

Artigos originais

Counselling in the rehabilitating process for hearing impaired children by parents' perspective

Orientação no processo de reabilitação de crianças deficientes auditivas na perspectiva dos pais

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ABSTRACT

Purpose: to analyze family counseling procedures performed in public rehabilitation services for hearing impaired children with regard to parents perspective.

Methods: twenty-one parents, whose children with hearing impairment receive speech-language therapy at public services, have been interviewed. The instrument used for data collection, was a questionnaire with open and multiple choice questions about frequency of family counseling, exploring those issues which were discussed in more depth and the main comprehension difficulties pointed out. The answers were categorized and organized in a digital worksheet in order to do the descriptive analysis.

Results: a total of 100% parents claimed to receive counseling, of those, 90.5% refer that this is done once a week. Among the issues brought up in counseling are: 90.5% aspects regarding language, speech and communication development, 81% regarding use, working and maintenance of hearing aids for their children, 47.6% regarding school and 52.4% regarding hearing and its impairment. Parents say that they do not feel any difficulty in comprehending the professional's oral instructions (95.2%) and 100% report making use of these instructions.

Conclusion: counseling procedures performed in public rehabilitation services are deemed efficient, since they provide parents with information about topics present in the literature and these are thoroughly discussed in every counseling appointment. The procedure also enables parents to apply their acquired knowledge, as a continuing strategy throughout the therapy process in their family environment, thereby enhancing the child's development.

Keywords: Speech, Language and Hearing Sciences; Deafness; Child Guidance

RESUMO

Objetivo: analisar o procedimento de orientação familiar realizado em serviços públicos de reabilitação de crianças deficientes auditivas considerando-se a perspectiva dos pais.

Métodos: a amostra do estudo foi composta por vinte e um responsáveis de menores com déficit auditivo que realizam terapia fonoaudiológica em serviços públicos. Para a coleta de dados, aplicou-se um questionário contendo perguntas relativas ao processo de aconselhamento fonoaudiológico e sobre os principais temas explorados no mesmo. As respostas foram categorizadas e organizadas em uma planilha digital, a fim de realizar a análise descritiva por meio dos resultados em porcentagem.

Resultados: 100% dos pais afirmaram receber orientações, sendo estas fornecidas semanalmente (90,5%). Entre os temas explorados, 90,5% dos genitores referiram receber informações acerca dos aspectos relacionados ao desenvolvimento de linguagem, fala e comunicação; quanto ao uso, funcionamento e manutenção do dispositivo eletrônico utilizado pela criança, 81%; a respeito do processo escolar de seus filhos, 47,6% e, sobre audição e perda auditiva, 52,4%. 95,2% dos pais também referiram não sentir dificuldades em compreender os esclarecimentos realizados pelos profissionais, e 100% relataram que aplicam as mesmas em ambiente familiar.

Conclusão: o procedimento de orientação realizado nesses serviços foi considerado eficiente, uma vez que propicia aos genitores informações sobre os temas mais comumente reportados na literatura, além de serem fornecidas em todas as sessões realizadas. O mesmo também possibilita que os responsáveis apliquem as recomendações recebidas, sendo possível dar continuidade às estratégias aplicadas durante o processo terapêutico em ambiente familiar, potencializando o desenvolvimento da criança deficiente auditiva.

Descritores: Fonoaudiologia; Surdez; Orientação Infantil

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INTRODUCTION

Hearing loss, regardless of its severity, may represent a major impact on the individual's quality of life, compromising significantly its development while a biopsychosocial being¹. This is due to the importance that hearing has in the development of oral communication skills, learning and social interaction.

This reinforces the need for an early diagnosis and the importance of an appropriate follow-up so that a better use of the neurological maturation period, considered ideal for learning, is guaranteed to the child via auditory stimulation and the consequent acquisition and development of oral language^{2,3}.

Speech therapy may minimize the impact of hearing loss⁴. In this context, the speech therapist aims to help the patient and its family in reducing the barriers of communication resulting from hearing loss⁵. The term speech therapy assistance means the adaptation of hearing aid electronic devices associated with specialized speech therapy. This adaptation must occur both directly, providing the child with a maximum benefit of its residual hearing, and indirectly by guidance and family counseling so that the work involving language be effective in the domestic environment.

