

Advance notice.. CHHA Conference 2003
Friday & Saturday - October 3 & 4, 2003

Ramada Inn Abbotsford
(Highway #1 - 1 hour east of Vancouver)

Programs for all ages - Speakers include Teachers of the Deaf and Hard of Hearing from Surrey School District, Susan Lane ("Listening and Supporting Each Other"), a government panel with an overview of services for hard of hearing children and adults in B.C., and a panel on new technology (cochlear implants, implantable hearing aids...). And something new this year... we are planning a career fair, with information from post-secondary institutions, career counselors, etc.!!
Hope to see you there!

Summer Events 2003

(All families with Deaf/HOH Kids Welcome. You don't have to be a member)

Family Camp



Friday July 25 to Sunday July 27
Monck Park Provincial Campground
at Nicola Lake (22 km. north of Merritt)

Family Picnic

Saturday, August 16 - 3:00pm to 8
At the home of Bo, Teresa, Nolan and Nathan Lonn
20058 Fernridge Crescent, Langley



see page 2 for details

Okanagan Parents of Hard of Hearing Children

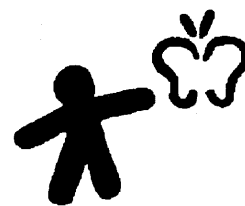
has recently been formed in Kelowna, BC. Our goal is to open the lines of communication between families with hard of hearing children by sharing information, offering support to one another, and advocating for oral services for our children. We would like to see an improvement in educational tools and hearing aid subsidies in British Columbia, and we are interested in hearing from other parents about what their children's needs are.

If you would like more information about Okanagan Parents of Hard of Hearing Children, please email Joyce Stowell at j.l.stowell@shaw.ca or Trish and Bill Heimbecker at trishdack@shaw.ca. If you prefer, you may call Joyce Stowell at 250-765-0701 for more information about this organization.

MARK YOUR CALENDAR!

May 8	Spring Workshop - Dr. Marietta Paterson, Vancouver Oral Centre
May 16- 19	Silent Weekend sponsored by Island Deaf and Hard of Hearing
May 22 - 24	National CHHA conference - Calgary
June 12	Sharing and planning meeting at NEW B.C. Family Hearing Resource Centre - 15220 92nd Ave, Surrey, BC. 7:30 pm. All parents welcome! Info, call Teresa 604-552-2254
July 25 - 27	Family Camp - Monck Park at Nicola Lake
Aug 16	Family picnic - hosted by Lonn family
Oct 3, 4	CHHA - BC annual conference and Kidz Konnection

MAY 2003



Canadian Hard of Hearing Association B.C. Parents' Branch

Mailing Address:

c/o Janet Les, Editor
10150 Gillanders Rd.
Chilliwack, BC V2P 6H4

Phone: 604-794-3772
Fax: 604-794-3960

Email: janetles@canada.com

Web page:
www.CHHAparents.bc.ca

Membership: \$20 annual includes subscription to *Listen/Ecouté* magazine and *The Loop* newsletter

FIRST EVER!

CHHA- BC Parents' Branch

Family Camp

Friday July 25 to Sunday July 27 (2 nights)
Monck Park Provincial Campground at Nicola Lake
(22 km. north of Merritt on Highway 5A)

Cost : \$23.43 (includes reservation fee) per campsite per night (family grouping up to 8 people, one vehicle)



Nicola Lake offers a nice beach, swimming, washrooms, big flat grass area for games, interesting rocky terrain for hiking.

We will plan group activities, a potluck meal or two, etc.

Sorry, no cabins, but you're welcome to stay at a hotel in Merritt and join us during the day if you're not a camper!

We have reserved few sites as down payment is not refunded. Please call us ASAP if your family would like to join us – this is a popular campground and may fill up quickly!

For information, call Hamish Plommer at (250 554-9616) or Teresa Kazemir (604 552-2254) or email (tkaz@lightspeed.ca)

Information on the park, see

<http://wlapwww.gov.bc.ca/bcparks/explore/parkpgs/monck.htm>

Chinese Parents of the Hearing-Impaired Society

An informative and social support group for Chinese parents of hard of hearing and deaf children.

