### Pediatric Audiology Counseling Guidelines: Birth - Adolescence

#### Guidelines for Working with Families and Caregivers

**At diagnosis:**
- Allow families to “tell their story”.
- Show kindness and empathy.
- Be honest.
- Express hope and confidence.

**Parents should leave with:**
- Written information (i.e. information packet)
- A plan
- A phone number (to call whenever clarification is needed)
- The next appointment scheduled ASAP (in writing)

**Within 4-6 months of diagnosis:**
- Recognize and acknowledge the emotional responses.
- Facilitate healthy attachment between child and caregivers.
- Acknowledge imbalance and support work toward re-establishing a healthy family system.
- Actively involve family in intervention choices.
- Support involvement of extended family (i.e. siblings and grandparents) direct contact with audiologist with parental consent.
- Connect to other families with children of same age/similar hearing loss and to veteran families.

#### Guidelines for Working with Children and Families

**Birth to Three Years of Age**

**Erickson’s Stages:**
- **Trust vs. Mistrust:** Babies learn to trust their world if they are kept well-fed, warm, dry and receive regular human touch. Mistrust develops if they are left hungry, cold, wet and unattended.
- **Autonomy vs. Shame and Doubt:** Toddlers want to rule their own actions and bodies. With success they develop autonomy but with failure they can develop shame and doubt in their own abilities.

**Self-Concept:**
- **Birth to 14 months:** Babies have no sense of self. They view themselves as an extension of their parent/caregiver.
- **15 months to 2 years:** Self-awareness emerges
- **2 to 3 years:** Child identifies themselves concretely “Boy,” “Girl,” “Baby,” “Big Girl/Boy”

**During these stages, the audiologist should:**
- Evaluate the child’s accessibility to
  - Alerting devices (i.e. telephone ring, doorbell/knock) that take parent’s attention away from child.
  - Entertainment and education (i.e. recorded audio, television, noise makers/musical toys, telephone)
- Include the child in conversations about hearing and hearing loss.
- Provide opportunities for interaction with other children and adults with hearing loss.
- Model good, effective communication behaviors.
- Have the child participate in the care of hearing instruments and related equipment.
### Guidelines for Working with Children and Families
#### Three through Six Years of Age

**Erickson’s Stages:**
- **Initiative vs. Guilt:** Children have an increased awareness of self and the world outside the home. They eagerly attempt new tasks and play activities. Successful attempts help children become self-reinforcing and self-controlling. When attempts result in failure or criticism, the child can feel guilty, incompetent and helpless.

**Self-Concept:**
- Children use ego-centric thinking.
- Self-esteem begins to emerge.

**During these stages, the audiologist should:**
- Continue to model good, effective communication behaviors in and out of educational settings (i.e. allow some separation from parent).
- Evaluate the child’s accessibility to
  - Community events, extracurricular activities and religious services
  - Safe outdoor play (i.e. bicycle riding)
  - Computers
- Inform parents that many deaf and hard of hearing children are delayed in their emotional and social skills development. This delay often occurs due to diminished or lack of incidental learning by “overhearing” the appropriate and inappropriate social skills and behaviors of others. Deaf and hard of hearing children often need specific training on basic, intermediate and advanced social skills
- Increase the child’s responsibilities for care of hearing instruments and related equipment.

### Guidelines for Working with Children and Families
#### Six through Eleven Years of Age

**Erickson’s Stages:**
- **Industry vs. Inferiority:** Children are ready to learn formal skills needed for adulthood. Successful learners develop positive self-image, competence and self-esteem. Children who struggle with learning may develop feelings of inadequacy, incompetence and poor self-esteem.

**Self-Concept:**
- From age 7 to 9 years, children are comparative.
- From age 9 to 13 years, children are influenced by peer pressure.

**During these stages, the audiologist should:**
- Monitor the child’s awareness of the permanence of hearing loss and develop a plan with the parent for helping the child cope with and resolve grief.
- Have some time alone with the child for informational counseling. Look for emotional reactions to the diagnosis.
- Empower the child to explain new skills/information to parent through coaching and feedback.
- Assist the child in practicing stating communication needs and creating good listening/communication environments for themselves across settings.
- Encourage the child to develop good friends and play regularly with friends.
- Help the child develop familiarity and skill with variety of assistive technologies and communication tools (i.e. email, instant messaging, texting, telephone amplification, telephone/video relay service)
- Confirm that the child can independently care for hearing instruments and related equipment.
- Assure that the child begins to independently and safely respond to alerting signals (i.e. alarm clock, smoke alarm, doorbell/knock, telephone ring).
- Evaluate accommodations for sport activities.
- Ensure system for privacy in the home.
- Create a system to ensure family information is accessible to all and specifically available to the child with hearing loss.
- Screen for Social Relationships/Bullying.

**Guidelines for Working with Children and Families**

**Eleven Years of Age through Adolescence**

**Erickson’s Stages:**
- **Identity vs. Role Confusion:** Teens become independent from family and establish their role in society. With success, a teen’s self-image becomes more well-rounded. Inadequacies can become magnified with failures.

**Self-Concept:**
- From age 14 years through adolescence, the individuation period, teens discover “who they are” and “what they want to be”.

**During these stages, the audiologist should:**
- Use tools that assess effectiveness of communication as perceived by the teen and significant others (i.e. parent, siblings, close friends).
- Interact directly and primarily with adolescent using informational counseling on full gamut of information covered with parents in early stages (i.e. hearing loss, hearing aids, assistive device options).
- Interact with parent as backup to adolescent. Parent is a "secondary consumer”.
- Fine tune the teen’s self-advocacy and assertiveness skills for effective listening/communication environments/strategies.
- Re-evaluate adequacy of chosen communication method and/or amplification system at home and school. Take into consideration the teen's demonstrated English comprehension as well as the teen and parents' language and communication skills. The teen/family may want to consider adding additional communication methods (i.e. taking up sign language as a family, cueing to enhance speechreading/English development, etc) as alternatives for unaided times (i.e. nighttime, swimming), or for alternate social settings (i.e. communicating over long distances, outside).
- Reconsider other assistive devices, supports for classroom and extracurricular activities (i.e. C-print, give FM system microphone to teen, oral or sign interpreter, notetaker)
- Introduce the teen to vocational rehabilitation services and Post-secondary education programs network (PEPNet) www.pepnet.org

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March, 2004 (Revised March, 2005)*