

Caregivers' Perspectives on Communication Modality Counseling for Children with Hearing Differences

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INTRODUCTION

Over 90% of Deaf or Hard of Hearing (DHH) children are born to hearing parents. Because these children often lack access to incidental language exposure, they face an increased risk of language deprivation¹. Counseling following a hearing loss diagnosis is critical, with communication modality as a key component . Ideally, early intervention professionals should provide this counseling, offering caregivers unbiased and comprehensive information about the various communication modalities to empower informed decision-making. These modalities include oral language (Listening and Spoken Language), manual language (most commonly American Sign Language (ASL) in the United States), and combined approaches (e.g., Total Communication/TC). Currently, there is a lack of consensus regarding who provides this counseling and the specific content delivered.

Why is comprehensive communication modality counseling important?

- Minimizes Language Deprivation and Promotes a Language-Rich Environment
- Empowers Informed Decision-Making
- Enhances Families' Emotional Wellbeing
- Improves Counseling Practices

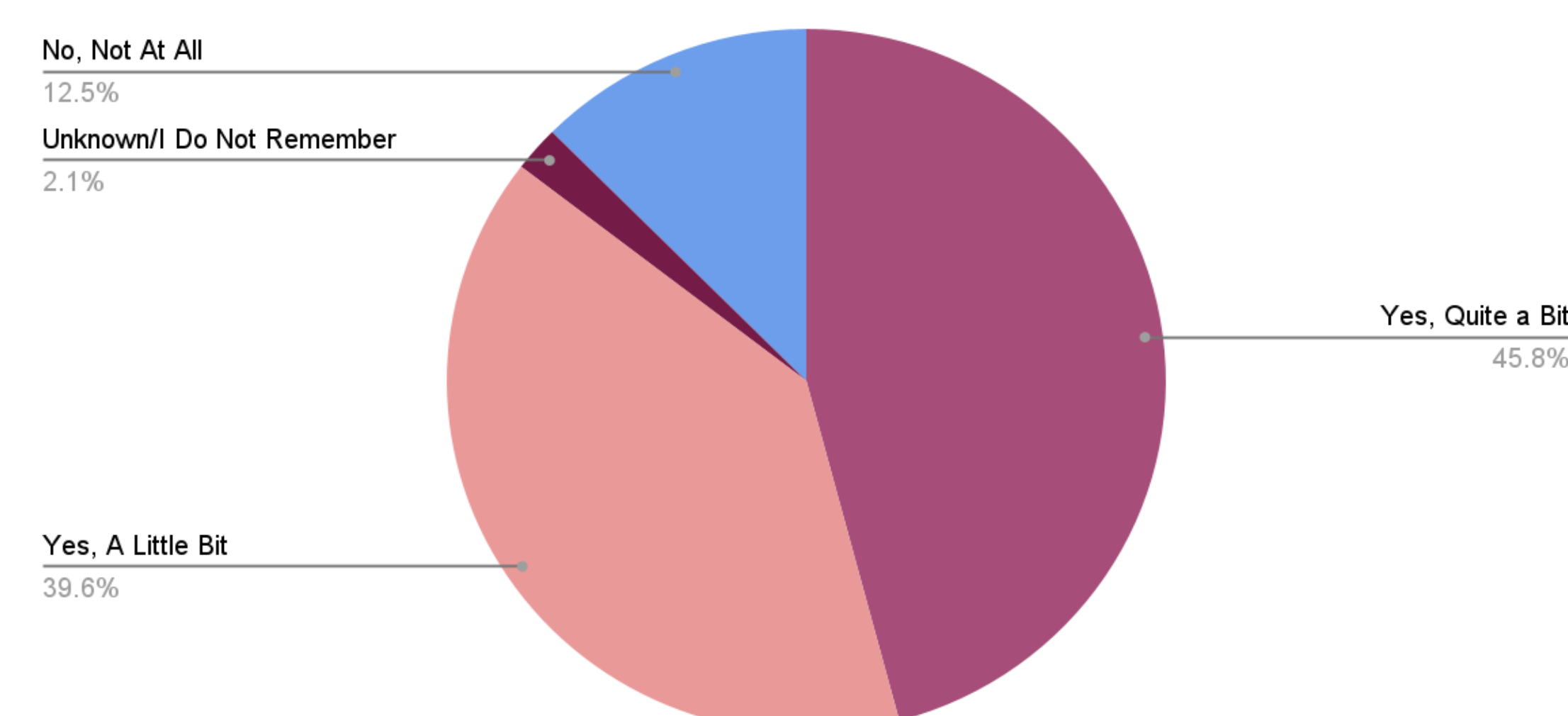
1.Mitchell, RE; Karchmer, MA (2004): Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies*. 2004;4(2):138-163./

