



Aural/Audiologic Habilitation for Children

Often with children, aural rehabilitation services would more appropriately be called *habilitative* rather than *rehabilitative*. *Rehabilitation* focuses on restoring a skill that is lost. In children, the skill may not be there in the first place, so it has to be taught—hence, the services are habilitative, not rehabilitative.

Specific services for children depend on individual needs as dictated by the following:

- The current age of the child
- The age that the hearing loss started
- The age at which the hearing loss was discovered
- The severity of the hearing loss
- The type of hearing loss
- The level of hearing loss
- The age at which hearing aids or assistive devices were introduced

The aural habilitation plan is also influenced by the communication methods the child is using. Examples of communication methods include the following:

- Auditory-oral
- American Sign Language
- Total communication
- Cued speech
- Manually coded English

One of the most serious concerns of a hearing loss beginning in childhood is its disruption to learning speech and language. The combination of early detection and early use of amplification has been shown to have a dramatically positive effect on the early language abilities of children with a hearing loss. In fact, infants identified with a hearing loss by age 6 months can be expected to reach language development similar to hearing friends.

Aural habilitation/rehabilitation services for children typically involve the following:

- **Training in auditory perception.** This includes activities to increase awareness of sound, identify

sounds, tell the difference between sounds (sound discrimination), and attach meaning to sounds. In the end, this training increases the child's ability to tell one word apart from another using any remaining hearing. Auditory perception also includes developing skills in hearing with hearing aids and assistive listening devices, and learning how to handle easy and difficult listening situations.

- **Using visual cues.** This goes beyond separating sounds and words on the lips. It involves using all kinds of visual cues that give meaning to a message, such as the speaker's facial expression, body language, and the context and environment in which the communication is taking place.
- **Improving speech.** This involves skill development in the production of speech sounds (by themselves, in words, and in conversation), voice quality, speaking rate, breath control, loudness, and speech rhythms.
- **Developing language.** This involves developing language understanding (reception) and language usage (expression) according to developmental expectations. It is a complex process involving concepts, vocabulary, word knowledge, use in different social situations, narrative skills, expression through writing, and understanding rules of grammar.
- **Managing communication.** This involves the child's understanding the hearing loss, developing assertiveness skills to use in different listening situations, handling communication breakdowns, and modifying situations to make communication easier.
- **Managing hearing aids and assistive listening devices.** Because children are fitted with hearing aids at a young age, early care and adjustment are done by family members and/or caregivers. It is important for children to participate in hearing aid care and management as much as possible. As they grow and develop, the goal is for them to do their own adjustment, cleaning, and troubleshooting of the hearing aid and, ultimately, to take over responsibility for making appointments with service providers.

Services for children occur in the contexts of early intervention (ages birth-to-3) and school services (ages 3–21) through the **Individuals with Disabilities Education Act**.

In early intervention, an **Individualized Family Service Plan**, or IFSP, is developed and may include audiology services, speech-language pathology services, the services of teachers of the deaf and hard of hearing, and the services of other professionals as needed.

When the child turns 3, an **Individualized Education Program**, or IEP, is developed that will follow the child through age 21. The services provided are designed to

maximize the child's success in the general education environment and to transition to postsecondary education programs (vocational, higher education, or technical). Again, the IEP may specify audiology services, speech-language pathology services, and the services of teachers of the deaf and hard of hearing. Each professional has a role to play in the child's educational achievement and success.

NOTES:

For more information about hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact the:



AMERICAN
SPEECH-LANGUAGE-
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2200 Research Boulevard
Rockville, MD 20850
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