In the case of children with hearing loss, there is no doubt that the emphasis on the orientation and family counseling stage is considered essential. It should be performed at all rehabilitation stages aiming to provide an adequate support to the family. Only thus, parents and guardians of children can understand and help to solve the main difficulties that may occur during the development of children.

In general, family guidance should address issues considered essential, namely: hearing, speech and language aspects, use and maintenance of suitable electronic devices, available educational approaches and issues related to education, among many others that may arise from the very need of the child or its family⁶. An effective orientation procedure may help parents to cope better with their feelings, better understanding themselves and the situation they are in, thus ensuring an effective treatment adherence and, consequently, success in the process as a whole.

Based on the foregoing, the need for the speech therapist to understand its role as mediator between deaf children and their families seems clear in order to provide an optimization of hearing environments and oral communication and thus to assist in the development of oral language by ensuring the continuity

of adopting therapeutic strategies outside the clinical environment.

Thus, it is necessary that the professional effectively perform not only guidance procedures but also counseling and care, seeking to promote well-being and personal autonomy in confronting difficulties and problems⁷.

It is needed that professionals be empowered to appropriately guide parents, concerning both its contents and the right time to transmit it⁸. Only then, they will be able to understand and play the incentive roles in the child's development, becoming partners with professionals responsible for interventions.

However, how do parents analyze this process of guidance and counseling provided by speech therapists in rehabilitation services of children with hearing loss? Do they often receive guidance? Do they have difficulty in understanding them? Do they apply the guidelines in the familiar environment? What guidelines are more easily absorbed?

Faced with these questions, the purpose of this study was to analyze the procedure of family orientation performed on rehabilitation public services of children with hearing loss considering the perspective of the parents.

METHODS

Obeying ethical principles, all participants were informed verbally and in writing about the research objectives and the collection procedure. Thus, those who felt comfortable in participating in the study signed an informed consent. This study was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba with CAAE opinion no. 36439214.1.0000.5188.

This study is quantitative, descriptive and cross-temporal. The study population consisted of 21 parents chosen at random in two public services in the city of João Pessoa-PB. As an inclusion criterion, every parent should have provided their children with speech therapy for at least six months in one of the services in question.

Data collection occurred from September 2014 to January 2015 using a questionnaire specifically designed to meet the objectives of this study, including questions related to speech guidance procedures and the main themes explored in it. Responses were categorized and organized in a digital spreadsheet in order to perform the descriptive analysis using the results in percentage.

RESULTS

Table 1 shows the characterization of parents/guardians of children attending the institutions participating in the research. Most parents completed high school (52.4%, n=11) and work in the private sector (42.9%, n=9).

Table 2 characterizes children with hearing loss. Mostly are aged between 6 and 9 years (52.4%, n=11) and use individual hearing aid devices (HA) (52.5%, n=11).

Table 1. Characteristics of parents/guardians of deaf children

VARIABLES	N	%
Parental education		
1. Illiterate	1	4,8
2. Incomplete First Grade	4	19,0
3. Complete First Grade	3	14,3
4. Incomplete High School	11	52,4
5. Complete High School	1	4,8
6. Technical School	1	4,8
7. Incomplete college	1	4,8
8. Complete college	4	19,0
Parents' occupation		
1. Retired	1	4,8
2. Autonomous	6	28,6
3. Public (a) Employee	2	9,5
4. Private Sector (a) Employee	9	42,9
5. Home	3	14,3

Table 2. Characteristics of children with hearing loss (n=21)

INFORMATIONS	N	%
Age of children		
1. 0-3 years	2	9,5
2. 3 years and 1 day to 6 years	3	14,3
3. 6 years and 1 day to 9 years	11	52,4
4. 9 years and 1 day to 12 years	5	23,8
Use of HA/CI by children		
1. Do not use electronic devices	4	19,0
2. HA	11	52,5
3. CI	4	19,0
4. IC and HA	2	9,5

HA: Hearing aid device; CI: Cochlear implant;
CI and HA: Cochlear Implant and Hearing aid device

Table 3 presents data related to the characteristics of the speech therapy conducted with children whose parents were interviewed. It can be seen that the majority was in a hearing rehabilitation for two to five years (61.9%, n=13), the treatments were performed

once a week (81%, n=17) by registering a 100% presence of persons responsible. All parents also reported receiving speech therapy guidelines in all sessions.