METHODOLOGY

Study Design: Descriptive survey in the form of an online questionnaire
Target Population: Primary caregivers of children (birth to 5 years) with a permanent hearing loss
Participant Recruitment:
-Primarily disseminated online with limited in-person recruitment
-48 respondents across 24 U.S. states and 2 Canadian provinces

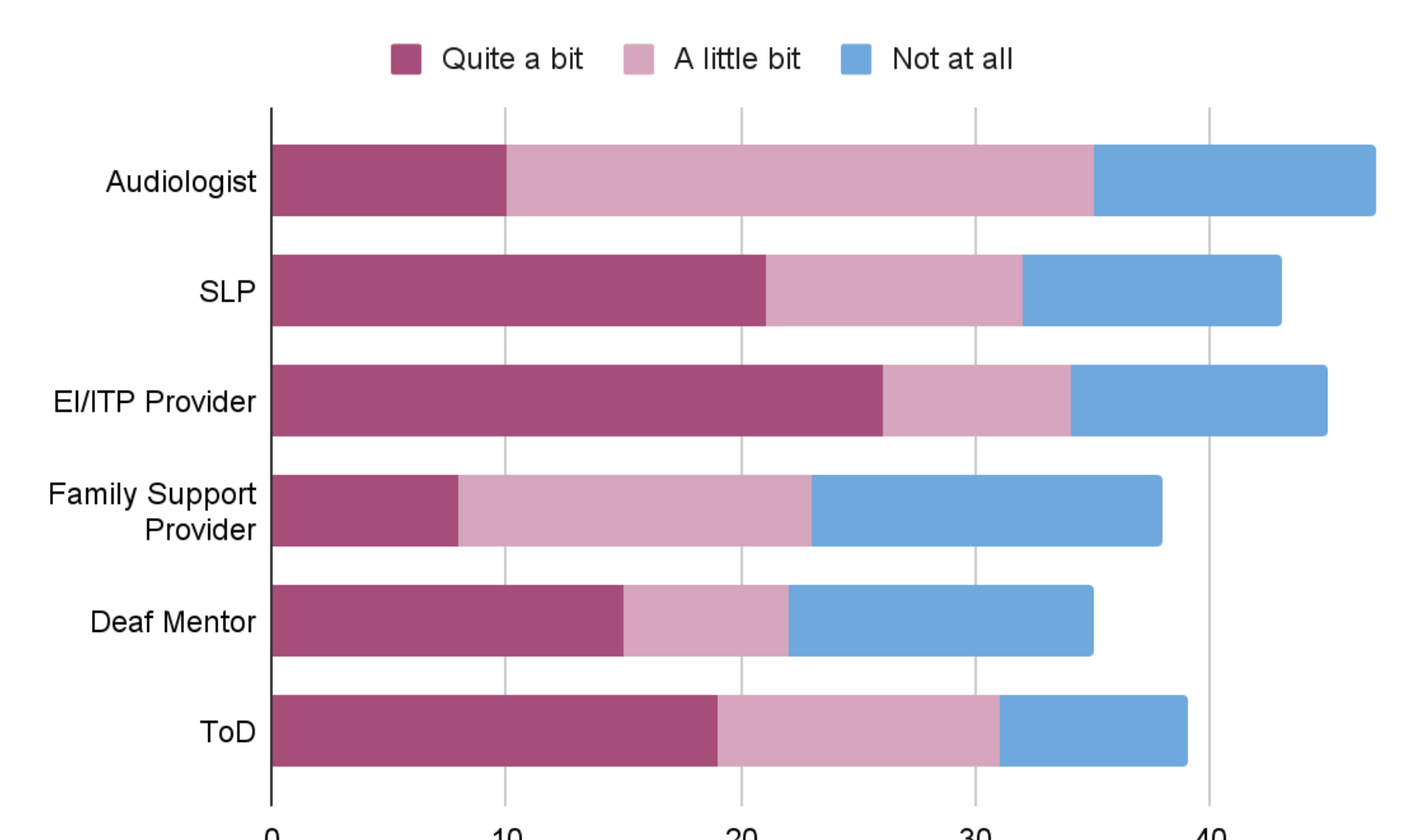
RESULTS

Did anyone talk to you about communication modalities to use after your child was diagnosed with a hearing difference?

