lip reading is being able to recognize words on the speaker's lips. Speechreading should be supplemented by hearing aid, auditory training and language teaching.

Auditory training: It is the process in which the child's residual hearing is used for better listening purpose.

Nithhart, T. (1982). Some practical approaches to hearing rehabilitation. Hearing Instrument. 33, 10-14.

Give information about the techniques of counselling to the parents of impaired hearing children. They have laid stress on the counselling part, as it plays an important role in the rehabilitation process apart from this the articles lays stress on psychological blocks that a hearing impaired person carries around is the biggest problem that confronts the hearing aid specialist in making a successful hearing aid fitting.

Psychological "Blocks": The hearing-impaired person must first acknowledge and accept the fact that a hearing loss exists. Then, the person must realize that help through amplification is available and be willing to accept this help.

The hearing aid wearer needs to be reminded that a hearing loss only can be "helped" not "corrected" because only the residual hearing can be affected by a person's general health, blood pressure, circulation state of tension, physical changes due to hot odd wheather, nerves or atmospheric pressure.

Lutterman, M. (1994). Time and attention are the best counselling tools. Hearing Instruments. 45, 10-

This article emphasises that the range of parental emotions must be dealt with, before a child can succeed. Time and attention are the best counselling tools a dispenser can use with parents. You cannot go any faster than the parents are able to go.

The counselling that is most effective is one of non-adjustmental listening and plenty of attention. Blame and criticism should be replaced by acceptance and caring. If one takes good care of the parent, invariably the child will turn out well.

Johnson, C D. (1994). Navigating amplification options for children. Hearing Instrument. 45, 5, 24-27.

When children with hearing loss are placed in regular classroom in their neighbourhood schools, the team of individuals helping these children often feel they are sailing in uncharted waters. Where once the choices for helping children with hearing loss included only hearing aids and auditory trainers, now assistive listening devices are being offered. This article describes how these Aids can be used.

Young, N.M. (1994). Children with cochlear implants learn speech/sound awareness. Hearing Instrument. 45, 15-18.

Cochlear implants provide useful hearing to **profoundly** deaf children who do not benefit from hearing aids. This article aims at giving information about the cochlear implants to the parents of hearing-impaired. However, the parents of cochlear implant candidates must be highly motivated.

Rose Mark (1994). The child is the focus and not the approach. Hearing Instrument, 45, 4-7.

Children regardless of their hearing status have an innate capacity and need to communicate. Hence the parents must realise this must be brought into the habitative programmes. In the management of the hearing-impaired child, no one profession or group can claim the major responsibility, that honour belongs to the parents. It is not only the parents who have an effect upon their child. A happy child, able to express and communicate feelings a desires is going to lesson some of the parent's anxieties and guilt which in turn should impact upon the child.

Robbins, A.M. (1994). Communication approaches for children with hearing loss. Hearing Instruments 45, 2, 13-15.

Most babies who are hearing-impaired are born to the parents who hear normally. The diagnosis is usually alarming and generates shock, confusion, anger, despair and frustration. Most parents want to immediately do something because they may not be able to effectively communicate with their child and that their child will not learn to talk and there is no single system, approach or communication methodology designed to meet all of the individual needs of the child who is hearing-impaired and their family.

Auditory verbal therapy is one option AVT is emphasised from early detection to therapy and a partnership between the family and the professionals.

Gravel, J.S. (1993). Two frequency specific ways to evaluate aid for infants. Hearing Instruments. 44, 1, 16-18.

In the best, selecting and evaluating amplification devices for infants and young children has often been a "trial and error" process, but now our goal is to provide the infant with flexible preselected amplification at the initial fit, fine tuning aspects of the frequency gain and output characteristic as additional information becomes available. Parents of such children can get their kid's aids evaluated by two current behavioural and electro-physiological assessment procedure. They are visual reinforcement audiometry (VRA) and auditory brainstem response (ABR).

Mulligan, M (1994). Keeping our eyes on the prize. Hearing Instruments , 45, 2, 40-43.

The crucial pieces when considering the 'whole' child are communication learning, self esteem and identity. It would require close and on going communication between the audiologist, teachers, families, members of the deaf/hearing-impaired communities. Other parents of deaf/hearing-impaired children and the child himself/herself to be fully effective. It would expose parents to a variety of perspectives and a wealth of expertise as they work through difficult issues for the first time, or as they revised these issued as the child grows.

Additionally, it would help parents begin to establish a support network, lessening common feelings of frustration and isolation. This article describes a multidisciplinary model as a part of an educational program.

Walden, B.E., Proeek, R.A., Holum, L.L. (1984). Some principles of aural rehabilitation. Hearing Instrument. 35, 11, 40-42.

Three simple principles of aural rehabilitation have been presented in this article.

1. What is included in our aural rehabilitation programs should be relevant to the individual being rehabilitated.
2. The specific communication skills the patient should learn.
3. Dynamic nature of the patient's communication handicap.

Jones, C., and Kretschme, W. (1988). The attitudes of Parents of black hearing-impaired student. LSHSS. 19, 1, 41-44.

In this article the parents of hearing-impaired were surveyed regarding their attitudes, feelings and knowledge about their children's hearing handicaps. The findings of this study reveals that these parents are highly satisfied with their children's educational programs, but involve themselves, only minimally in the formal educational process. The findings also reveal that these parents were unfamiliar with many of the methods and procedures commonly used by teachers, when working with hearing-impaired students.

Purpose:

- (a) To ascertain their attitude and feelings toward their child's handicap.
- (b) To determine their level of involvement, knowledge and satisfaction with educational services their child receives.

Method: A separate 5 point rating scale was used. The questionnaire was mailed to 80 sets of parents all with

children enrolled in the special education programs. The parent represented the total number of black families identified with children enrolled in the hearing-impaired programs of these cities schools. The responses were rated and tabulated for statistical treatment.

Results: Parents hold 'favourable' attitudes towards their children's educational programs.

Discussion: With race considered, 3 other demographic factors, namely income level, educational achievement level, and occupational status were selected as the variables against which parents questionnaire responses will be related. Of the three factors only income level proved to be statistically significant.

Schmanian, F.D., and Straker Cravian (1980). Counselling parents of the hearing-impaired child during the post diagnostic period. LSHSS. 11, 4, 251-253.