Regular meetings:

first Friday evening of each month 6:30 to 9:30 pm

28 West Pender Street, Vancouver (SUCCESS)

Email hiparent@canada.com

Web: <http://hiparent.netfirms.com>

Contact: Shek Wing Tan 604-899-7929 or Terry Lai 604-802-0028

Looking for word lists and norms for comprehension/use of vocabulary?

Check out The Lex99 Database at <http://130.191.235.141/>

Month by month norms for all of the words included in the English language. (MacArthur Communicative Development Inventories and Adaptations into Other Languages Lexical Development Norms)

Dale, P. S., and Fenson, L. (1996). Lexical development norms for young children. *Behavioral Research Methods, Instruments, & Computers*, 28, 125-127.

CHHA BC – Parent's Branch Family Picnic

All families with Deaf/HOH Kids Welcome
You don't have to be a member

Saturday August 16
3:00 pm – 8:00 pm

At the home of Bo, Teresa,
Nolan and Nathan Lonn - 20058
Fernridge Crescent, Langley

Phone to confirm (by Aug 10):
Teresa Lonn (604)533-9878

Directions

We are located in South Langley just off 200th Street at 22nd Avenue. You can only turn one way on 22nd Ave which turns into Fernridge Crescent. The road circles all the way around. Look for the Family Picnic Sign on the side of the road.

From Vancouver:

- Take the freeway (No 1 HWY) across Port Mann Bridge.
- Take EXIT 176th Street
- Stay to the right and stay on 176th Street . Follow all the way down to 32nd Ave.
- Left at 32nd Avenue
- Follow all the way until you reach 200th Street (approx 15 min drive)
- Right at 200th Street
- Follow straight through. You will come to 24th Avenue a 4 Way Stop.(Shell Gas, Fernridge Hall)
- Continue through on 200th Street. The first street to your left is 22nd Avenue.
- Left at 22nd Avenue
- The street goes into a big circle so it does not matter which way you go. Look For the Sign.

Please bring a chair to sit on and a change of clothes for the kids. If it is very hot we may put on the sprinkler for the kids.

Hamburgers and hotdogs will be provided. Please bring a potluck dish. i.e. salad, dessert, cookies, chips, non alcoholic beverages

**This was SO much fun last year
– do try to join us!**
Thanks to the Lonn family!

Reading and the Hard of Hearing Child...

By Janet Les

Too many hard of hearing children do not like to read or can't read. Teaching children with hearing loss HOW to read is the subject of much research and debate. But teaching them to WANT to read is the key and one which parents can influence greatly.

Desire is a prime motivator in music, sports, or business. It's the same with reading. If children think reading is fun they are sure more likely to do it than if they think it's work! If Dad makes a book hugely enjoyable, its status to his son will come closer to that of a hockey stick. Children are not born with a desire to read; they must be attracted into it and guided along the way to loving it.

According to the U.S. government report *Becoming a Nation of Readers*, "The single most important activity for building the knowledge required for eventual success in reading is reading aloud to children."¹ Ideally this should start in infancy and continue past the time a child starts reading himself.

Jim Trelease, in his book *The Read Aloud Handbook*, says

"Reading aloud is a commercial for reading. ...Think of it this way: McDonald's doesn't stop advertising just because the vast majority of Americans know about its restaurants. Each year it spends more money on ads to remind people how good its products taste. Don't cut your reading advertising budget as children grow older."²

Reading aloud to children helps them develop and improve literacy skills – reading, writing, speaking, and listening, adds Trelease. And since children listen on a higher level than they read, listening to other readers stimulates growth and understanding of vocabulary and language patterns. One study to evaluate the effects of reading to children found a 40% increase in literacy orientation among intervention families who read more with their toddlers.³

Reading also positively influences children's imagination, curiosity and world knowledge. Our hard of hearing son is an avid reader and I'm often amazed at the things he knows. For example, last year when Curtis' Dad and brother went to Alaska he was asking and commenting about various sites and events. When I asked him if he had learned about this history in school, he said, "No, from Louis L'Amour's books!" For children with hearing loss, incidental learning from conversation, audiotapes, computers, etc. is severely compromised but their knowledge can be greatly assisted through reading.

