

decision process unique. Partnership with parents in the first years of life plays a major role in this process.⁴

References

1. Portaria Nacional de Atenção à Saúde Auditiva. Ministério da Saúde - Brasil, <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2004/GM/GM-2073.htm> (2004).
2. Terapia fonoaudiológica da criança surda. Novaes BC, Balieiro CR. In Tratado de Fonoaudiologia, Ferreira et al (Eds). Rocca, S.Paulo (2004).
3. Early Intervention and Language Development in Children who are Deaf and Hard of Hearing. Moeller MP. *Pediatrics*, 2000; **106**:43-52.
4. A Criança Deficiente Auditiva. Novaes BC. In Deficiência Auditiva: Conversando com Familiares e Profissionais da Saúde. Bevilacqua MC (Ed). São José dos Campos: Pulso Editorial Ltda., 2005, v.1, p.27-34.



Parents Involvement, Auditory Habilitation/Rehabilitation

PARENTS INVOLVEMENT IN THE AUDITORY HABILITATION/ REHABILITATION PROCESS IN HEARING AID AND/OR COCHLEAR IMPLANT USERS

Patricia Castellanos de Muñoz
MA of AuD

*Consultant in Audiology
and Deaf Education
Educator for the Deaf
Gallaudet University
Audiologist, Cochlear
Implant Program, Guatemala*

*Special Education Faculty
Universidad del Valle, Guatemala*

*Christoffel Blindenmission/ Christian
Blind Mission*

Sandra Elizabeth Sosa Martínez
EdS

*Education Specialist
Educator for the Deaf
Universidad del Valle de Guatemala*

*Education Specialist in Auditory and
Language Skills, IMAL, México*

*Rehabilitation Specialist
Cochlear Implant Program, Guatemala*

*Special Education Faculty
Universidad del Valle, Guatemala*

*Christoffel Blindenmission/ Christian
Blind Mission*

In order to observe fully the results in the auditory and language performance of hearing aid and/or cochlear implant users, it is necessary to acknowledge all the factors that affect the habilitation/rehabilitation process. Amongst these factors, the one that stands out is the influence that parents have over the process. It is so important, that the progress a patient makes during intervention will greatly depend on the quality and quantity of parental involvement in the process.

Experience gained in Guatemala in relation to this process, provides useful

suggestions for the implementation of habilitation/rehabilitation programmes in other countries with similar conditions. In order to provide the reader with the proper perspective on this subject, we have identified a series of strengths and limitations. These apply to countries where audiological services are not available to the whole population and in countries where deaf children and their families do not have the expected support from the State, in regard to funding for hearing aids and cochlear implants.

As far as our strengths go, we consider the following key elements:

1. Few, but very well accomplished professionals in the field.
2. Good links existing with other professionals in Latin America, allowing networking.
3. Outreach which has been possible through training parents and other professionals.

In regard to limitations, we have identified:

1. Restriction of resources.
2. Services are centralised in Guatemala City.
3. High rates of illiteracy.
4. Lack of (or very few) indirect services for clients and the community, in terms of consultation and advocacy.

Despite these challenges, we have now been able to provide community services



*Girl from Antigua, Guatemala. BTE hearing aids
Photo: Patricia Castellanos de Muñoz*

in education - offering free parent training courses, on-going training for other professionals and partnership with other key contacts in the field.

In order to ensure that parental involvement in the habilitation/rehabilitation process has a significant influence over auditory and language performance, we now emphasise the following essential aspects:

1. It is essential to complete a thorough study of each patient's medical file - to evaluate all the factors that determine good progress.
2. The use of guidelines for observation may allow fuller access to



*Girl from Quetzaltenango, Guatemala. BTE hearing aids
Photo: Patricia Castellanos de Muñoz*



Hard of hearing siblings from San Juan Sacatepequez, Guatemala
Photo: Patricia Castellanos de Muñoz



Otoacoustic emissions screening programme, Guatemala
Photo: Patricia Castellanos de Muñoz

the patient's whole environment. Observations should take place in natural and structured settings and should not only involve the patient but his or her social and emotional environment.

3. It is vital to determine the auditory, language and behavioural goals to be set and monitored by both therapists and parents, in order to have a detailed recording of the progress made in all areas. Other observers can participate as well.
4. The use of specific instruments that allow the recollection of data, will also aid the proper analysis of the auditory and language performance in patients.
5. It is imperative to have a clear idea of the services that are available in the city or country, as there are so few specialised and trained professionals in audiology and therapy. This makes the achievement of goals harder.

Suggested Reading

1. Aural Rehabilitation: Serving Children and Adults. Hull RH. Fourth Edition, Singular Thomson Learning, San Diego (2001).
2. Community Counseling: Empowerment Strategies for a Diverse Society. Lewis JA. Third Edition. Brooks/Cole. Thomson Learning, Pacific Grove (2003).
3. Counseling in Audiology Practice. Helping Patients and Families Adjust to Hearing Loss. Clark JG, English KM. Pearson Education, Boston (2004).
4. Counseling Persons with Communication Disorders and their Families. Luterman DM. Fourth Edition, Pro-Ed, Austin (2001).
5. Deafness in the Family. Luterman D. College Hill Publication, Boston (1987).
6. Teaching Infants and Preschoolers with Handicaps. Bailey DB., Wolery MCE. Merrill Pub., Columbus (1990).

Education of Deaf Children

EDUCATION OF DEAF CHILDREN: A CHOICE OF PARADIGMS*

Rosane Vargas BA Ms

*Professor, Pontificia Universidade Católica do Rio Grande do Sul
Lilia Mazzeron School for the Deaf
Regional Advisor, Education of Deaf,
Hard of Hearing and Deafblind People
South America*

*Christoffel Blindenmission/
Christian Blind Mission (CBM)
Porto Alegre
Brazil*

Significant changes in thought (philosophy) concerning the education of deaf children have occurred over the decades. The way in which deaf people are perceived has been affected by the historical events that mark each century of humanity.

These philosophies have been discussed and brought together inside two great schools of thought.^{1,2} These philosophies are the clinical paradigm* (or rehabilitation) and the cultural paradigm (or socio-anthropological). According to Paul and Quigley,¹ the clinical view sees

the deaf person from the point of view of his/her auditory deficit, believing that the social, cognitive, communicative and linguistic abilities of deaf people depend on the capability of oral language acquisition. In fact, this model describes deaf children from a hearing child model.¹ The socio-anthropological paradigm sees the deaf person as a member of a linguistic minority that has sign language as its centre. This language has the same status as an oral language and it makes it possible for deaf people to achieve all levels of thought, with the same psycho-socio-linguistic possibilities as hearing people.

Clarifying this concept, Paul and Quigley¹ explain that theoreticians who defend the cultural view, 'see deafness as a natural condition, not as something bad or a disability that needs to be 'cured' or prevented. It is argued that many deaf people do

not want to be equal to those who listen².

These differences in the way we understand deafness may have a positive or negative impact on the deaf child. We know that many couples desire to become parents and that the expectations projected on this child are very profound.³

'We dream about our children and we put on them all the perfection, all the



Citizenship centre for deaf young people, CEPES, Brazil

Photo: Rosane Vargas

*Paradigm: A thought pattern, relating to the vision one has about deafness