



ANHSC 2015

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Parental reactions to unilateral hearing loss – is the glass half full or half-empty?

Queensland Hearing Loss Family Support Service



How to begin supporting a family?

“The first order of intervention, then, is to help the family move from the crisis of deafness to a state of equilibrium. When parents are supported and viewed as competent, they can discover their strengths, learn what works for their child and their family and make informed decisions.”

Moeller and Condon 1994

Different Families, Different Reactions

- Three different types of reactions to a similar diagnosis – seen through an attachment lens

Consider...

- A four week old baby has been diagnosed with a profound unilateral hearing loss (one ear is fine, other doesn't work at all).
- There are no other complications/ challenges.
- What are three different reactions you might see from parents?
- And for extra points...which attachment type would each of these reactions fit?



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Diagnosis – U/L Profound

A. “Ok, this was not what we expected, but we will go with it”

- Resilient – Secure/Autonomous
- Can talk about feelings and grief
- Mostly positive view of their
- new baby
- Can use information and support
- to make plans and take action



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Diagnosis – U/L Profound

- B. “We don’t know what this is all about, she has one good ear, we know she can hear”
- Dismissive/ Avoidant
- Not interested in help or support
- Accept information and referrals
 - for use in the future, perhaps
- Just see how things work out
- Often recontact service later
-



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Diagnosis – U/L Profound

- C. “People tell me it could be worse, but they don’t know what it is like”
- Ambivalent – Anxious/Preoccupied
- Reject friends’ advice and support
- Don’t trust doctors or other health professionals
- Emotionally “stuck” and find it hard to make decisions
- Uncertain how to react to baby



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No one “Correct” response

- None of these reactions is ‘better’ than the others.
- Some make it easier to engage with the family.
- Habitual reactions to challenging situation
- Stages of grief with regard to diagnosis
- But it is, what it is.



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Children’s Health Queensland Hospital and Health Service

No one 'Correct' response

- We assess this, not to 'judge' the family, but to ascertain what will be the best approach (point of entry, emotional focus vs information giving, pace of intervention) to provide a timely and appropriate service.



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Different types of hearing loss

- ANSD –
- hard to explain
- hard to accept
- hard to understand
- Microtia
- harder to be dismissive or secretive
- still need time to accept
- think about future options



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Diversity in Parental Engagement

- Engagement and attendance at appointments, medical investigations and ongoing therapy
- Some motivated by research findings
- Others need to see impact on their child i.e. actual speech delay, or obvious different reaction to sound/ hearing aids
- Some influenced by other parents' experiences and decisions (Aussie Deaf Kids online forums, NDCS UK blogs)
- “The most important thing is to listen to them and their experience and expectations of their child, so they will listen to what we are saying in return”



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- Parental efficacy
- Others seen as experts on baby – NICU, ENT Surgeon, Paediatrician, Audiologist, Speech Pathologist
- Others 'know best' regarding - Hearing Aids
- - signing/ not signing
- - Child development



- Our service (family centred practice) aims to ensure that parents are seen as experts on their baby/ family life –
- “whatever decision you make will ultimately be the best for your child.”
- Aim to empower parents by giving information and support in decision making.
- We take the role of facilitator rather than knowledgeable decision maker to develop a relationship with the family of engagement rather than control.

Espe-Sherwindt 2008



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Questions?

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<http://www.aussiedeafkids.org.au/>

<http://www.ndcs.org.uk/>