

Aural Re(Habilitation) for Children

Individuals with hearing loss can benefit from receiving services to help them communicate. These services are typically referred to as aural rehabilitation when serving the adult population. With children who were born with hearing loss or developed hearing loss at a young age, it may make more sense to refer to these services as *habilitative* rather than *rehabilitative*. *Rehabilitation* aims to restore a skill that was lost. In children, these skills are often being taught for the first time, which is why they are most appropriately referred to as *habilitative*. These services may also be referred to as audiologic or auditory (re)habilitation depending on the plan of care and the type of professional providing the services.

(Re)habilitative services will focus on the child's individual needs, which are influenced by:

- Age
- Developmental strengths and weaknesses, including speech and language
- Age at which the hearing loss began
- Age at which the hearing loss was diagnosed
- Age at which the child was fitted with hearing technology (hearing aid, cochlear implant, or acoustic implant) and/or hearing assistive technology
- Type of hearing loss
- Severity of hearing loss
- Cause of hearing loss

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

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

The impact of childhood hearing loss on learning speech and language is a serious concern. The combination of early detection and early use of amplification has a significantly positive effect on the early language abilities of children with hearing loss.

Aural (re)habilitation services for children may involve the following:

- **Training in auditory perception.** This includes activities to increase awareness of sound, identify sounds, tell the difference between sounds, and understand what is heard. In the end, this training helps children tell one word from another. Auditory perception also includes developing skills in hearing with hearing technology and assistive listening devices, as well as learning how to handle easy and difficult listening situations.
- **Using visual and contextual cues.** This goes beyond recognizing sounds and words on the lips. It involves using all kinds of cues in conversation to help understand what is being said, 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 working on 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 increasing 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.

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- **Managing communication.** This helps children better understand their hearing loss, develop assertiveness and advocacy skills to use in different listening situations, manage communication breakdowns, and learn ways to make communication easier.
- **Managing hearing technology and assistive listening devices.** Because children are fitted with hearing technology at a young age, early care is managed 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.

Services for children occur in the context of early intervention (ages birth–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.

Content contributed by ASHA member Meredith Holcomb, AuD, CCC-A.

Notes:

For more information and to view the entire Audiology Information Series library, visit www.asha.org/aud/pei/.

For more information about balance problems, preventing falls, hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact:



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