The cost to parents is time and interest. The rewards are enormous. Reading together is a warm, loving experience and one which creates memories. Who of us forgets being read to as a child? I can still hear my father reading poetry from our well-worn *Worldbook Childcraft* series, "O, the Raggedy Man! He works fer Pa; An' he's the goodest man ever you saw!..."

"Time" is a rare commodity in many families today. But what better way to spend 30 or 40 minutes? Reading slowly enough for our children to understand and build mental pictures of the story may mean we don't get through a book quickly, but that's okay. Then again, it may be so enjoyable for parent and child that bedtime gets delayed.

Many children prefer to watch television or a movie, so it is important to choose books that hold our child's attention.

Other parents, teachers, and librarians can suggest titles based on a child's current interests, language level and attention span. Our public library has helpful lists in the children's department – "If you like *Charlotte's Web* and *Stuart Little*, you will also like..."

It's worthwhile to discuss the story to be sure your child understands. I remember being sad and disappointed sometimes at Curtis' lack of comprehension due to his delay in language and concepts. But it was so great to see the light come on in his little mind when he "got it!" I also sometimes found out later that he understood more than I expected.

Luring our children into the wonderful world of reading has been a privilege and hugely rewarding. We are a family of readers and Curtis is the most prolific reader of all. Reading fulfils his "down time" need. Life can be exhausting for a hard of hearing young person who must constantly exert effort to hear and understand. When Curtis picks up a book, he tunes out from the world of sound and relaxes totally.



BOOK SHARING CORNER

The *Chronicles of Narnia* series by C. S. Lewis was a favourite with our children. Published in the 1950's, these stories are full of adventure and fun all the while promoting values of friendship, courage, and the triumph of good over evil. They are great for reading aloud to kids from about age 7 to 12. There are fourteen years between our oldest and youngest child so my husband read this series through several times to a captive audience.

In the first book, *The Lion, the Witch, and the Wardrobe*, four bored children discover that the closet in an empty room leads to the kingdom of Narnia – a kingdom filled with heroes, witches, princes, and magic. Six further tales of Narnia follow.

Lewis' books are very British and may contain language that younger hard of hearing children are not familiar with – "Mom, what does 'peculiar' mean?" You may see this as a "teachable moment" or it may be appropriate to read an abridged version.

Another great fantasy read aloud is *James and the Giant Peach* by Roald Dahl which captivates young children from the beginning. Sympathy for the young orphan living with his cruel aunts turns to triumph when he meets a collection of characters and embarks on a wonderful adventure with them.

Can you recommend a read aloud book? A new writer, Canadian author, picture book, language builder, humorous story...

Please send us a note to share with other parents...

¹ Anderson, R., et. Al., "Becoming a Nation of Readers: The Report of the Commission on Reading" Washington, DC: *The National Institute of Education*, 1985.

² Trelease, Jim, *The Read-Aloud Handbook*. Penguin, 5th ed., 2001

³ High, P., et al., "Literacy promotion in primary care pediatrics: can we make a difference?" *Pediatrics*, 2000. 104 : p. 927-34

Concerns re: FM system availability

By: *Bill and Trish Heimbecker*

Up until the spring of 2002, the Ministry of Education provided funding for the purchase, distribution and repair of Auditory Training Equipment (ATE) or Assistive Listening Devices (ALD) systems, but the actual acquisition, distribution and repairs were performed by a branch of the Ministry of Health called the Audiology Support Unit. Since the closure of the support unit, it is our understanding that numerous public audiologists have had problems with the new "contracted services". The provincial budget for this type of equipment is \$400,000.00. This program is administered for the Ministry of Education by School District #47 Powell River for the entire province. Powell River School District contracts out this service with an individual who procures and then loans equipment to all school districts in the province. The very nature of this procurement and distribution system is questionable, in our view. When inquiries are made as why this equipment is not available, all roads lead back to this contractor. Lack of funding is his excuse. We hope that no other hard of hearing child experiences our daughter's nightmare. In essence what hard of hearing children are being told is that this society cannot afford to educate them.

We are the parents of a 13-year-old child who has a profound loss in her right ear and has mild to severe hearing loss in her left ear. Our daughter wears a hearing aid in her left ear only. She is mainstreamed in our neighborhood school in grade 7 and was an A/B Student. She needs to be using Assistive Listening Devices (ALD). In our daughter's case the ALD/FM system betters her voice recognition by 20% (Gain) over what her digital hearing aid provides in the classroom environment.