As Speech and language pathologists, audiologists and teachers of the hearing-impaired have contact with parents of the hearing-impaired child, they are urged to undertake the responsibility of providing supportive counselling to these parents during the period following diagnosis of hearing-impairment. The authors suggest that the counselling program be aimed at both the growth of the family as a whole as well as that of the hearing-impaired child. It should promote the succession of stages that parent's appear to pass through in the process of acknowledging their child's handicap. The nature of the parent's feelings, the source of their feelings and ways in which the professional involved may deal with these feelings are discussed.

Watson, B.U. and Thompson, R.W. (1983). Parents perception of diagnostic reports and confrences. LSHSS. 14, 2, 114-121.

The purpose of this study was to evaluate parent's reaction and understanding of diagnostic information from written reports and confrences in a clinic which provides multidisciplinary evaluations for children with speech learning, language and learning problems. Previous studies and aneedvior reports suggested that many parents did not receive appropriate diagnostic information about their children. In the present study questionnaire were mailed to parents who had received reports of evaluations and most of whom had attending hour long conferences covering the findings 90% of the parents stated that they understood the finding advocates in obtaining services for their children.

Hodson, W.R., Montgomery, P. (1994). Hearing impairment and bilingual children - considerations in assessment and intervention. Seminars in Speech and Language. 15, 2, 174-177.

Audiological evaluations of bilingual cultural children with hearing-impairment are difficult for clinicians not familiar with their language or culture.

Interpretation of test results to parents and the support and instruction needed to fit amplification and establish good listening habits require effective communication skills and an understanding of cultural factors that can affect these goals.

The most important consideration in evaluating any child and in planning therapy is to consider the whole child, his family, cultures and experiences with the world.

Sheeley, E.D. (1977). Hearing aids for the multiply handicapped- Audiology and Hearing Education. 3, 3, 8-10.

Problems areas related to hearing aid are identified for individuals with several combinations of handicapping conditions. Practical suggestions are given to aid audiologists and parents and minimizing or resolving some of the problems and model is presented for a long-term audiologic habilitation program which includes hearing aid selection, hearing therapy monitoring and follow up.

Mathew Martin, P.J. (1944). Media and the rural speech and hearing-impaired population. Hearing Aid Journal. 8, 4, 139-142.

Mass Media and its role in community awareness programs are laudable. Awareness on speech and hearing-impairment, ie. early identification, prevention and rehabilitation are of great importance. In India, there is a need for better media strategy and selection of suitable media approaches for various target group or communities. This paper is an attempt to highlight the significance of Mass Media and its role in creating awareness about speech and hearing impairment with special reference to the rural areas of India.

Hodson, W.A. (1991). Multimemory programmable hearing instrument. Audicibel. 49, 1, 25-27.

Recently, the application of computer or microprocessor capability to hearing aid fitting has dramatically increased the flexibility and control of the fitting process also has increased the usefulness of hearing instruments for users.

- 1) A typical fitting and evaluation as performed with a computer based, expert fitting system.
- 2) Clinical tests results comparing conventional and programmable multiple memory hearing instrument.
- 3) To relate features of the technology to practical benefits for the user's and parents of users.

Scroggs, C, Bullar, D., and Schirmes, R., and Barbara, B. (1991). Understanding question - Hearing impaired children with hearing problems. Volta Review. 93, 6, 235-239.

Discusses about the various psychological, emotional, educational and financial problems faced by the hearing-impaired children.

Rupp, R.R., and Mikulas, M. (1973). Some thoughts *m* handling the communication needs of the very young child with hearing impairment. Volta Review, 75, 5, 288-294.

There are 3 well-established approaches to teaching language to deaf children.

The manual approach limits the user socially and intellectually and research findings indicate that the basis premises of the oral/aural multisensory plan may be is error. The oral/aural unisensory approach is suggested a an alternative. The rationale for this approach is based on the normal human communication system, 4 basic principles and guidelines for its use are presented.

Robertson, L., and Flexer, C.S. (1993). Reading Development- A parent survey of children with hearing-impaired who developed speech and language through the auditory-verbal method. Volta Review. 95, 3, 253-257.

Current theories of language development and reading cause as to predict that children with hearing loss ought to be able to achieve in reading as well as children with normal hearing if they learn speech and language through the use of amplified residual hearing. In this study parent's of hearing-impaired have made use of its in teaching language to their children.

Sendelbaugh, J., and Bullis, M. (1988). Special Education and Rehabilitation Policies for the school to community transition of students with hearing impairments. JADARA. 21, 4, 15-18.

Transition* is the link or bridge between the secondary educational experience and integration into the adult community for student with disabilities. An initial survey form to gather information on the transition process for students with hearing impairments was developed. However, the concept of transition for students with hearing impairment is new, there is much to be gained by coordinating service programs between vocational rehabilitation and special education.

Searls, J.M. (1993). Self concept among deaf and hearing children of deaf parents- JADARA. 27, 1, 25-35.

This study compared a sample of hearing college students with a sample of deaf college students, all having deaf parents. It addressed the question. Do the measured self-concepts of hearing children, reared by deaf parents differ significantly from those of deaf children of deaf parent?. From the results obtained author concludes that when both parents are deaf, hearing and deaf children develop comparable self-esteem.

Wyatt, T.L., and White, L.J. (1993). Counselling services for the deaf adult: Muchdem and, supply. JADARA. 27, 2, 8-11.

Whereas community mental health services are available for most Americans, the deaf adult remains an underserved minority in the system. Counselor training programs in deafness exist but community mental health services have not seen a significantly positive impact. A survey of these programs was conducted to assess the status of these programs, and the employment settings of their graduates. The results suggest that graduates tend to seek employment primarily outside of the community mental health setting.

Radcliffe, D. (1994). Beyond amplification : Aural rehabilitation for adults. Hearing Journal. 47, 10, 13.

The term 'aural rehabilitation' is commonly used to describe hearing services that are designed to maximize the benefit that patients obtain through amplification by hearing aids, cochlear implants or tactile devices. This article stresses on the importance of counselling the patients. Aural rehabilitation should concern itself with how a patient's communication difficulties are impacting his or her life in terms of family education, occupation and other area. It follows that counselling the hearing-impaired adult requires paying attention to the problems that arise in these same aspects of life and situation that are 'involved' in them.

Schow, R.L. and Smedley, T.C., Brocket, J., Longhurst, T.M., Whitaker, M. (1991). Hearing Aid referral strategies based on screening of adults. Hearing Journal- 44, 9, 30-35.

