

# Psych Savvy

ANCHORAGE SCHOOL DISTRICT PSYCHOLOGY DEPARTMENT

*Diane Poage,  
Director*

*Joan Bohmann, Ph.D. NCSP  
Editor*

## **Fluctuating Hearing Loss in Young Children: Social and Educational Implications**

By Pam Wilson  
November, 2001

Children who have a history of recurrent middle ear infections (chronic otitis media) have a significantly higher incidence of the following social and educational characteristics:

Short attention span	poor ability to listen in noise
High distractibility	high activity level
Poor auditory memory	confusion or hesitation when following directions
Delayed vocabulary	socially awkward or isolated
Gaps in general knowledge	lower verbal IQ scores
Says “huh” or “what” often	watches the speaker’s mouth closely
Lack of self- esteem	insecurity
Inappropriate responses to questions from peers and teachers	
Trouble following directions, especially under difficult listening conditions	
Difficulty learning to read (decoding, phonics, discrimination)	
Inability to follow through independently with assignments	
Watch other children closely to see what they are doing, especially immediately after directions given by the teacher	

Children who have had repeated episodes of otitis media are likely to demonstrate the above characteristics or behaviors. These students are usually between the ages of 3 to 8 and have learned to “tune out” due to hearing issues. As stated in the Educational Audiology Handbook, otitis media is considered to be among one of the most common childhood infections. **National health survey statistics reported that otitis media is the most frequently diagnosed illness in children and accounts for the greatest number of physician office visits.**

Learning and listening are very difficult for children dealing with middle ear infections. They have great difficulty on a daily basis with the inconsistencies in how they hear speech. When the fluid from the infection builds up in the middle ear, what the child hears is not only soft but is also distorted. This can vary from morning to afternoon, day to day or week to week. As a result, these students have trouble distinguishing between certain sounds when beginning phonics. They may fail to hear the consonants that distinguish past tense, possessives, and plural endings. This results in misunderstandings of verbal questions, directions and demands of daily classroom routines.

A hearing loss can result in inappropriate social behaviors that tend to make it difficult to develop peer relationships. It is important for parents and educators to be aware of this problem which goes far beyond the language and learning aspects. Because the child with a hearing loss often acts inappropriately, peers and adults tend to communicate less with that student which results in fewer social interactions.

### **What can be done?**

- Early screening and identification (make note of students that exhibit any of the above signs)
- Bring your concerns about the student to “Student Assistance Teams”
- Questions about students and their hearing should be addressed to the school nurse and then the Audiology Department (742-4526)
- Medical attention is most likely needed
- Be aware when a child has a cold he/she may be more at risk for having fluid in the middle ear
- Preferential seating in the classroom (student seated close to the person speaking)
- Reduce background noise in the classroom
- Structure classroom (students are more successful when they know what is expected)
- Rephrase information
- Face the student when talking.
- Use visuals such as overhead projectors, writing assignments on the board and closed captioning
- Allow peers to take notes
- Pre teach vocabulary

### **Who and where we are -**

HARD OF HEARING PROGRAM & AUDIOLOGICAL SERVICES

Boniface Mall

5530 E. Northern Lights

742-4526

Educational Audiologists

*Cris Cantin, Mindy Galyon and Sue LeLevier*

Educational Consultants

*Laura Hillary, Barb Penrose, Lee Waters & Pam Wilson*

Psychologist

*Brett Erb*

Support staff

*Debbie Arnold, Assistant*

*Isabel Groff, Audiology Secretary*

*Educational Audiology Association: Great Educational Handouts, Volume 1, 1998*

*Developed by: Karen L. Anderson, Ed.S., Educational Audiology from Audiologist from Assessment and Management of Mainstream Hearing Impaired Children by Ross, Brackett and Maxon (ProEd1991)*