This past summer we relocated to Kelowna. After contacting the school district, our daughter was referred to Interior Health to be fitted with ALD. Interior Health informed us that they would provide her with the Easy Listener ALD. This is a wired system. Our daughter has worn a Free Ear ALD (wireless) since grade 3 and said she would not wear the wired ALD. Forcing a child to use antiquated wired equipment has a major negative psychological impact. These children need to be accepted by their peers. It is known that some children stop wearing wired assistive listening devices because they do not want to appear different. At this point, we believe these children have lost their right to a public education. As we all know, some parents have a hard time getting kids to wear their BTE hearing aids. We informed Interior Health that our daughter would not wear the Easy Listener. We were told that wireless systems (MicroLink) would only be provided for students in grade 8 and above. (As of February 10, 2003 grade 6 and above) and that the only system available for our daughter would be a wired Easy Listener.

Had the *Public Health Audiology Program Policy and Procedures Manual* been followed, our daughter would have been fitted with the Free Ear system or other wireless system at the beginning of the school year. It states in the FM FITTING

Parents of B.C. children are invited to submit ideas, concerns, etc. relating to hearing loss issues. These do not necessarily reflect CHHA objectives or views of Parents' Branch executive.



Your input is valued and welcomed!

CRITERIA AND ACCESS GUIDE (page 4-46) PHONIC EAR, Easy Listener (Wired), Guidelines: Recommended for most young children and new fittings. "Appropriate receiver-hearing aid match" is mentioned. Our daughter has been using an FM System for over 10 years and is now 13 years old. According to the manufacturer, her Oticon Digifocus is not an appropriate match.

"PHONIC EAR, Free Ear (Wireless), Guidelines: Recommended for older students who are rejecting FM and who do not require crystal changes during the school day". There is no mention of age or grade with respect to the Free Ear. We supplied documentation that she had been using the Free Ear System.

In the above-mentioned *Policy and Procedure Manual* it states in the Mandatory Procedures: Service Provision, under ASSESSMENTS (page 4-39) Assessment information must include: "Selection of the FM equipment which is appropriate for the student's needs, and acceptable to the school district, student and parents/caregivers..."

Our daughter was denied the equipment she needs because the Audiology Support Unit has been closed and the "Contracted Services" may have a profit motive. When your Public Audiologist requests equipment for a child that wants to wear a wireless ALD, we hope the request is at least considered by persons who are qualified to decide whether or not a child has the right to an education. We know that our child's case is minor compared to a lot of other special needs kids. We just want to remind everyone that we will not accept the assertion of lack of resources as a valid reason for not meeting our children's educational needs. Please let us know if anyone else has had similar problems.

Bill and Trish Heimbecker
billheimbecker@shaw.ca Phone 250-762-9907

Additional Information for parents:

The audiologists are the "case managers" and are responsible for collection, distribution and management of the auditory training equipment in the school districts. They work with the TDHH to make sure the students receive the equipment they require and if repairs are needed, the audiologists make the contact with SD#47. The turn-around time for repairs should be no more than 48 hours but the audiologists should also have back-up equipment available. In general, the criteria will remain the same as it was in the past, with the only change being that the MicroLink system is now available for students in grades six to twelve. *Leila Lohua*

Every day seems like Christmas. . . *By Jana Trappl (19), Smithers, BC.*

I thought that I could hear. That was my feeling before I received my Cochlear Implant. First let me tell you a bit about myself. I was born with apparently 'normal' hearing. As I grew older my parents noticed my speech was poor and I missed things that were being said to me. We went to an ENT specialist when I was five, and he sent us home again saying everything was fine and the audiologist said it was just a small hearing loss and I got hearing aids at this time.

As the years went by, my hearing got progressively worse. It wasn't until we switched audiologists and she referred us to Children's Hospital in Vancouver, that I was then diagnosed with Large Vestibular Aqueduct Syndrome. The Vestibular Aqueduct, the sac that feeds fluid into the Cochlea, was too large, and every time my head was jostled around fluid rushed into my cochlea and destroyed the hair cells.