Hearing loss is a very common problem in this country and throughout the world. Because the hearing aid is the best tool for assisting most people with a hearing loss, it has been disappointing that only about 10% to 20% of those with loss are taking advantage of amplification. It seems clear that identification of hearing loss must precede the fitting of hearing aids. Therefore, one aspect of promoting greater hearing aid use in recent years has been to develop better screening methods to identify hearing loss. Hence, this article is a discussion of different screening methods for finding persons with hearing impairments and referring them for appropriate help.

Davis, and Hardick (1981). Rehabilitation program for adults in 'Rehabilitative Audiology for children and Adults'. John Wiley and sons, New York, 448-452.

The rehabilitation program for adults includes selection of amplification, facilitation, adjustment to impairment, use of the family to aid adjustment and other rehabilitative approaches.

John Tracy Clinic Correspondence Course of Parents and Prechool Deaf Children (1968), by J.T.Clinic, Los Angeles.

- An educational center for preschool deaf children and their parents.

The course consists of 12 lessons spread over a period of from 1 to 2 years the length of time depending largely upon his readiness when you enroll. If he is 2 years old when you begin it may take 2 years. If he is 3 years, he may finish within the year. If he is 4 or 5, he may be able to romp through the 1st lessons and so on. Depending upon the age the course should be carried out by the parents.

Fitzgerald, M.T., Bess, F.H. (1982). Parent/infant training program for hearing impaired children - the current Mamalere Training Program. Monograph (in Contemporary Audiology) 3, 2-6.

In this article they have described the modifications in the parent infant program and the infant curriculum.

-> parent infant curriculum includes

- Audiological management and amplification adjustment
- Auditory training programming
- Vocal play strategies for speech habilitation
- Verbal interaction technique for language programming.

Green, R.R. (1983). Pointers for parents - the hearing impaired child at home. Hearing Rehabilitation Quaterly. 8, 1, 4-4 & 8.

Parents reaction to disability:- Parents usually have an image of what their child will be like when he or she is born. Parents of hearing impaired children are called upon to make additional adjustments.

Following are the considerations which should be looked after by the parents:

- 1) Discipline
- 2) Bed time
- 3) Sibling Rivalry
- 4) Developing Independence
- 5) Decision making
- 6) Utilizing the home as a hearing environment.

Beebe, H.H. (1982). When parents suspect their child is deaf: Where to turn? What to consider? Hearing Rehabilitation Quarterly. 7, 4, 4-7.

If parents suspect a hearing loss, the doctor to whom they first go for help should be able to guide them in proper direction to have a hearing evaluation.

Later this article explains what should the parents do when they are confirmed that their child is hearing-impaired, regarding Ms education, rehabilitation etc.

Lampman, T.N. (1993). Treat the whole child. Hearing Instrument 44, 8, 16-18.

Children with hearing impairments are one of the industry's biggest challenge while interpreting the audiogram, selecting the proper instruments and achieving a comfortable fit are important the measure of success in children's fitting is not only better hearing but an improvement in the quality of life. Looking at the child first as a person is imperative to achieving this goal. The team efforts of parents, family, teachers and hearing care professionals is required to better understand the psychological impact of hearing difficulty. This column expresses to the special needs of children with hearing difficulties.

Pralt, S.R. (1991). Nonverbal play interaction between hearing mothers and young deaf children. Ear and Hearing-12, 5, 328-337.

The preliminary study assessed the nonverbal play interactions of 2 hearing mothers and their profoundly deaf hearing impaired infants using a nonverbal coding scheme adapted from descriptors used by Fein (1979) and Bruner (1975)- The goal was to determine if the behavioral patterns exhibited by the hearing mothers and their hearing impaired children were consistent with patterns that have been reported for verbal components of play interactions.

Evans, H. (1991). Involving parents and teachers in pediatric fittings of amplification. Hearing Instrument. 42, 7, 18-26.

This article emphasises that formula for fitting amplification based on testing alone are not sufficient in prescribing amplification for a child's individual needs. Parent/teacher/audiologist coordination establishes a successful framework. Therefore the checklist described in this article requires much less of the audiologist's time and provides a communicationistic, educational and diagnostic goals. The parent; however must be the final arbiter on behalf of their child.

Nardine, F.E. (1974). Parents as a teaching resource. Volta Review. 76, 3, 172-177.

This article presents a model for training parents in the use of strategies effective in the instruction of their hearing impaired children. The program involve the collaboration of parents and teaching in analysing videotapes of demonstration session in which the teacher, parent and child all take part. Through guided analysis of video tapes parents are helped to sharpen their obstruction skills and to involve teaching practices effective with their own children and consistent with the appraoch of the teacher.

Stambler, L. (1973). A parent's report - Applying the auditory approach. Volta Review. 75, 6, 369-372.

Parents of hearing impaired children who have received training through the auditory approach describe how they learned of their children's deafness, discovered their potentials for utilizing their residual hearing and have applied the procedures of auditory training at home.

Lowll, E.L. (1979). Parent-Infant programs for the preschool deaf children - extension of John Tracy Clinic. Volta Review. 81, 5, 322-330.

This article describes the history of John Tracy Clinic as a parent initiated educational program for parents and the clinics program for parents of preschool, age deaf children.

Northcolt, W.H. (1980). On behalf of parents in the IEP process. Volta Review, 82, 1, 7-15.

This article deals with how individualized education program (IEP) has involved the role of parents to be the active partner in IEP of hearing impaired child. This involves a role in the decision making process concerning the most appropriate educational placement.

Pearson, H.R. (1984). Parenting a hearing impaired child - a Modal program. Volta Review. 86, 4, 239-243.

Gives information regarding the needs that must be met for a child to develop self esteem and the appropriate home environment which should be met while parenting the hearing impaired child.

Knox (1978) outlines several needs that must be met for a child to develop self esteem:

1. A child needs an advocate:- This is not to say a child should get blanket approval for anything he or she does, but it does mean implicit approval of the child as a person.
2. A child needs to be respected and listened to:- The child who knows his or her ideas have some worth will feel like a worthy person.
3. A child needs to experience Joy:- laughter is a vital ingredient to keeping a note of levity in everyday occurrences.
4. A child needs someone to "let go":- The child needs to be given more responsibility and opportunity to make decisions and to profit from mistakes.