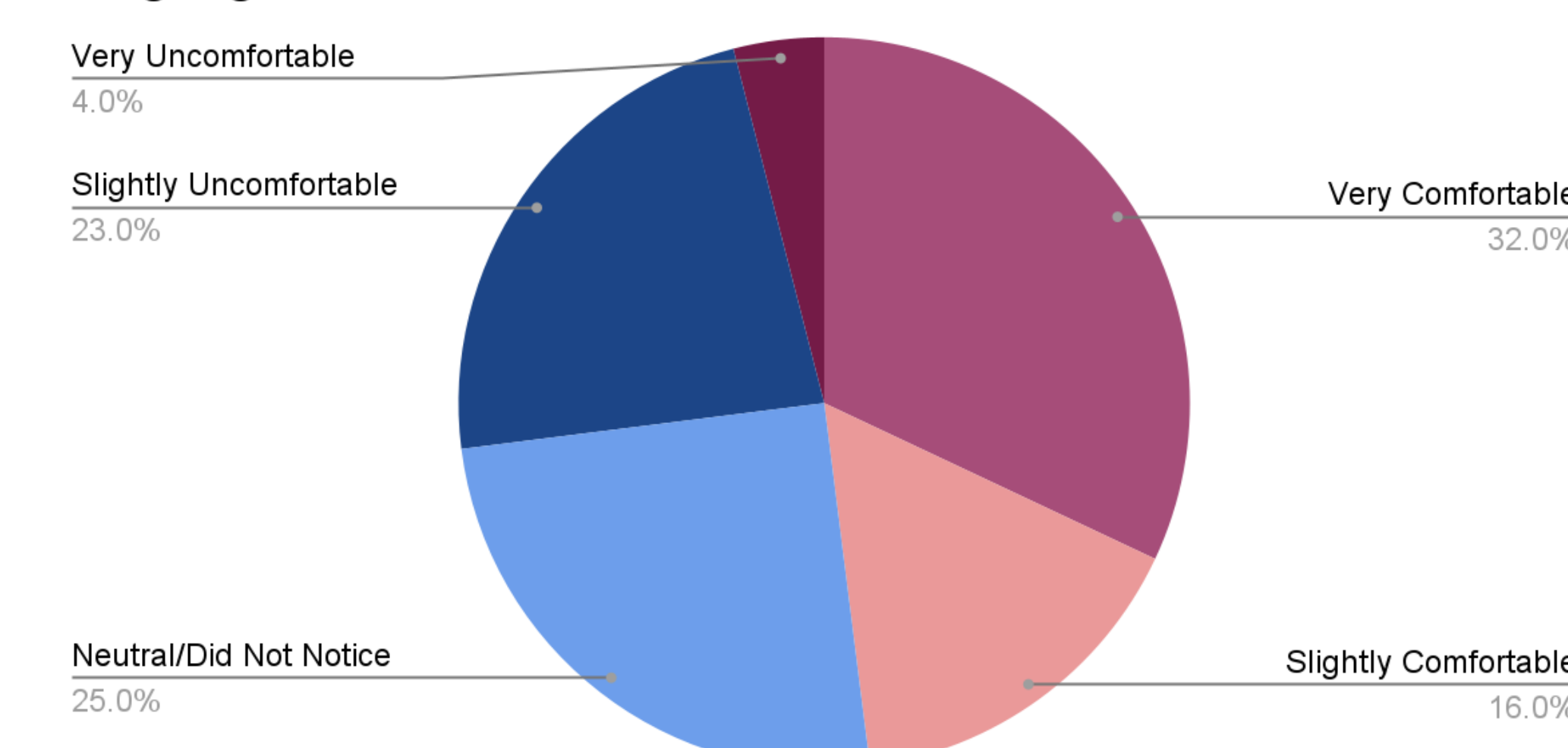


Degree of Hearing Loss	Quite a Bit of Counseling	A Little Bit of Counseling or No Counseling	Total
Mild	2	3	5
Moderate	3	6	9
Moderately-Severe	3	8	11
Severe	1	2	3
Profound	2	16	18
Total	10	36	46

Who had the discussion with you about communication modalities to use with your child?



How comfortable did you feel the provider was talking about languages/communication modalities?



Timing Insights

63% of respondents felt that the conversation around modalities came at the right time.
-23% felt it came too late, 6% felt it came too early

33% of respondents felt that not enough time was spent counseling on communication options.

Themes

Lack of Information

Biased Information

Lack of Empathy

Perspectives

-Options were not discussed
-Limited resources provided
-Self-initiation of research

-Push toward Oral Language
-Discouraged ASL/TC
-Conflict of Interest in Recommendations

-Perceived passivity in care
-Lack of emphasis on individuality
-Lack of Sensitivity

DISCUSSION

Findings reveal a significant variability in the depth and content of information caregivers receive regarding communication modalities. This information is delivered by a diverse range of early intervention providers, demonstrating a lack of standardized practices in terms of who provides this information and at what stage of intervention. These results underscore the need for a more consistent and structured approach to communication options.

The results of this study are subject to limitations common in survey-based research including, but not limited to, self-selection bias, undercoverage, and a non-representative sample.

CONCLUSIONS

- No consensus amongst early intervention providers about responsibility, content, and timing of communication modality counseling
- Interprofessional collaboration needs to be enhanced and prioritized for effective, family-centered care
- Consideration should be given to iterative counseling to support family comprehension
- More research is needed on the topic of communication modality counseling