

DEGREES OF HEARING LOSS: PARENTS

REFERENCE	DESIGN	RECRUIT- MENT	CASE DEFINITION	SUBJECTS	ASSESSMENT TOOLS	RESULTS	AUTHOR'S CONCLUSIONS
Calderon R. Parental involvement in deaf children's education programs as a predictor of child's language, early reading, and social-emotional development. <i>J Deaf Stud Deaf Educ.</i> 2000; (5): 140–55.	Observational 2 research questions: (1) Does parental involvement significantly and positively predict child outcomes or are other parental variables better predictors? (2) If parental factors do significantly contribute to a child's outcomes, is there something unique about those parental characteristics or can they be addressed?	Children's Hospital and Regional Medical Center (Seattle, Washington) ECHI* early intervention program, which uses a total communication approach with SEE.*	PTA* >55 dB* (.5, 1, 2 kHz*) in better ear (based on parent-provided record within one year of study.)	Total: N = 28 With hearing loss: N = 28 Controls: N = 0 28 children with prelingual moderate, severe, and profound sensorineural hearing loss Aged 45–88 months at time of follow-up assessment. From English-speaking homes.	Parent/teacher questionnaires. Videotaped parent–child interactions. Interviewer administered standardized child assessment measures (PLS-3*; TERA-D/HH*; SEAI*; CBCL*). Review of ECHI records. Notes from interventionists were rated for parental involvement during home visits and parents were asked to complete information form. Following this, families participated in a 60–90 minute, center-based visit to assess the child's language and pre-reading skills and complete a videotaped, parent–child interaction. Each child's teacher was asked to rate parent's involvement in child's school program and complete 2 questionnaires on child's social-emotional adjustment.	School-based parental involvement does predict early reading skills but it shares considerable predictive power with maternal communication skill.	Maternal communication skill was a more significant predictor for positive language and academic development than parental involvement in a school-based education program. Mothers who demonstrated better communication skills with their children had children with higher language and reading scores and fewer behavior problems (after controlling for degree of hearing loss). Parent involvement should be invited (by schools) to enhance parental communication skills.

*ECHI = Early Childhood Home Instruction; SEE = Signing Exact English; PTA = pure tone average; PLS-3 = Preschool Language Scale-3; TERA-D/HH = Test of Early Reading Ability-Deaf/Hard of Hearing; SEAI = Social Emotional Assessment Inventory-Preschool Version; CBCL = Teacher Rating Form of the Child Behavior Checklist..

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Haggard RS, Primus MA. Parental perceptions of hearing loss classification in children. Am J Audiol 1999;8(2):83-92.	Observational, qualitative	Not provided	Normal hearing = passed pure-tone screening at .5, 1, 2, 4 kHz* at 20 dB* HL* in each ear just prior to evaluation.	Total: N = 30 30 hearing parents (26 women and 4 men) of hearing children 7 years old or younger. All native English speakers No significant previous knowledge of hearing loss. All passed pure-tone hearing screening.	<i>Materials:</i> (1) 60-second speech sample of adult female reading story. (2) Sample of reading filtered to simulate degrees of hearing loss (slight, mild, moderate). (3) Tape of cafeteria noise filtered in same way as #2. (4) Unfiltered speech sample. (5) Filtered versions representing 3 degrees of hearing loss <i>Procedure 1:</i> (3) and (4) above presented with background cafeteria noise. 2 questionnaires about parents' subjective impression of simulated hearing loss. <i>1st questionnaire:</i> Subjects selected from list of 17 terms from published classification scales (e.g. slight, mild, moderate, etc.). Subjects were also asked to assign a percentage to each hearing loss category. <i>2nd questionnaire:</i> 1-10 scale of subjects' perception of difficulty child would face in 9 hearing-related tasks. <i>Procedure 2:</i> Parents asked to imagine child was diagnosed with slight, mild, or moderate loss (used terms only) and asked to estimate child's degree of difficulty in 9 hearing-related tasks.	Overall, parents chose more aggressive treatment for child's hearing loss in response to simulation than to terms representing same degree of loss. <i>Questionnaire 1:</i> Terms parents most commonly selected for simulations of slight, mild, and moderate were "difficult," "serious," and "severe," respectively. Overall, parents chose terms representing greater magnitude of hearing loss than the commonly used terms. <i>Questionnaire 2:</i> Perceived difficulty always greater in response to simulations than were terms. <i>Treatment:</i> Parents said most appropriate treatment for slight simulation was sitting in front of classroom. For mild simulation: sitting in front of classroom and 1 hearing aid was 2 nd most appropriate. For moderate simulation: 2 hearing aids.	Currently used terms can cause parents to underestimate the magnitude of child's hearing loss. Terms parents chose varied a lot, showing inadequacy of using terms to categorize hearing loss. Parents used classification of degree to define disability and not just degree. Parents consistently associated term moderate with hearing loss that is currently defined as slight. Parents chose more aggressive treatment, especially for "mild" losses. Results have implications for change in use of terms and for audiologic counseling.

*kHz = kilohertz; dB = decibel; HL = hearing level.

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Meadow-Orlans K, Mertens D, Sass-Lehrer M, Scott-Olson K. Support services for parents and their children who are deaf or hard of hearing: a national survey. <i>Am Ann Deaf.</i> 1997;142(4):278-88.	Survey, questionnaire	Questionnaire was sent to parents of children who were enrolled in 137 different special education programs in 39 states; about one-quarter of the programs participating in the Gallaudet's Annual Survey of Deaf and Hard-of-Hearing Children and Youth.	Total: N = 404 parents of children who were deaf or HH* and were born in 1989 or 1990. 35% response rate. One or both parents were deaf in 13% of responding families.	Questionnaire	<p>54% of the children who provided responses were identified as HH.</p> <p>Mean age of diagnosis for children who were HH = 28.6 months.</p> <p>Mean age of enrollment in a program for children who were HH was 35.9 months.</p> <p>60% of all parents reported having more than one program to choose from (40% had no choice).</p> <p>Majority of parents felt they were receiving the necessary information regarding their child's hearing loss.</p> <p>Teachers received the highest score of any support services.</p> <p>Children who were HH diagnosed later than 30 months had significantly more behavioral problems than children who were diagnosed early as deaf or HH.</p> <p>Early diagnosis for children who were HH was associated with higher language scores.</p>	<p>Average 5-month lag time between initial suspicion and confirmed diagnosis.</p> <p>Half of children who were HH still received diagnosis on average at 2.5 years.</p> <p>Children waited an average of 8 months for hearing aid, 10 months for speech and auditory services, 11 months to begin sign language.</p> <p>Parent's educational status and minority group status was not related to these lag times.</p> <p>Children with additional conditions were diagnosed a little earlier but received poorer services and longer lag times.</p> <p>Children with a deaf mother were diagnosed earlier than other children but received hearing aids and speech training at later ages.</p> <p>Deaf mothers reported fewer negative responses to presence of deafness in family and evaluated services less favorably than hearing mothers.</p> <p>Non-White mothers and mothers of mixed-race marriages also evaluated services more negatively than White mothers.</p> <p>Varying approaches are needed to serve each subgroup effectively.</p>

*HH = hard of hearing.