Anderson N.O., and Gustafson, M.C. (1973). A co-parent program for hearing impaired children, olta Review.75. 3, 161-173.

This article discussesses about who are these co-parents? How do they feel about the deaf child? How do they compare with the natural child.

(Co-parents are the professionals who acts as the parents, and their Job is to provide the necessary facilities, and care and affection to the hearing impaired children).

Heigh, I.W. (1987). Parenting and hearing impaired child - Attachments and coping. Volta Review. 89, 1, 11-14.

The article explains the natural attachment process between mother and child and the strains placed on it when the child has a hearing-impairment. Parents are provided information, suggestions and ways to help, alleviate pressures using and enhancing this natural bonding force to improve their relationship with their children while helping them to grow.

Parenting is unquestionably one of the biggest challenges in a person's life time. Stamina is an essential quality in any parent when hearing-impairment enters the picture via parent, the parent is forced to go extra miles on the psychological and physical dimensions.

The diagnostic crisis: If parents considers the enormous responsibility of preparing a child to function independently in society, they are as much inclined to swallow hard as they are to focus on joys of parenting.

Parental responsibility: Parents need to create an atmosphere before and during language learning not only in which communication goes on around the hearing-impaired

child, but in which the child's participation is invited as well.

As the parents confronts sadness and anger at the loss of their "perfect" child their ability to cope reflects the course of feelings. If they can accept the reality of the impairment early and begin to assimilate its implications, their emotional readiness to parent the hearing impaired child will most likely come to the fore.

Wilson Gayle (1981). A New program for parents of hearing impaired children. Volta Review. 83, 4, 235-239.

The parent education program (PEP) wants to provide a variety of opportunities for parents to enhance their knowledge and skills in rearing their hearing impaired children. The 1st priority of PEP is the establishment of basic communication between the parent and child. Families entering the program are guided in using their own home environment for sensory stimulation.

Reynolds, J.A., Reynolds, L.R.de (1972). Parent's approach to language. Volta Review. 74, 6, 345-351.

The parent's awareness of their child's interests and experiences, presented in a daily journal of drawing and sentences helps the child develop the language he needs to talk about the event's feelings and ideas which are part of his every day life.

Maiming, D. (1987). Presents and mainstreaming. Volta Review. 89, 5, 119-202.

The United State Congress enacted Public Law 94-142 to ensure a free and appropriate education for disabled children. Although the legislation provides a mechanism for educating children, it does not relieve parts of their role as case managers, providing broad, direction and day to day monitoring of their children's education involves setting goals, negotiating and providing information and support to many people involved in the mainstream effort. Suggestions are given to parents prepare for the mainstream experience, with particular attention given to key player in the effort.

The mainstream center makes these suggestions to parents-

1. Investigate all educational options
2. Try to make contact with other parents or organizations that can support you in your efforts.
3. Avoid acting impulsively.
4. Try to develop a statement of what you want for your child now and in future.
5. Talk with your child frequently about his or her program and try to find out what his feeling are about the program.

Patrica, S., Stack, M. (1973). In our program - everyone gets into the act. Volta Review. 75, 7, 425-488.

The home visiting and parent education program at DePaul Institute takes the teacher in to the actual home situation in an attempt to involve the entire family in integrating a deaf child in his natural world. The culmination of the program for preschool children is entrance into the nursery ceases where continuing individual attention to the child's special needs is uppermost and individual parent conferences and group seminars reinforce and ramify what has been started in the home. This program is receptive to the problems of very young hearing impaired children and their families.

Witcher, B. (1974). A parent's perspective "she's not deaf, she's hard of hearing". Volta Review. 76, 7, 428-434.

Mrs. Betty Wuitcher is the parent of a 16 year old severely hearing impaired teenager. In this article she describes the problems of hearing impaired and need from those of the profoundly deaf child. Parents and teachers must be attend to these differences in order to help the child most effectively in adjusting to a hearing aid, developing residual hearing and coping with the challenges of school and social activities.

Rosseth, A.(1974). Special strategies for a special program improving communication between hearing impaired adolescents and their parents. Volta Review. 76, 4, 231-238.

A vital and intense concern of hearing parents and their hearing-impaired children is the improvement of their communication with each other. A parent program to facilitate this communication was designed which was based on group discussions focussing on the parent's individual responses to the emotional and factual experiences depicted in selected protective operated visuals. The visuals show pictures of parents and hearing impaired adolscents in familiar everyday situations and projvide the stimulus on discussion and for subsequent modification of communication behaviours.

Tanksley, C.K. (1994). Interaction between mothers and normal hearing or hearing impaired children. Volta Review. 95, 1, 33-36.

The purpose of this study was to determine whether there was significant difference between the interactional patterns of :

1. Normal-hearing children and their normal hearing mothers and
2. Mild to moderate-hearing impaired children and their normal hearing mother.

The study was done to study the interactional patterns of hearing impaired children. The study showed no significant differences between the hearing and hearing impaired mother child pairs on the interactional variables were found. No difference in interactional style based on degree of hearing loss were documented.

Anita, D. (1981). Meeting the needs of the hearing parents of deaf infants - A comprehensive parent education program. LSHSS. 9, 1, 13-20.

This article examines the needs, presentation procedures professional role and positive results of a comprehensive parent education program as a component of a total communication early intervention project. The educational plan calls for supplement the scheduled individual family sessions of the family oriented project. The individual family sessions trained parents in many diverse skills and strategies. This approach to parents education results in positive changes in both parent behaviour and child behaviour.

A Hard of Hearing Child In the Classroom

This pamphlet gives information to the teachers of hard of hearing child in the classroom.

Guidelines to the teachers:

1. Identification of hearing loss - you may have a child in your class with a hearing loss.
2. After the identification the hearing loss teacher should help the child.

If he has a hearing aid, make sure he wears it.

Help him remove the hearing aid and keep it safely for him when he participates in any rough out door games.

3. See that the children are able to watch your lip movements and facial expression.
4. Speak naturally. Do not exaggerate over-emphasize your speech.
5. Encourage the children to develop listening habits.

Kumar, A. (1975). Survey of the problems of hearing impaired children regarding scholastic achievement in normal school. Unpublished Master's Dissertation. University of Mysore, Mysore.