Table 3. Characteristics of speech therapy with children with hearing loss

VARIBLES	N	%
Rehabilitation time		
1. 6 months to 2 years	6	28,6
2. 2 years and 1 month to 5 years	13	61,9
3. over 5 years	2	9,5
Frequency of Attendance		
1. 2x per week	4	19,0
2. 1x per week	17	81,0
Parental monitoring		
1. No	0	0
2. Yes	21	100
Speech Therapy orientation		
1. No	0	0
2. Yes	21	100

As for the speech guidance, Table 4 shows that among the main issues addressed by speech therapists, those related to language development, speech and communication were mentioned by parents with a frequency of 90.5% (n=19), followed by guidelines on electronic devices (81%, n=17), hearing and hearing loss (52.4%, n=11) and guidance on the schooling process (47.6%, n=10). Persons responsible commented not finding it difficult to understand the guidance (95.2%, n=20) and were unanimous in reporting that they apply the guidelines of the speech therapist, seeking to continue in familiar surroundings the strategies used in the therapeutic process.

According to the findings, among the advice received on language, speech and communication development of children, the most often mentioned by parents were talking to the child always naming figures, objects and people, working speech sounds through onomatopoeia and promoting a greater socialization with their peers and other family members. For minors who do not use electronic hearing aid devices, the guidelines also consider the use of lip reading, face

reading and use of sign language as important auxiliary tools for the development of language.

The results concerning the guidance received on electronic devices (HA/CI) show that parents receive information on the importance of the daily usage, periodic exchange of molds, regular review of the functioning of devices, battery charge control and general care related to hygiene and safety. As for children who do not yet use the devices, parents did not receive specific guidelines since they are awaiting the purchase of devices. Nevertheless, all reported knowing its importance for the optimal development of their children.

The information on schooling process that was mentioned the most by parents was the location of the child in the classroom, the importance of individualized planning of educational activities, daily use of hearing aids in the school, follow-up with an educational psychologist, need for an interpreter in the classroom for those who use sign language and the importance of the teacher in ensuring the understanding of academic content by the child.

Table 4. Characteristics of speech orientation for parents of children with hearing loss

VARIABLES	N	%
Orientation frequency		
1. Weekly	19	90,5
2. Fortnightly	1	4,8
3. When the child shows difficulty	1	4,8
Difficulty in understanding the guidelines		
1. No	20	95,2
2. Yes	1	4,8
Implementation of guidelines in the family environment		
1. No	0	0
2. Yes	21	100
Main themes explored in the guidelines		
Language, speech and communication		
1. No	2	9,5
2. Yes	19	90,5
Hearing and hearing loss		
1. No	10	47,6
2. Yes	11	52,4
HA/CI		
1. No	4	19
2. Yes	17	81
School		
1. No	11	52,4
2. Yes	10	47,6

DISCUSSION

Analyzing the parent perspective on the orientation procedure performed in clinic services, it is clear, according to the data, that it can be considered efficient due to the time of counseling completion, to the references made by parents relating that the orientation is followed in the family environment, parents ensuring that information is easily understood and that it addresses the main issues related to the specificities of rehabilitation of children with hearing loss.

In fact, the systematic transfer of information has been considered as an important factor in ensuring a greater family participation in the speech rehabilitation of children with hearing loss. In a study conducted in 2013, which sought to assess the degree of family involvement in the care of children with hearing loss, family involvement in the therapeutic process ranked as average, indicating that there is a tendency of parents to participate in the sessions putting in practice what was learned in the therapy in the daily lives of their children and seeking the development of basic communication skills. However, the study points out that it has not reached an ideal level of involvement, in which

family members actively participate in the sessions, seek information independently and become fluent and active on the children's communication manner⁵.

Regarding the difficulty to understand the guidance provided, 95.2% of parents in this study mentioned having no difficulties. This was considered very positive. Under this assumption, Miguel and Novaes⁹ report that the understanding and the retention of information provided by health professionals increase the satisfaction of the patient and of its family regarding the adherence to treatment, at the same time decreasing anxiety. Providing advice to children with hearing loss by the child's family is the responsibility of the speech therapist. This moment is an opportunity to receive and provide knowledge so that the assimilation of hearing loss and the adjustment to this condition is facilitated¹⁰. However, the fact that the rehabilitation process should take place in the form of a partnership between those who care for and who are cared for, which is a multifactorial process¹⁰, must not be forgotten.