This diagnosis was a crushing blow to me, as I am an extremely active person, I rode horses, was a successful downhill ski racer, and participated in many other sports (needless to say, after my diagnosis my family and I went skiing in Whistler for a week!) I then had to come to the decision of what to do with life. I decided I couldn't give up all of this. I continued with my skiing and with horse riding, but toned back a bit on the other sports.

As my hearing got worse I was able to adapt quite well, my lipreading was almost 100% before I got my implant. But there was lots of stuff that I was missing. I was able to graduate on time with the top of my class, all the while keeping up a successful career as a ski racer. After retiring from ski racing I held down a full time job at our local ski hill as a ski instructor/ski technician, dealing first hand with the public (sometimes in my job it was a good thing to have a hearing loss!) But there was things missing. I found it too hard to have a social life, so I just stayed at home. When I came home from working eight hours I was exhausted.

It was time to make a decision - not an easy decision for me to make, because it meant me accepting that I couldn't hear and that I needed help. We made an appointment to see Dr. Pijl at St. Paul's Hospital. I had a million things going through my mind. What if they say no? what if they say yes? I was quite nervous

going down to Vancouver, but as soon as I met Dr. Pijl my mind was put at ease.

When we first sat down I could see that Dr. Pijl had this look on his face that said, "What is this girl doing here? She's doing fine." Then we headed to the sound booth and it was a completely different story. When all was done Dr. Pijl said that since I had almost no residual hearing left in my right ear, that we would go ahead and I would get an implant.

My surgery was on the 28th of June. Dr. Westerburg was such a wizard with a scalpel that my incision is so small you can hardly see it. I walked out of the hospital on my own steam the next day and the day after that caught the evil Vancouver bus system out to the airport and flew home. I was a bit dizzy getting off the plane here in Smithers but was fine the next morning.

Then one morning, about five days after my surgery I woke up and could hardly stand up, because I was so sick and dizzy. Dr. Westerberg was able to phone in a prescription for Prednisone, and after a course of those I felt a bit better, but still not 100%. If I tilted my head to side or back, moved it too fast, or stood up or sat down too fast, I got dizzy. At this point I was quite disheartened, because not knowing what my result would be and having to go through this was worrisome. I then tried a homeopathic remedy recommended by a local doctor and it all cleared up in a couple of days, and I haven't been dizzy since.

The first day of my switch on [in August] I absolutely hated it. I couldn't distinguish between sounds and it was just one big garbled mess. But I decided that even if I totally hated it that I would continue to wear my processor, regardless of what happened. My persistence paid off in the end. The first couple of days were the hardest. I couldn't distinguish between sounds, and then it all just started to make sense. I heard a bird for the first time in Stanley Park. I could hear the chains on the horse trolley in the park as well. We also went and visited the baby beluga and I heard whales for the first time in my life. Towards the end of the two weeks, I had made such progress that Dr. Pijl decided to send me home early.

Ever since my switch on, life has been such an adventure. Every day seems like Christmas as I discover new sounds and

remember old ones. I enjoy listening to music, which is very fortunate, because the town I live in is very music oriented and we have dances and concerts constantly. I have no problems talking on the phone anymore. I can understand what my mom is saying to me when I am downstairs and she is upstairs and across the house. To hear the horses that I train shuffling in their stalls and chewing their hay has just been wonderful.

I have no more problems in background noise then people who can hear normally. My implant has worked so well that I have decided to learn how to play the guitar (hard to find time, as I'm out being social all the time!) and to learn a second language. To hear my cat talking to me whenever she sees me has provided me with great joy. I find having conversations with people (even those I have just met) so easy that I hardly use my lip reading any more. It is so easy to understand people that I find my mind wandering when people are talking to me and I don't miss anything that they say.

People that were close to me before my implant have all commented that my speech has improved a lot. My speech was never bad, but it was just a little flat, and only people that had known me for a while had noticed. Sometimes I didn't realize the volume that I was speaking at. It is such novelty to be able to hear myself speak, at first I didn't even realize that it was my voice that I was hearing. I can now hear how well (or poorly) and how loud (or soft) I am speaking.