From the analysis of data the following conclusions were drawn:

1. In spite of the counselling and regular follow-up 13.33% do not have the complete knowledge about the care of hearing aids.
2. Hearing impaired students who are insisted to speak by the parents at home are found to be scoring better scholastic achievement.
3. Regular consultation with the professional is found to be an important variable in the school achievements of these students.
4. Majority of these students are found to be older than their classmates.

Implication: The analysis of the results of this study indicate the success of integration approach in education of hearing handicapped.

Hallowell Davie (1966). Education and psychology to Hearing and Deafness' - A guide for laymen. Hurry Hill Book Inc, New York, 352-392.

This chapter gives information about the hard of hearing children and the problems of parents ie. when parents become aware that their child is deaf, their initial reaction is one of profound grief and the grief must run its natural course before objective practical decisions about the child's future can well be made. This chapter lists areas of management of person who have impaired hearing. This listing runs from need for early identification to the special requirements of deaf blind. Also lists the education of deaf child and rehabilitation of elderly persons with mild losses.

National Advisory Neurological Diseases and Stroke Council (Ed.) (1969). Human communication and its Disorders: An overview. Research and Hearing, Part IV, Educational and Rehabilitative Management of Auditory Disorders, 66-81.

This chapter deals with the management of educationally and socially deaf children. First step is through parental guidance. There has been a great increase in facilities of guidance for parents of deaf children and many training programs for them have been established also gives information about what are the problems faced by the children and their parents.

Downs M.P. (1877). Education of hearing impaired children - goals and methods of communication. B.F. Joffe (Ed.) in Hearing loss in children. University Park Press, 727-728.

This chapter describes about the goals of education for the deaf - Sound Mental Health

- Intelligible Speech
- Easy Communication with Peers.

Methods include : Acoupedic training

Oral method

Manual systems

Total communication.

Lonell, E.L. (1977). Educational programmes for hearing impaired. B.F. Joffes (Ed.) In Hearing loss in children. University Park Press, 739-743.

The chapter deals with the information regarding various educational programs for hearing impaired.

- Preschool programmes
- Correspondence course
- Role of parents
- Elementary education
- Day school, day classes, residential schools, integration or mainstreaming.

Richards, C, Flexor, C., Brady, W., Wray, D. (1993). Signal to noise enhancing devices can improve kid's reading skills. Hearing Instrument 44, 11, 11-16.

Hearing care professionals have the technology available to help if the proper recommendations are made and early intervention is instituted. School officials, physicians and speech and language pathologists need to be aware of available equipment options. S/N ratio enhancing technology can help children who are minimally hearing-impaired develop phonologic awareness to expand their spoken language and reading skills. Parents of such children should be aware of this and can try to take help from the audiologists.

Burgener, G.W. and Mouw, J.T. (1982). Minimal hearing loss effect on academic/intellectual performance of children. Hearing Instrument. 33, 6, 7-10.

The results indicated that -

- > Minimal hearing loss is related to lower group IQ measures.

- > Learning disabled students with minimal hearing loss have significantly lower verbal performance and full scale IQ scores than do their normal hearing counterparts.

Lee, T.L. (1982). Academic achievements of hearing impaired students. Hearing Instrument. 33, 11, 9-13.

The degree of influence of hearing loss on academic achievements was compared for 5th, 8th,9th, 10th grade students. The finding were that hearing loss level was not significant statistically, while race and socio-economic class were found to be significant.

Teel, A. (1982). The peer notetaker. Hearing Rehabilitation Quarterly. 7, 2, 9-11, 15.

He describes - How the notetaking and other support services for hearing-impaired student can be provided.

This articles points considerations to be taken into account when peer notetaker is appointed for a hearing impaired child.

Chess, S., Fernandas, P. (1982). The hearing handicapped child in school-Behaviour and management. Hearing Rehabilitation Quarterly. 7, 2, 12-13.

This manual, as it is described by the authors provides material relating to normal development and the impact of various forces or factors on the development and behaviour of handicapped children including deaf. It offers suggestions on the handling of problems of consulting with mental health Professional in the field. The manual might be helpful for the parent as well as for the teachers.

Harrington, J.B. (1981). The nature and needs of hearing-impaired children in regular school settings. Hearing Rehabilitation Quarterly. 6, 2, 4-6.

- Article describes the
- > typical signs of hearing impairment in school children.
- > screening for hearing problems in public schools.
- > follow-up of suspected or identified hearing impairment.
- > services and programs available for the hearing impairment.
- > referral for the special education for hearing impaired.

Manjrekar, G., Mukundan, G., and Rao, M.E. (1994).
Mainstreaming the prelingual deaf child. Hearing Aid
Journal. 8, 4, 127-131.

The paper outlines an approach to integration of the hearing impaired in a regular school. It elucidates methods of fostering attitudinal changes of the individuals most intimately concerned with the rehabilitation of the child with prelingual hearing disability. The limits to which the regular school teachers in the Indian set-up is ready to go has been explored through questionnaires. Based on the responses a set of guidelines have been drawn up. The authors deem that rehabilitation goals would best be served if specific responsibilities are taken up each by the regular class teacher, caregiver, parents and the professional.

Bentzen, O. (1972). The demands which the handicapped child and its parents set to special education. Scandinavian Audiology. 2-3, & 13, 57-61.

The appearance of progressive new parent association in many countries is an expression of the parent's demands and a growing awareness that they are consumers of special education which they demand must be modern in that it comprises an integral part of the total function of society. The aims and problems of international special education are:

1. To rehabilitate the ordinary school by expression of the special classes so that it can fulfil the demands of society to rehabilitate the special school to become psychological and educational examination centers for handicapped.

Lowe, A. (1972). Some basic requirements for an integration of hearing impaired in regular educational programmes, Scandinavian Audiology. 2-3, & 13, 83-88.

The basic requirements are discussed here:

1. Their teacher must be well prepared for their task and need the regular assistance of specialist.
- 2 Very important is also the attitude of the parents and their close cooperation with the teachers.
3. In addition, it is also necessary to prepare the future peers of a hearing impaired child in an ordinary class.

Madebrink, R. (1972). Integration of the deaf - a must?
Scandinavian Audiology. 2-3 & 13, 13-16.

A symposium on the integration of hearing impaired children in the hearing world seems to be based on the need for a modern school. It is hoped that a carefully established programme of integration in the general school system will carry hearing impaired children closer to the general school system. In setting these goals we try to take into consideration on the other hand the fact that deaf adults generally make use of sign language and on the other hand they desire that the deaf should learn to master spoken language.

