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Building resilience in children with hearing loss in general education classrooms: A guide for parents and teachers of the deaf

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**Building Resilience in Children with Hearing Loss in General Education
Classrooms:
A Guide for Parents and Teachers of the Deaf**

by:

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**An Independent Study
submitted in partial fulfillment of the
requirements for the degree of:**

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**Approved by:
Mary Shortal, M.A., Independent Study Advisor**

Abstract: The focus of this study was to provide a summary of the existing literature concerning resilience in children who are deaf and hard of hearing in general education classrooms. The goal of highlighting factors that contribute to the development of resilience in children with hearing loss was to provide parents and deaf educators with an understanding of why building resilience in children is important and how they can support the development of resiliency.

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To my wonderful parents who taught me that all of my dreams could become a reality with focus, determination, and resilience.

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INTRODUCTION

Every parent's dream is to raise their child to be happy, healthy, strong, free of physical pain, and free of physical and mental differences. No parent wants their child to face adversity, or to be concerned with challenging academics, bullying, peer pressure, family issues, and/or poverty. Realistically, every child is going to face challenges in life. How are they going to revel in success or experience joy if they have never faced rejection, failure or fear? Insulating the child from those experiences may not benefit him or her. Parents and teachers can help children build mental muscles to be tough in adversity and to be successful and independent in the future.

In my independent study I am going to focus on how parents and teachers of the deaf can build resilience in children with hearing loss. There is a need for this because more children with hearing loss are entering general education classrooms. The Department of Education, the office of Special Education Programs, reported that over 87% of children with hearing loss are being served in the general education setting (2009). Approximately half of these students spend the majority of their school day in the general education classroom with or without support from an itinerant teacher of the deaf (TOD) and other support specialists. A general education classroom means that the child who is deaf or hard of hearing is in a classroom with typically hearing peers and a general education teacher. The other students who are deaf or hard of hearing spend part of their school day in the general education classroom and the remainder of the day with a TOD in a self-contained classroom or resource room. A self-contained classroom or resource room is a small classroom for children who need extra support, receiving instruction from either a teacher of the deaf or special education teacher. Part of this dramatic increase of children who are deaf or hard of hearing in the general education setting is due to the passage of the Education for All Handicapped Children Act of 1975, No Child Left Behind Act of 2001 and the Individuals With

Disabilities Education Improvement Act Amendments of 2004 (Etscheldt, 2006; Tye-Murray 2009). The other major increase is due to children being diagnosed early with hearing loss, fitting the child with appropriate hearing technology early and families participating in early intervention services. These children are more likely to enter the general education setting, closing the gap between their performances relative to their typically hearing peers (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998). However, fitting children who are deaf or hard of hearing with hearing technology alone does not equip them with the appropriate skills to perform optimally in general education classrooms. Children with hearing loss in general education classrooms may feel overwhelmed with information, may not remember information, and have difficulty applying what they have learned. These classrooms are also fast-paced, noisy, and filled with students with typically developed language. How can families and the school team help the children who are deaf or hard of hearing overcome the challenges and succeed in their classrooms?

The primary goal of my study was to examine the following question: What strategies can teachers of the deaf and parents use to build resilience in children who are deaf or hard of hearing being served in general education classrooms? According to Dr. Froma Walsh, “Resilience is the ability to withstand and rebound from crisis or persistent challenges.” Children who develop effective coping skills for responding to stress and positively adapt to the adversity are said to be resilient. My literature review explored the topic of resilience in children with hearing loss in general education classrooms and factors that influence their resilience. I investigated school-related, student-related, and family-related factors that influence resiliency. I will address school-related factors such as receiving support services from the teacher of the deaf, interaction with typically hearing peers, and participation in extra-curricular activities. I

will uncover student-related factors such as self-efficacy, self-advocacy, and communication competence. Lastly, I will provide information on family-related factors including parent-child interaction and family support. The information presented will provide parents of children with hearing loss and teachers of the deaf with an understanding about the above factors and their influence on resilience in children with hearing loss in general education classrooms.