Family orientation is a simple and effective form of therapeutic intervention that contributes significantly to maximize the development of children with special

needs in daily life activities regarding self-care, mobility and social function¹¹.

Professionals should consider some aspects of the instruction organization, namely: access to the follow-up of the child's needs; support from family and friends; needs and interests of parents; and family background. Considering them, it is possible to perform a focused intervention centered in the family, with its involvement in the adaptation and use of hearing aids and also in the rehabilitation of the child⁶.

Guidelines to the family should address issues related to hearing, speech and language aspects, so that they understand the child's difficulties, provide its development, and define the best way to treat them. Guidance on the use and care of the hearing aid device (HA) is also essential with regard to its functioning, the change of accessories, the manipulation of controls and the possibilities and educational approaches so that parents seek the most appropriate alternatives for children with hearing loss and their families⁶.

Considering the findings of this research, guidelines directed to the family on language stimulation are reported in the literature. According to Pontes, Vitto and Justo¹², the clarifications should contain information such as talking to the child; organizing the environment to stimulate action and the exploitation thereof; playing and having fun with the child; looking at the child when it tries to communicate or is talking, accepting gestures that often substitute words not yet learned or memorized; using daily interaction situations experienced by parents and children to name objects, actions and people; and expanding produced sentences.

Moreover, it is of utmost importance that the hearing aid device is adapted to the child as early as possible and also that a follow-up in a specialized service¹³ is conducted so that difficulties arising from sensory deprivation can be minimized, allowing the acquisition and development of language in the expected period².

Therefore, the orientations regarding the adaptation to hearing aid devices are necessary in order to clarify the parents about the advantages that their child will have with its proper use. Together, experts and parents should observe the child's behavior and the benefit that the device is bringing to it. The time it takes to adapt to the device is relative, for it depends on the child and on how those responsible deal with the situation. Therefore, the family should be oriented as to what is their role in encouraging the use of hearing aid devices and, if the child removes the device, they should

respect its wishes for some time, trying, however, to put it back¹⁴.

Regarding the schooling phase of children with hearing loss, it is essential that the speech therapist orient family and teachers, so that both can help the infant to develop its full potential in this new environment. Therefore, one aspect considered crucial in the schooling phase is the continuous participation of parents in speech therapy sessions. At that time, specific guidelines aimed to help them in the educational process of their children must be addressed, helping them to encourage the practice of reading, visits to book fairs and libraries, creating the habit of writing accounts of lived experiences¹⁵.

Considering the findings of this research, it is clear that the issue related to education has not been valued as it should be in the process of family counseling. Yet, the guidelines referred to by the parents who participated in this study are reported in the literature. According to Brazorotto¹⁵, upon discussing schools, guidelines on what they should observe in the initial visit and the choice of institution should be stressed, namely: know the school policy regarding special educational needs; question whether the school has any previous experience with deaf children, the possibility of an individualized planning and other resources; verify whether the room has adequate acoustics, room reverberation and position, and whether there are any guarantees that teachers effectively use this resource if the child has a FM system.

It is known that children rely on their caregivers to access sound stimulation environments and manage their daily activities. Thus, the ability to optimize the results of these children depends on the use of approaches focused on family by speech therapists, supporting parents in applying individualized strategies that involve them in solving problems independently. Therefore, it is necessary that professionals have a specialized training, so that they can integrate counseling skills and behavior change in their clinical practice¹⁶.

CONCLUSION

This study aimed to analyze the family orientation procedure taking into account the parents' perspective on them. The results show that guidelines given may be considered effective, since, besides being provided in all the sessions, they are easily understood and provide relevant information to parents on the main issues reported and suggested in the literature. Moreover, it

can be concluded that the procedure adopted provides parents with a sufficient autonomy and a certainty to implement the instructions given, allowing the continuity of strategies applied in familiar surroundings.

Finally, the importance of further studies addressing the topic “speech guidance for children with hearing loss” and with a larger sample than that used in this study is stressed, as this topic becomes essential for the improvement of speech therapy targeted to these subjects.

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