Bentzen, O. (1972). The handicapped child and its parents set to special education. *Scandinavian Audiology*. 2, 13, 57-63.

The article describes about the growing awareness among the parents demand, the aims and problem of international special education are set up in many countries. To rehabilitate it can fulfill the demands of society and to rehabilitate the special school to become educational and psychological examination centres for short-term stays of handicapped. To let the special teachers join the normal school environment in ordinary schools, which is an essential condition for having expertise and material benefit the handicapped.

Perier, O. (1972). Integration of the hearing impaired in ordinary schools: why? who? when? Scandinavian Audiology. 2-3 and 13, 23-28.

Here the arguments raised by those who are opposed to, or at least reluctant towards, integration of hearing impaired children in ordinary schools are set forth. Several deaf adults criticize efforts to promote integration because they feel it to be utopian and wish that all energies be directed towards bettering the deaf society. They want the deaf to decide for themselves to which society they want to belong. Criticism of school integration of teachers or directors of schools for the deaf is analysed here in detail.

Kristeneen, K. (1972). The education of the teachers for the handicapped. Scandinavian Audiology. 2-3 & 13, 53-57.

This article describes how the teacher of the handicapped should be educated in order to ensure that the hearing impaired are being educated within their capacity to their fullest maximum in a normal school system.

Gjerdingen, D. (1979). Principles of school/family relationship. Volt a Review. 81, 5, 330-337.

Families are an essential part of the educational process. Cooperation between the family and the school is necessary to maximize the child's potential. Both school and parents must effectively share. Common knowledge about the child, respect and support each other's role and plan the child's educational future together. Given this cooperative effort, the child's chance for a successful education experience to greatly increased.

Messerly, C.L. and Aram, D.M. (1980). Academic achievement of hearing impaired students of hearing parents and hearing impaired parents another look. Volta Review. 82, 1, 25-30.

This article describes the academic achievement in matched group of high school level hearing impaired students of hearing impaired parents and of hearing parents was compared. Hearing impaired students of hearing parents was found to perform above the hearing impaired students of hearing impaired parents on the standard achievement tests of vocabulary, language science and mathematical concepts.

Northcot, W.H. (1973). Competencies needed by teachers of hearing impaired infants, birth to 3 years and their parents- Volta Review. 73, 9, 532-545.

What special competence are needed by teachers of hearing impaired infants, birth to 3 years and their parents? How proficient are these individuals in the kind of knowledge implications for the recording of priorities for public policy relating to early childhood education and changes in preservice and in service professional preparation in the future?

Raghunath, V. (1991). Field testing of the questionnaire on assessment of children's speech by parents. Unpublished Master's Independent Project, University of Mysore, Mysore.

The aim of the study was to find out the ability of the parents of the hard of hearing and normal children to assess their children's speech using the questionnaire method. Results indicated the most of the parents were able to assess their children's speech.

Purwar, A.K. (1981). Technical facilities available for the speech and hearing handicapped in hospitals in India - A survey. Unpublished Master's Dissertation, University of Mysore, Mysore.

On the basis of findings following conclusions were drawn:

1. More number of speech and hearing services were located in the State Government teaching hospitals have more bed strength than non teaching hospitals.
2. Large numbers of speech and hearing services were in ENT departments than any other department and some of the hospitals had the independent speech pathology and audiology department.
3. Majority of the hospitals reported that speech and hearing services were inadequate. As only 1/2 of the hospitals reported that they had at least one audiometer and some of the teaching hospitals which are recognised for post graduate teaching in otolaryngology did not have even single audiometer. Other diagnostic equipment in use were impedance audiometer. Bekesy audiometers, evoked response audiometer, PGSR, Peep show unit and reactometer. Facilities for speech audiometry and free field audiometry were very less in number.

Fraser, G.R. (1979). Genetic counselling in hearing impairment. Volta Review. 81, 5, 291-299.

One of the most important decision facing the family with one or more hearing-impaired children or with a history of hearing-impairment among other relative concerns their further plans for reproduction. In a certain proportion of cases hearing impairment is hereditary and the risk is substantial that the future child will be affected. In this chapter, the problem of counselling will be dealt with mainly in context with the following:

1. The identification of Mendelian Inheritance.
2. The identification of an acquired cause.
3. Counselling for genetically determined hearing loss.
4. The Isolated child with hearing impairment.

Barnes, M. (1974). Parent's group forms listen foundation.
Volta Review. 76, 2, 123-128.

Parents of young hearing impaired children in Denver Colorado, are enthusiastic about the fact that their children are learning to listen to to use their voices naturally despite severe and profound hearing losses. There they are making use of acoupedic approach to work with these children.

The goals of acoupedic approach are:

1. To use residual hearing of each child in an unisensory approach.
2. To teach him speech through the auditory sense, to help him develop as a fully integrated personality within the world of sound.

3 requirements for this programme are:

- (1) Early detection of hearing loss.
- (2) To fit the child with binaural hearing aids.
- (3) To provide him individual tutoring sessions.

Nix, G.W. (1974). Parents and professionals combine to discuss the auditory approach. *Volta Review*, 76,1, 16-17.

Under the direction of its professional programs and services section many efforts to acquaint as many people as possible with the auditory approach through individual regional conferences. It involves early identification, full time use of amplification. Maximum environmental stimulation including constant exposure to normal speech and language and especially designed technique to develop auditory process.

Kidd Jodith (1977). Parents and public law 94-142. Volt Review. 79, 1, 275-281.

Gives information regarding the education for all handicapped children Act (Pt.94-112) which was signed into law, educators, parents and group representing handicapped individuals. The law gives parents the right and responsibility to be actively involved in the planning and implementation of their child's education.

Miney Esther (1973). To the parent of a deaf adolescent -
Drug awareness. Volta Review. 75, 5, 296-299.

Discusses the facilities for dealing with drug abuse as deaf child may have vulnerable confusion about drugs. The deaf child may not understand the legal consequences of using drugs. Under the Comprehensive Drug Abuse Prevention and control act of 1970, illegal possession of many drugs for a first offense, can bring imprisonment of up to one year/or a maximum fine of \$5000. As laws and law enforcement procedures vary greatly, you should investigate the legal penalties. For drugs in your area and make sure that your child also understands them.