WHY BUILD RESILIENCE IN CHILDREN WITH HEARING LOSS

Resilience, the ability to face and overcome adversity, is essential in children with hearing loss in the general education environment. Children with hearing loss experience challenges everyday including language, academic, social, and behavioral struggles. Having resilience built into these children with hearing loss helps them to overcome and to deal with the everyday challenges of life. They need to be resilient in order to succeed in the general education environment.

There is an increasing amount of research and literature on how resilience can be developed, but a small amount relates specifically to children with hearing loss. The search for literature and research studies related to children with hearing loss was narrowed down to typically developing children in adverse circumstances. Why are some children more resilient than others when confronted with similar challenges? Richman, Rosenfeld, and Bowen (1998) believed that this might be related to social support. In their study, they discovered that the family, school, and peers through social support develop the characteristics of resilient children. Children with strong social support are able to handle challenges more effectively than children with fewer supports. The reader may ask the following question, “What are the positive factors influencing resiliency in children with hearing loss?” The following literature review will provide further information.

FACTORS INFLUENCING RESILIENCY

School-Related Factors

Some of the resilience factors are school-related. The school-related factors that increase resilience can be: support services from the teacher of the deaf, social interactions with typically hearing peers, and participation in extracurricular activities. Students with hearing loss may utilize support services from a hearing itinerant, an interpreter, and/or an FM system. Some children with hearing loss in general education classrooms receive individualized instruction in a resource classroom with a hearing itinerant, speech pathologist, or a special educator for certain purposes to meet the student's academic and personal goals and objectives (Anita, Stinson, & Gaustad, 2002). The advantages of being enrolled in general education classrooms are interacting with typically hearing peers, being part of all aspects of classroom life and school, and language modeling afforded by typically hearing peers. The challenging parts are that children with hearing loss sometimes have difficulty socializing with their peers with typical hearing (Israelite, Ower, & Goldstein, 2002). The general education teacher may work closely with the child's hearing itinerant or TOD in making modifications to the classroom environment and in the curriculum to meet the learning needs of the child with hearing loss.

Support Services from the Teacher of the Deaf:

Teachers of the deaf can serve an important role in the development of resilience in children with hearing loss. A teacher of the deaf who provides services to students with hearing loss in general education classrooms is commonly referred to as a "Hearing Itinerant" or "Itinerant Teacher of the Deaf". A hearing itinerant has been defined as a "professional who provides instruction and consultation for students who are deaf or hard of hearing" (Luckner,

2006, p. 94). There are many ways in which hearing itinerants can help students positively adapt to the general classroom environment.

Research indicates that the idea of providing opportunities to practice and develop self-advocacy skills, study skills, and communication skills increase the students' adaptation and success in the general education setting (Antia, Reed, & Kreimeyer, 2008). Antia et al. (2008) collected four years of data information on itinerant services provided to students in the general education classrooms. The services listed were most often provided through direct instruction, mostly during pullout sessions. Hearing itinerants reported that they tried to provide as much direct instruction as possible because they felt that they understood the student with hearing loss more than the general educators (Bullard, 2003). This leads to the importance of collaborating with general educators and helping students with hearing loss adapt to the general curriculum.

Hearing itinerants need to collaborate with general educators in order to become familiar with the culture of general education settings, general educators' teaching styles, to exchange knowledge and skills, and planning schedules (Luckner & Muir, 2001; Antia et al., 2008). Not only will these areas help the teachers work effectively together, will help the students with hearing loss build a sense of belonging in their classrooms, quickly adapt to the curriculum, and rely more on general educators and their peers.

Another component of services provided by hearing itinerants is strategy instruction. "Strategy instruction helps students develop techniques to solve problems and learn tasks independently and effectively" (Synder & Pressely, 1995). Skills for children who are deaf or hard of hearing are developed through instruction, practice and reinforcement. The following are suggested steps for strategy instruction: Modeling with explanation, practicing with teacher guidance, and gradually applying the strategies independently and effectively. Examples of

strategies for reading comprehension include activating prior knowledge, introducing the topic of the text, reading and comprehending the text, and summarizing the information in the text.

Another example of strategies for studying includes: discussing the importance of taking notes on class lectures or texts, using graphic organizers, and managing time appropriately for studying. Synder and Pressley (1995) highlighted that teachers need to help students understand the value of these strategies instead of merely teaching them. The goal is to help students apply these strategies independently and to use them effectively.

