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Promoting Self-Determination in Children with Hearing Loss

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Children with hearing loss like their hearing peers have the desire to learn, make friends, understand who they are, and feel connected to their community.[1,2] They spend their day interacting with their hearing friends and family, coaches and instructors, and classroom teachers and school staff. Despite new advancements in hearing technology and favorable outcomes in speech, language, and literacy, research suggests that young people lack understanding of their hearing loss. Also, many children with hearing loss may lack the skills required to form relationships.[3] Children with hearing loss are more likely to experience loneliness than their hearing peers and are at risk for delays in cognitive and social-cognitive processing, social maladaptation, and psychological disorders.[4] As professionals working with infants and young children with hearing loss and their families, we have a unique opportunity to mitigate these negative experiences by promoting self-determination.

Self-Determination Theory

Self-Determination Theory (SDT) asserts that individuals are active participants with the aspirations to grow, take on challenges, and make new experiences their own.[5] Ryan and Deci, behavioural psychologists who developed SDT, describe three key components to becoming self-determined: relatedness, competence, and autonomy.[5]

Relatedness and relating to others can be thought of as the desire or need to have positive, understanding relationships that will facilitate motivation and growth. Relatedness is the starting point for individuals to become self-determined. Competency is the general desire to succeed in achievement type events and involves the process of active engagement to learn about oneself and to feel in control. Autonomy refers to the feeling that one is engaging in voluntary behaviour, regardless of whether or not the behaviour is encouraged or related to another person's desires. Research has shown that when these constructs of self-determination are embraced and/or present, individuals know how to make choices, assert their preferences, create goals and solutions, and evaluate their progress.[6] Erwin and colleagues in 2009 noted that self-determination can be developed in children starting at age two or three. While young children may not be able to be autonomous and self-regulating, exposure to self-determination attitudes and experiences by caregivers and professionals could lay a foundation for self-determination as they grow and can lead to positive developmental outcomes.

The Audiologist as a Facilitator for Self-Determination in Children with Hearing Loss

The audiology clinic is an ideal environment to promote self-determination. Similarly, to Clark and English's recommendation regarding counseling-infused audiologic care; we should recommend and promote self-determined audiologic care.[7] Opportunities exist for children to learn, practice, and become confident with understanding their hearing loss and developing skills around autonomous and self-managed hearing care. When hearing care professionals and parents purposefully attempt to understand, get involved and engage with children's perspectives, interests, and preferences, self-determination is facilitated.[8,9]

Relatedness

To develop and promote the construct of relatedness, audiologist engagement with the child is crucial. According to research from Moodie and Gordey,[8] the experience of being partners in care with an audiologist who focused on providing relationship-focused care (virtuous and seeking to understand, and attending to needs) created in the young child a motivation and belief their capabilities to self-manage their hearing loss

and hearing health care. It helped them to feel known and understood and in control of parts of their life.

Competency

For children to develop competency about their hearing and their hearing technology, the audiologist can provide information that is appropriate for their age and development. The intent when developing competency is that the audiologist provides chunks of knowledge at select intervals, allowing it to build and develop as the child grows. For example, young children can be taught simple words and phrases that allow them to explain to other children about their use of hearing technology. When children lacked competency, many became apprehensive about sharing their hearing loss status with others, as they felt it would hinder the development of friendships.[1]

Autonomy

To encourage autonomy, audiologists can create simple choice-making opportunities for their pediatric patients. This can include selecting what colour of earmold they would like, which play audiometry activity they prefer for their hearing assessment, or whether they want to do speech discrimination or pure tone testing first. Simple choice-making activities for our pediatric patients fosters, relationships, inclusion and increases engagement while at the audiology clinic.

Conclusion

For children with hearing loss, navigating through social and learning environments can be challenging. Becoming self-determined can help alleviate these challenges and strategies exist to develop these skills in young children. These strategies can be easily incorporated into audiologic practice settings. The constructs of relatedness, competency, and autonomy recognize the child as a skill-builder and acknowledge that the relationship between the audiologist and child will evolve. Self-determination focuses first on the child as a valued individual and encourages the development of their interests, capabilities, and relationships. Audiologists can help children understand their hearing loss, develop strategies to live with hearing loss, and work with them to internalize these skills. Whatever situation children face, with our help, they can do so

competently.

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