What can you do to help them?

1. Inform them about the drugs abuse
2. Listen to your child.
3. Express your feelings.

Schulhan, V., and Sheellabrenner (1987). Child abuse and the disabled child - perspectives for parents. Volta Review. 89, 1, 89.

This article focuses on the problem of child abuse, both physical and sexual. Active roles and parents can assume to effectively confront and deal with this issue are described in detail- The need to intensify efforts to ensure that disabled children are provided both accurate information on sexual abuse and the necessary skills to protect themselves from victimization is stressed.

'Abuse' or 'child abuse*' means an act or omission in one of the following that threatens the health or welfare of a child.

- (1) Case in which a child exhibits evidence of skin brushing, bleeding, malnutrition, burns, fractures etc.
- (2) Any case in which child is subjected to sexual assault.
- (3) Any case in which the child's parents fail to take the same actions to provide adequate food, clothing and shelter.

The following types of discussions between the parents and their children are recommended as an effective deterrent to abuse (Krents and Atkins, 1986).

- * Talk with your child about good, bad and confusing touches and point out the differences with appropriate examples.
- * Teach your child never to accept gifts from strangers.
- * Be positive. Don't promote fear of strangers. After all most incidents occur between children and someone they know. Emphasize safety rather than fear.

Kroth, R.L. (1987). Missed or missed messages between parents and professional. Volta Review. 89, 1, 1.

This article explains that most professional who are regularly required to deliver. Diagnostic news are not specifically trained to communicate in ways that will help them to deal with problems as soon as possible. The author suggests specific ways professionals can help by being sensitive to parents emotional needs at the time of diagnosis and afterward listening and informing skills are discussed with emphasis on improving the on going parent professional relationship to the ultimate benefit of both child and the family.

Allen J.C. (1977). A challenge to parents. Volta Review.
79, 1, 297-303.

This article gives information regarding the rights of the hearing-impaired children and problems faced by the parents regarding this.

Gerald, M.F., Fitzgerald, D.R. (1987). Parent's involvement in the sex education of their hearing impaired children. Volta Review. 89, 96-98.

This chapter is meant as a practical guide for parents and those who work with parents for dealing with the issue of sex education for hearing impaired children. The goal is four fold. Information is provided that will (a) help parents feels better about themselves as the primary sex educators of their children (b) help parents better understand their children's sexual growth and development (c) 3uggest some ways parents can initiate and respond to sexual issues inthe family and (d) identify where sex education resources can be found.

Crawford, L. (1979). Parent potential. Volta Review. 81, 7, 514-517.

This article deals with the authors observations how successfully many of parents have been in promoting the development of listening skills, speech and language in their own children.

Moses, K. (1979). Parenting a hearing impaired child. Volta Review. 81, 2, 73-81.

This article deals with the interview with Ken Moses, the psychologist. With regard to the parenting a hearing impaired child. He describes the various emotions felt by parent upon discovery of their child's hearing loss, the personal growth that results from expressing feelings and the role of the allied professionals in helping parents through the the adjustment process.

Nernon and Prickett, H. (1976). Mainstreaming - Issues and a model plan. Audiology and Hearing Education. (The Journal of Education Instruction and Rehabilitation), 2, 2, 5-8.

Mainstreaming (the education of handicapped children in schools and classes for the non-handicapped rather than in separate facilities) is the most crucial issue in the education of deaf today with laws mandating local instruction being passed by state, it has become a legislated reality nationally. How the problems of mainstreaming are resolved will affect the lives of thousands of deaf people and their families for years to come. The basic answers to the issues involved are discussed here.

Idolm, R.L. (1991). A patient's rights : Fact or Fantasy?
Auddecibel. 49, 1, 12-14.

This article discusses about the struggle by industries in order to fight to preserve the FDA's Hearing Aid Devices Rule. The FDA's Hearing Aid Rule applies to every prospective purchaser. The medical evaluation must take place within the previous six months prior to purchase. The rule requires the dispenser to retain, for a period of 3 years after the dispensing of a hearing aid, a copy of any written statement waiving medical evaluation.

Gallagher, R. (1991). Children's Hearing service provides battle to keep budget - busters at bay. The **Hearing Journal**. 44, 9, 11-15.

Across the nation, states are embroiled in financial crises that threaten funding for social services and certainly some programs for hearing impaired students are hurting - the victims of teacher lay offs, but to special education and shortages of materials and supplies.

Hence the present article describes about the various laws and acts given in favour of hearing impaired children for their benefit. Budget enforcement act etc. at various other acts (only in abroad).

Martin, E.W. (1972). Federal efforts to expand preschool and early childhood programs for the deaf. **Scandinavian Audiology.** 2-3 and 13, 95-100.

In the last 3 or 4 years, US has made an effort to stimulate early childhood and preschool programs, especially for deaf and hearing impaired children from birth to age 3. Some of the programs have been for deaf and hearing impaired children exclusively, but most of them have tended to group children heterogeneously without regard to handicapping conditions, to integrate them with non-handicapping peers.

Anderson, C. (1994). Children and hearing - Parents and children with hearing loss are people not pathologies (Parent's view point). Hearing Instrument. 45, Supl.2, 10, 5-7.

Carolyn Anderson is the parent of a 16 years old child. She authored a book for parent. Article includes - How together, parents and professionals can enable children with hearing loss to accept their challenges face life with confidence and achieve success.

Downs, M.P. (1993). The Government and family involvement - A new day for hearing impaired. Hearing Instrument. 44, 10, 34.

New ideas have been mandated by government agencies in response to the complaint of numerous hearing professionals.

The new developments address by Government directions are as follows.

1. The family - Family has been recognised as the essential element in any habilitation program for hearing impaired child. Under the Individuals with Disabilities Education Act (IDEA).

Part H (Public law 102119), The intervention team is required to develop and individual family service plan (IFSP) with the family.

2. Early intervention services - (2nd under P.L. 102-119), early intervention services are to commence before the completion of the evaluation if parental/caregiver consent is obtained.

3. Universal new born screening 3rd universal newborn hearing screening has been given to official government sanction.

Matkin, A.H., and Matkin, N.D. (1985). Benefits of total communication as perceived by parents of hearing impaired children. LSHSS, 16, 1, 64-70.