Interaction with Typically Hearing Peers:

Peer interaction is a social exchange among individuals, which refers to behaviors in which the participants' actions are interdependent, such as communication (non-linguistic and linguistic, positive and negative) and social play (Rubin, Bukowski & Parker, 2006). For most children, they spend nearly half of their time in school, where they not only learn, but also interact with peers. Through interaction, children develop social support, which shows to positively affect student performance. Research indicates that social support is one of the strongest predictors of positive adaptation and resilience (Kim, Serman, & Taylor, 2008).

Social skills are key to establishing and maintaining interpersonal relationships, peer acceptance, as well as to avoiding unhealthy relationships. Children with hearing loss who have strong social skills were shown to be more likely to be accepted by their peers, develop and maintain friendships, be viewed as effective problem solvers, develop greater interest in school, and perform better academically. Bowen (2008) stated that the differences between typically hearing children and their peers with hearing loss who spend most of their time in general education classrooms did not show differences in terms of social competence and social acceptance. Children with hearing loss who use spoken language and listening skills are more

likely to develop relationships with their typically hearing peers than children who use sign only as their communication mode. Research topics related to social interactions of children with hearing loss in general education classrooms are limited, but within these studies, researchers highlighted how important it is for children with hearing loss to establish and maintain interaction and relationships with their typically hearing peers. Equipping children who are deaf or hard of hearing with strong social skills is a step toward helping them to adapt to the demands of a fast-paced environment in the general education setting.

Extracurricular activities:

Children with hearing loss are entitled under the law to have equal access to free, appropriate public education and to extra-curricular activities at the school. There are three federal laws that guarantee protection and access to public educational programs. The three federal laws are: Individuals with Disabilities Act (IDEA) of 2004, Section 504 of the Rehabilitation Act of 1973, and Americans with Disabilities Act. The Individualized Educational Program (IEP) team needs to list the supplementary aids and services the child needs in order to perform at his or her optimal performance in their general education classroom(s) and in extracurricular activities.

Would involvement and participation in extra-curricular activities boost resilience in children with hearing loss? A growing body of research shows that involvement in extra-curricular activities such as sports teams, music, and school clubs promotes resilience. Mahoney, Cairns, & Farmer (2003) indicate that participation in extra-curricular activities is associated with better academic performance, school attendance, and interpersonal communication. Researchers investigated early childhood involvement in non-academic and extra-curricular activities. Pettit, Laird, & Dodge (1997) state that consistent participation in non-academic

programs during first grade is linked to increased levels of interpersonal competence years later. For students in middle school, studies have shown positive academic outcomes and positive emotional adjustments (McHale, Crouter, & Tucker, 2001). Would the above findings hold true for children with hearing loss?

In the study conducted by Luckner and Muir (2001), participants stated during their interview that being involved in sports and other non-academic extracurricular activities enhanced their social competence and life skills. The majority of the participants in the study were involved in sports, interests groups, and music. “Several students mentioned that they paid extra attention to their grades because they wanted to remain eligible to compete in high school athletics” (Luckner & Muir, 2001, p. 438).

Student-Related Factors

Self-Efficacy

One influencing student-related factor is self-efficacy. According to Albert Bandura’s social-cognitive theory, self-efficacy is a belief that one can be successful in a particular situation (Schunk & Meece, 2006). Self-efficacy can have an impact on one’s behavior and motivation. Bandura found that an individual’s self-efficacy plays a key role in how goals, tasks, and challenges are approached. Those with a strong sense of self-efficacy develop a stronger commitment to goals and activities, develop deeper interests in activities in which they participate in, and accept challenging tasks and master them. Individuals with low self-efficacy focus on negative outcomes, avoid challenging tasks, and lose confidence after a particular situation. (Schunk & Meece, 2006)