With this wonderful hearing also come the downfalls. I can't pretend that I don't hear someone when they are talking to me! Whatever doubts I had before my implant, have now been thoroughly erased. I now consider myself a deaf person who can hear normally. I wish everyone the kind of success that I had, and encourage anyone who gets discouraged to persevere, because in the end, it's all worth it.

I was quite shocked to hear that the waiting list to receive a cochlear implant can be up to two years now. I hope that we can all make a difference to this by writing a letter to our Premier or Health Minister and let them know about this serious problem. I wish everyone waiting for one and those who already have one, the best of luck and happy hearing.

I now consider myself a deaf person who can hear normally.

The Role of Sound: Don't Ignore the Hearing in HoH Students

By Mark Ross, Ph.D.

A few years ago I was at a meeting with a number of leading figures in deaf education, some of whom were deaf while others were hearing. The meeting concerned future research priorities for deaf and hard of hearing students and I was invited both as a professional and a hard of hearing person.

As the meeting commenced, it was apparent that some of the hearing educators, who were simultaneously signing and speaking, were ignoring the microphones placed on the table. It was necessary for me to remind them, time and time again, to please talk into the microphone.

The educators were not being malicious by deliberately ignoring me or my specific needs. These were good people who had spent their lives educating deaf students. They really did want me to understand them. However, it was apparent that they had never really internalized the auditory needs of hard of hearing people, in spite of the fact that their institutions served both deaf and hard of hearing students. For them, only the absence of hearing had to be addressed, not the presence of residual hearing.

What disturbed me about this experience was not my personal difficulty but its implications for the hard of hearing students and prospective teachers for whom these educators bore responsibility. Given my experience, it seemed unlikely that the auditory needs of hard of hearing students would be knowledgeable and sensitively managed.

Conceptualizing a people

It all comes down to the fact that deaf and hard of hearing people do not constitute one group distributed along a continuum of hearing loss. In terms of function, they are two separate groups. Of course, the distinction between groups is not absolute; there are overlapping needs and some people do not fit comfortably, or only, in just one group.

Hard of hearing people primarily depend upon audition for communication purposes, while deaf people primarily depend upon vision. In respect to communication and educational processes, there is a world of difference between people with a functional, albeit impaired,

auditory channel and those who do not use this channel. The results of this difference should permeate the entire educational process.

We really don't know at what degree of hearing loss the "hard of hearing" category merges into the "deaf" category. Traditionally, the figure of 90-decibel hearing loss has been used to mark the border between deafness and hearing impairment, but this is an imprecise border. I myself have a 90-95 decibel bilateral hearing loss, but I am most definitely hard of hearing, not deaf. With amplification and/or a good telecoil, I have little difficulty understanding conversation on the

we educate specific children, not categories

telephone or in quiet situations. In noisy places I use various kinds of technology, such as a personal FM microphone transmitter and directional microphone hearing aids. Since I'm a terrible speechreader (though I do try) and I do not sign, I need to hear in order to comprehend speech. Of course, there are plenty of times that I do have difficulty – and I do enjoy and benefit from captioning on my TV. Nevertheless my orientation is auditory and not visual.

On the other hand, there are people with less of a hearing loss who, in terms of their ability to function auditorally, are deaf. There are late-deafened people, for example, who are functionally deaf, but consider themselves hard of hearing. And there are physiologically deaf people who, by virtue of cochlear implants, are functionally hard of hearing.

I do want to emphasize that I am focusing here only on audiological deafness and not personal identity or other psychosocial factors.

Educate auditorally

My primary educational "prescription" for hard of hearing children is really quite simple: Utilize their residual hearing as fully as possible. Of course, this doesn't just mean outfitting the child with a hearing aid. Many, if not most, children require various kinds of support services, including communication therapy and academic tutoring. And, of course, individual needs and individual characteristics have to be kept in mind; we educate specific children, not categories. Still, for the

most part, the education of hard of hearing children has to proceed primarily through the auditory channel, in much the same way it does with normally hearing children. This carries with it a number of important prerequisites and implications.

- Identifying and managing hearing loss early
- Fostering the relationship between auditory input and vocal output
- Implementing a developmental rather than a remedial approach to management of hearing loss
- Ensuring that all personal and classroom amplification systems provide an optimal amplified signal
- Controlling the acoustics in the educational environment

These rather obvious points are not new. I know that I personally have been writing on this topic for about forty years. I think that we'll continue to wander in the wilderness for another forty years unless the professionals involved understand and value the presence of residual auditory capacity in children with hearing loss.