Discusses about a basis for assessing the impact of total communication (TC) upon social, emotional and educational growth as well as upon speechreading and hearing aid use using a questionnaire for parents. Results indicated a significant correlation between parent's overall perceptions to the benefits of TC and their perception of their children's educational and emotional growth. Further, most parents did not perceive the use of TC as adversely affecting speechreading speech production or hearing aid use (emphasis on an active parent involvement in educational planning for the handicapped child).

Gleason, E., and Blood, I.H. (1982). Parent's perception of their child's hearing abilities. LSHSS, 13, 4, 246-252.

This investigation examines parent's perception of their preschoolers auditory skills. Results indicated that parents may be reliable indicators of their child's hearing. It was already shown that the parents of these children are willing to have their child's hearing tested. This findings indicated screening programs initiated for preschool age children should be successful and would have ample parental support.

Reiter, R. (1985-86). The psychology of hearing impaired.
Audicibel. 34, 2, 10-16.

The psychology of hearing impairment covers every issue affecting the hearing impaired person and those around him/her.

Brady, G.Y. (1994). Non-auditory problems of hearing aid users: Attention and memory. Audicibel. 43, 1, 10-13.

The hearing aid specialist is appropriately concerned with matching the acoustical properties of a hearing aid with the auditory deficits of the patient. However less emphasis has been laid on ergonomic features that most patients must cope with if they are to experience success with amplification.

The purpose of this article is to identify those non-acoustical dilemmas that may be encountered by the hearing aid specialist. 'Non acoustical problems' are defined as any non-hearing related condition which will impede a person's ability to benefit from amplification. These are the conditions which influence attention, memory and cognition and motor deficits. For each type of disorder, simple screening techniques will be introduced along with strategies to help the patient compensate for loss of function.

Once these problems are identified needs may be desired to enable the wearer to obtain the full benefits from their hearing aids.

Pappas, J.J., Grahan, S.S., Rolls, C.R. (1982).
Psychological problems associated with hearing impaired.
Hearing Instrument. 33, 10, 22 and 54.

Emotional problems associated with congenital or long standing hearing impairment or deafness are well known. In most instances many of these emotional problems are associated with the stress placed on hearing impaired person who is attempting to lead a productive life in a hearing world. Thus these person often attempt to 'behave' as a normal hearing individual in the manner expected by Society and to hide evidence of their handicap.

Freeman, R.G., Malkin, S.F., Maetinge, J.O.
(1976). Psychological problems of deaf children and their families. Audiology and Hearing Education. 2, 3, 21-24.

A comparative study was done and it was found that deaf youngsters, according to an extensive study, were found to be socially disadvantaged as direct or indirect consequences of their deafness. In comparison with a hearing group, significant differences were found in early hospitalization, frequency of home moves, certain areas of behaviour activities permitted by parents, amount of play and parental expectations. Divorce and separation were not more common, contrary to previously held beliefs.

Malkin, S.F., Freeman, R.D., Masting, J.O. (1976).
Psychological problem of deaf children and their families -
Part-2. Audiology and Hearing Education. 2, 4, 31-34.

In this part the following factors are addressed : like school situations family aspects, educational methods and behaviour, expected future employment, expected living situation, play, sleeping arrangement. The child's feeling about being deaf, trouble with neighbours, parental use of baby sitters, emotional disorders in parents, status of national parents, recommendation of parents for additional services, socio-demographic data.

Goldberg, H.K. (1979). The social work process with families of hearing impaired children. Volta Review. 81, 5, 299-306.

As parents and allied specialist recognize the potential resources available to them through the social worker it becomes possible to pursue the preventive aspects of mental health and to ensure that family members take a active and meaningful role inthe child's habilitation program. If family members in need of intervention do not have the opportunity to obtain such help, they may be only partly successful in achieving individual and family actualisation.

Meadow, K.P. (1970). Behavioural and emotional problems of deaf children. Davis and Silverman (Ed.) in Hearing and Deafness. Holt, USA, 395.

As deafness is first of all a handicap of human communication. It might cause certain emotional and behavioural problems in the deaf children.

This chapter gives information regarding parental reaction to deafness, communication between parent and child etc.

When the parent's come to know about the deafness, initially there is a moment of grief, later they come of it, later they try to help their children into to build communication. They can take help from speech pathologist and audiologist for teaching their child language and improving their listening abilities through auditory training, speechreading, hearing aids etc.

Mace, A.L., Wailance, K., Whan, M.Q., Stelmacherz, P.G.
(1991). Relevant factors in the identification of hearing
loss. Ear and Hearing. 12, 4, 287-292.

Decribes various relevant factor which can prove
helpful for the parents in identifying the hearing loss.

Hauk, G.W., White, K.R., Hatenson, L.B. (1991). The effectiveness of screening programs based on high-risk characteristics in early identification of hearing impaired. Ear and Hearing, 12, 5, 312-314.

Discusses how the high risk characteristics are help for the parents of hearing impaired children in identifying the hearing loss early.

Blair, J.C., Wright, K., Pollard, G. (1981). Parental knowledge and understanding of hearing aid. Volta Review. 83, 6, 375-382.

A study was done regarding the above criteria which revealed that most parents in this study knew very little about their child's hearing aid. Hearing impaired parents were significantly less well informed about both hearing loss and hearing aids when compared to normal hearing parents.

Burkey, J.M., Hamilton, M.J., Schatz, K.A., Sylvester, S.P. (1994). Study finds most parents overlook otitis media related hearing loss. Hearing Journal. 47, 6, 39-42.

In the study it was found that most of parents (ie. approximately 65%) are not able to detect hearing loss till the age of 3 years (and those who are having otitis media) and 35% of them are able to identify. Hence, it pays importance to that early identification of otitis media should be done, in order to identify the hearing loss early.

Rose, D.S., Smithhang, J., Fargo, J. (1983). The role of hearing in child development - rationale for intervention. Hearing Instrument. 34, 10, 22.

This set of article is the outcome of the collaboration that began when the daughter of Dr. Deborah Rose was diagnosed as having SN hearing loss, with normal speech and language development. He recommended amplification and this was felt to be appropriate when counselling the child's emotional and educational needs.

As she shared her observations with the 2 other authors, behavioural patterns seemed to emerge which could be applied to other hearing impaired children. The discussions focussed on the special audiological and dispensing factors which made this unique.

According to her hearing has a basic and pervasive role in emotional, intellectual and social development that precedes its later functions in speech and language development and in communication.