A person’s self-efficacy develops during early childhood and throughout life as he or she acquires new experiences, skills, and knowledge. In Bandura’s social-cognitive theory, self-

efficacy is influenced by four factors: personal mastery experiences, vicarious experiences, verbal persuasion, and physiological reactions (Schunk & Meece, 2006). Personal mastery experiences refer to the person's previous accomplishments on a particular task. Vicarious experiences occur when one models a specific behavior and inspires the person observing to perform similar tasks. According to Schunk and Meece (2006), modeling appears to make the strongest influence on self-efficacy when the model is similar to the observer and demonstrates adaptation skills when performing a challenging task. The third influencing factor of self-efficacy is verbal persuasion – positive feedback from others such as loved ones, educators, and peers when the person completed a task successfully. The fourth factor is the person's physiological reactions to challenging situations such as increased anxiety, lack of confidence, and fear. Those types of reactions negatively impact one's self-efficacy. To increase self-efficacy in children, parents and educators can provide children with positive feedback for effort, provide them with challenging tasks enough to keep their interest, and new experiences to help them develop less sensitive psychological reactions (Schunk & Meece, 2006).

Self-Advocacy

Another attribute of resilience in children with hearing loss is self-advocacy. Children that have attained these skills and used them frequently were found to be successful and resilient in general education classrooms (Luckner & Muir, 2001). Self-advocacy is “the realization of strengths and weaknesses, the ability to formulate personal goals, being assertive, and making decisions” (Martin, et al., 1993). The starting point for developing self-advocacy skills is to help children to accept their hearing loss, value who they are, and understand their strengths and weaknesses to achieving their goals (Field & Hoffman, 1994). Self-advocacy is an essential skill for children with hearing loss in the general education environment (Luckner & Muir, 2001). The

following are some examples of when the child may use his or her self-advocacy skills in the classroom: ask for preferential seating, remind the teacher to turn on the FM system, and ask their peers or teacher for clarification.

In a study by Luckner and Muir (2001), the researchers identified twenty successful students with hearing loss receiving instruction in general education classrooms. These students were selected in order to examine factors contributing to their success in general education classrooms. Data information was collected from interviews and observations of the students. One of the largest contributing factors to their success was the ability to self-advocate. Parents, general educators, and support specialists reported that their students with hearing loss requested clarification when necessary and took the initiative to sit in positions that maximized their access to communication. This supports the importance of self-advocacy skills.

Communication Competence

In a study presented by Antia and her colleagues (Antia, et al., 2008), communication skills were measured in students with hearing loss in general education classrooms. Their teachers used a questionnaire to rate the students' communication skills in the following areas: language skills (syntax, vocabulary, etc) and pragmatic skills including communication repair, assertiveness and others. The results from the questionnaire show that students with hearing loss having strong receptive and expressive communication skills were given high scores in participation and involvement in the general education classroom.

Antia and her colleagues (Antia, Jones, Reed, Kreimeyer, 2008) also measured student-rated questionnaires. They found that students who rated themselves as understanding their peers and teachers, as well as having a positive experience in the classroom scored high in areas of communication skills and language skills. This indicates that good communication skills give

students the ability to participate effectively and become more involved in their general education classroom.

Family-Related Factors

According to Schunk and Meece (2006), parents can influence the child's social competency and ability to adapt to challenging situations in many ways. Parents can provide the child with new experiences, challenges, goals, and realistic expectations. Parents share their expectations with their child through verbal feedback and by the types of activities they encourage or do not encourage their child to participate in (Schunk & Meece, 2006). Parents who encourage the child to be involved in new, challenging tasks may strengthen their child's ability to adapt to the demands and challenges in life. The following section will address resiliency factors such as parent-child interaction and family support.

Parent-Child Interaction

There is increasing evidence that parent-child interaction is directly related to language and cognitive development in children with hearing loss. Research indicates that the quality and quantity within the parent-child interaction influences the child's social, emotional, and academic outcomes (VanDam, Ambrose, & Moeller, 2012; Barker et al., 2009). In 1995, Betty Hart and Todd R. Risley published a study that examined language development in young children and the effects of family influences on child development. The results show that language development is influenced by how much the parents talk to their child. Hart and Risley (2003) presented data showing that increased language input is positively correlated with vocabulary, language, and cognitive development.