Focus on what has been retained

Traditionally, education for hearing-impaired children has focused on the hearing loss, i.e., on what has been lost. This may have made sense years ago in the pre-electronic era, but now the situation is different: Now we can focus not on what has been lost, but on what has been retained. We have an entire profession devoted to the measurement of hearing, one that can bring an impressive arsenal to bear on the task. We also have a host of sophisticated devices designed to fully utilize a child's residual hearing and even produce auditory sensations in the physiologically deaf via cochlear implants.

But all this is meaningless if the concept of residual hearing is ignored and if the sense of hearing is not valued or is dismissed as an irrelevancy. Hard of hearing children cannot get the teaching and instruction they deserve and require if their teachers do not understand or fully appreciate the role of audition in their education.

Condensed from *Odyssey* – Winter 2003.

For complete article, see <http://clerccenter.gallaudet.edu/Odyssey/Winter2003/index.html>

10 reasons why it can be advantageous to have a hard of hearing child. . .

1. S/he doesn't hear the high-pitched bell on the Dickey Dee ice cream cart that comes around every day of summer just before dinnertime.
2. S/he can be summoned from across a crowded room with the "silent scream" because of lip reading ability.
3. S/he sleeps through incredible thunderstorms while camping. Children in all other campers/tents are whining, crying and screaming.
4. Working parents don't need to worry about doing housework at night while s/he sleeps. Go ahead and vacuum under the bed.
5. Opportunity to look really silly chasing your child down the beach with flapping arms, because hearing aids don't like sand and turf.
6. No need to worry about decorating your house for years, as the walls are covered with vocabulary lists, pictures of words you are working on and object labels for those important pre-reading skills.



7. You can use the child's closed caption decoder to watch television while talking to long-winded relatives, comforting a fussy (but loud) baby or vacuuming the carpeting.
8. In the early years, you will gain the incredible ability to keep up a running monologue for hours at a time. "Do you want some juice? Yes, I want some juice. Glug, glug, glug; the juice is pouring." This is even more fun when practiced in public places. For instance, the grocery store, "Do we need some apples? Let's get some apples. Crispy, juicy apples, yummy." This procedure will draw stares from passersby, especially if you have forgotten that the child is not with you at the time.
9. Loud party (complete with ear-splitting music) at totally rude neighbour's house doesn't wake him/her at 2:00 a.m.
10. Very close parent/child bond formed by all those hours of doing therapy and riding to and from the thousands of ENT/audiologist/pediatrician/ therapist appointments.

By Jill Worthington, Past Chair of VOICE London & mother of Ellis -Adapted

PROCESSING SPEECH

During one of the parent sessions at the 2002 CHHA conference, Dr. Jeff Small presented a talk to hard-of-hearing adults on "processing speech." When I read the following synopsis of his presentation in The Loop, I thought, "No wonder it's so hard for our kids!" Ed

Dr. Jeff Small, Professor of Acquired Language Disorders and Language Processing at UBC explained some of the complexities of how speech is processed and why a hard of hearing person can understand some things that are said and not understand others.

The demands of understanding spoken language are both linguistic and cognitive, and the extent of the demand on these functions determines how much energy is used. A hard of hearing person gets tired more often than a hearing person in the same situation.

When listening to someone speak, just one word sets off a chain reaction of possible ideas and other words. The listener's brain then continues to select other likely ideas and words, depending on the next words he hears. Each new word he hears has a role in the sentence. The grammatical structure of the sentence also aids understanding.

The process of listening to speech is complex, requiring the brain to perform an explosion of functions simultaneously. Other demands are made on the brain at

the same time, such as background noise, more than one person speaking at the same time, whether the listener is tired or in pain, whether his interest level is low or high, and whether he is able to handle the distractions. Time and energy is expended.

Then there are the linguistic challenges, such as like-sounding words (pat, bat, mat), and ambiguity of meaning (line: straight line, drop a line, line of work, out of line, feed one a line). As each word sound comes to us, the whole range of possibilities are activated and our brains line them up, sorting them out as more sounds are received. More time and energy is expended.

If a hard of hearing person mis-hears even one word, his brain sets up a different chain reaction of possible ideas and words to come. Another word or two are spoken, and the listener finds that his possible ideas don't fit. At the same time, additional possible meanings are being activated by sentence structure.

Minor connecting words, like "that", when not heard properly are often replaced by the word "and." This affects the meaning of the sentence. If a sentence is spoken with mis-used words, or ungrammatical structure, this too will cause more brainwork for the hard of hearing listener.

Great demands are placed on a listener through memory, attention, and processing speed. He has to remember

what went before to get the meaning and to know what might be coming next, and he has to be able to focus on what is being said. Difficulty in hearing slows up the processing speed, and the speaker's rate of speech increases the demand. Added to this, a hard of hearing listener has more difficulty coping with the additional demands of noise, etc.

Dr. Small iterated that understanding the difficulties makes it possible for a hard of hearing person to gain more control over a listening situation, and gave these suggestions:

- Choose your battlefields carefully. Always maximize the surroundings in your favour.
- Exploit the surrounding context. Make sure you know the topic.
- Be aware of the demands. This is achieved by understanding what is happening when you listen.
- Make efficient use of resources. Use hearing aids, assistive devices, and any strategies that help.
- Exercise language. In a word, READ. Reading stimulates all aspects of processing and builds a knowledge base; therefore, less energy is required.

A person with a rich vocabulary has a greater range of language knowledge to draw on, which speeds up the processing activity.



CHHA - B.C. Parents' Branch

Canadian Hard of Hearing Association



Membership is open to any individual or organization that supports our objectives. Annual membership fee is \$20. Donations are welcome and needed by CHHA - BC Parents' Branch.

Membership in the Canadian Hard of Hearing Association entitles you to vote on any CHHA matter, and to receive a subscription to LISTEN magazine, CHHA-BC's newsletter *The Loop* and the Parents' Branch newsletter.

NAME

Parent(s) Professional Other

MAILING ADDRESS

H of H Child(ren)

PHONE

FAX - if applicable

New Membership Renewal

Name

Birthdate

Donation \$ _____

Thank you! Your support benefits deaf and hard-of-hearing children in BC

Payable to: CHHA - B.C. Parents' Branch - c/o 10150 Gillanders Road; Chilliwack, BC V2P 6H4 - Phone: 604-794-3772

Working with Professionals

Learning from Those Who Have Been There Before You

<http://www.babyhearing.org/Parent2Parent/professionals/thosebefore.asp>

None of us becomes an advocate overnight. We learn to do this as the need arises. It takes time and effort to reach the point where you are confident enough to walk into a room full of professionals and go head to head with someone who is more educated on the subject than you are.

Tapping into the knowledge and experience of "veteran parents" can be an excellent way to learn to advocate effectively for your child. Most are more than willing to share what they have learned over the years.

"I discovered early on that one of the best resources for learning how to work with professionals were the parents who had been doing it for years. From them I learned what my rights were, as well as more tactful ways of stating my opinions and making my requests known."

"The best advice I can give to parents is to not be persuaded easily by one professional's opinion. Seek out a few opinions and make decisions based on

what is best for you, your child, and your family."

"Many new parents feel bewildered when working with professionals, as usually they know little or nothing compared to the years of study and practice of those working with their child. They need to not be afraid to say they don't understand, or to ask questions, or for suggestions on reading materials that they can read up on to help them understand the situation better."

"Remember that not everything is set in stone."

"Ask questions, make lists and ask more questions. Don't let professionals blow you off. Ask until you understand!"

"In the beginning I did not like being an "advocate." Now I know that being an advocate was the best thing I could have done because I was able to teach my daughter to do it for herself when she got older."

Cochlear Implant Update

We received a letter from Colin Hansen, Minister of Health, saying that they are in the process of reviewing cochlear implant services.

PLEASE SEND A LETTER if you have not done so already!

Sample letters from several parents are on our web-site, or call us for details on this please. Janet Les - 604-794-3772, email janetles@canada.com

PLEASE remember to let us know if your address changes!

For information between mailings, join our email list:

tkaz@lightspeed.ca

or check web-site

www.chhaparents.bc.ca