It is critical for parents to understand the role that language has on the development of their child with hearing loss and how this relates to a child's resiliency. As explained by Levine (2002):

Parents should be aware that language is all-consuming in the everyday existence of their children. Obviously, it is the medium for communication with friends, siblings, teachers, pets and parents. It is as well an indispensable ingredient of reading, spelling, mathematics, and writing. Language is a close partner of memory; translating facts and ideas into words (especially their own words) helps kids retain information. Language is raw material from which vital concepts are shaped (such as concepts of "racial harmony" or "ethical behavior"). Language even helps provide some internal control over your child's behavior; it is known that talking through conflicts or temptations, using inner voices, often prevents a child from being rash or lashing out (pp. 120–121).

Bat-Chava, Martin, and Kosciw (2005) stressed that the child's language develops through true conversation with the parents. Examples listed in the study were: Parents who with interest, respond in a way that will enhance and continue conversation, and give time for the child to put together his or her thoughts and respond. Conversations with the child can help him or her gain new information, social skills and improve executive function outcomes.

Executive functions are skills and abilities necessary for functioning such as management of incoming information, holding and using information in the mind, and attention and distraction control (Figueras, Edwards, & Langdon, 2008). These skills are essential for academic areas such as math, reading, writing, and learning in general. Skills in executive functioning are developed through experiences, practice and challenging tasks, starting at a very young age (Center on the Developing Child at Harvard University, 2011). Executive functions can be affected by lack of access to language. Parent-child interaction and consistent access to language can influence the development of executive functioning skills. Fostering these skills in students who are deaf or hard of hearing will enable them to direct their attention, manage

emotions, keep track of information, inhibit their impulses, and control their behaviors in the face of adversity, such as the challenges in general education classrooms.

Family-Support

Numerous studies have shown that parental involvement in their child's education is correlated with improved educational and social outcomes. In Reed, Antia, and Kreimeyer (2008), parents who were involved in their child's education, such as helping with homework, attending parent-teacher conferences, and encouraging their child's participation in extracurricular activities, were perceived as contributing factors of academic success and adaptation to general education classrooms. For families, there are several helpful ways of supporting the child's adaptation to the general education environment such as: communicating and collaborating with the child's general education teacher, helping the child improve his or her skills such as self-advocacy and social skills, and encouraging extracurricular involvement.

Another aspect of family support is modeling. According to Bandura's social-cognitive theory, a child's social and cognitive skills can be influenced by modeling of behaviors by significant individuals in his or her life (Bandura, 1977). Research indicates that a child is more likely to imitate a model that he or she views as nurturing than one who is not nurturing (Schunk & Meece, 2006). Parents can be positive role models and demonstrate competent behaviors when handling difficult situations with resilience.

Lastly, families who can allow their children to be involved in extracurricular activities and/or social gatherings give them opportunities to develop important skills. Gilman (2004) discussed extracurricular activities as a strategy to build resiliency, to support social behavior, positive engagement with school, and improve academic performance and personal growth.

Parents can support their children to participate in such activities and should encourage them to choose what areas that suit their skills, strengths, and benefit their development.

CONCLUSION

It has been recognized that more children with hearing loss are receiving instruction in general education classrooms. The result of this dramatic increase may be due to: passage of the Education for All Handicapped Children Act of 1975, No Child Left Behind Act of 2001 and the Individuals With Disabilities Education Improvement Act Amendments of 2004, early hearing technology fitting, and early intervention (Etscheldt, 2006; Tye-Murray 2009). There have been some concerns for children who are deaf or hard of hearing and their ability to adapt in the general environment. Some of the concerns were: their ability to hear speech in the noisy classroom environment, gaps in social competence between their typically hearing peers, and ability to overcome educational challenges. This study examined factors that promote resilience in children who are deaf or hard of hearing. The following factors examined were: school-related, student-related, and family-related factors. At the school-level, three areas were studied: peer interaction, support services from the teacher of the deaf, and extra-curricular involvement. Next, student-related factors examined were: self-efficacy, self-advocacy, and communication competence. Finally, parent-child interaction and family-support were identified under family-related factors. All three areas were examined in hopes to help teachers of the deaf and parents build mental muscles and resilience in children who are deaf or hard of hearing receiving instruction in general education classrooms. The information provides some helpful ways to support success in children who are deaf or hard of hearing attending general education classrooms. More research is needed on influencing factors for building resilient children with hearing loss.

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