

DECISION-MAKING FACTORS OF CAREGIVERS WHEN CHOOSING AN ORAL-ONLY COMMUNICATION MODALITY IN CHILDREN WITH HEARING LOSS

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1. INTRODUCTION

- A. Parents and caregivers of children who are born with congenital hearing loss must endure the 1-3-6 timeline ([JCIH], 2007) to make decisions about the communication modalities for their children that could impact them for a lifetime (Porter et al., 2018).
- B. Sign language is often recommended as a “last resort” option for learning language, which can be past the critical time period (Hall, 2017).
- C. The purpose of this study is to understand common factors that go into caregiver decision-making for an oral-only communication modality for deaf and hard-of-hearing (DHH) children.

2. METHODS

- A. Participants were recruited using purposive and snowball sampling methods.
 - i. **Inclusion criteria:** Caregivers whose children were identified with any type of hearing loss in the first three months of birth and use an oral-only communication modality.
 - ii. **Exclusion criteria:** Caregivers who use sign language with their DHH child.
 - 1. *Interview questions included:*
 - a. *What did you worry about most after learning of your child's hearing loss?*
 - b. *Describe all the ways that you were taught how to communicate with your DHH child.*
 - c. *What were your priorities around the importance for your child to learn a spoken language?*
- B. Semi-structured interviews were completed on Zoom and lasted between 60 and 90 minutes. The audio recordings were then transcribed using Otter AI.
- C. The study was approved by the Institutional Review Board at California State University, Sacramento (22-23-46).

3. PRELIMINARY RESULTS

- A. Receiving the Diagnosis
 - i. P1: “Always remember that day... that is when he was officially diagnosed as being deaf. It's horrible. I just sobbed.”
 - ii. P2: “It was crushing.”
 - iii. P5: “Felt some dread...you know that fear of the great unknown.”
 - iv. P7: “It was like probably the worst day in my life to be honest.”
- B. Lack of Understanding
 - i. P1: “Where do you even begin to raise a child that can't hear you?”
 - ii. P2: “Is he not able to talk, is he not able to listen?”
 - iii. P5: “Our concern was that he would rely more on signing than talking and that would just immediately separate him from his peers.”
 - iv. P7: “Will she go to a normal school, and will she be with normal children?”

C. Factors for Decision-making

- i. P1: "I would have to learn it first [sign language] and the process of learning it in my mind would take away from the time to communicate with him orally."
 - ii. P2: "But we did try, but then it was hard especially if people around you don't really sign."
 - iii. P5: "We didn't know, and we thought we were doing what was best for him to just go one direction... which in the end, right now, it worked."
 - iv. P7: "Speech development... that was actually my biggest stressor."
- D. A comparison group was added to include caregivers who did use sign language with their DHH children then stopped to focus on an oral-only communication modality.

4. DISCUSSION

- i. Over 90% of DHH children born to hearing parents, which is often the families' first experience with deafness (Mitchell & Karchmer, 2004).
- ii. Audiologists are the first professionals that parents encounter when learning about their child's hearing loss.
- iii. Recommendations for audiologists:
 - 1. Discuss the risks of language deprivation and the critical time period for language development.
 - 2. Encourage parents to use sign language to support spoken language acquisition (Pontecorvo et al., 2023).
 - 3. Provide resources for all communication modalities at each appointment.
 - 4. Understand that communication modalities within families can change anytime or as often as desired.
 - 5. Remain compassionate towards families' experiences throughout their journey.

5. REFERENCES

- A. Hall, W. C. (2017). What you don't know can hurt you: The risk of language deprivation by impairing sign language development in deaf children. *Maternal and Child Health Journal*, 21(5), 961–965. <https://doi.org/10.1007/s10995-017-2287-y>
- B. Joint Committee on Infant Hearing (JCIH). (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), 898–921. <https://doi.org/10.1542/peds.2007-2333>
- C. Mitchell, R. E., & Karchmer, M. A. (2004). Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies*, 4(2), 138–163. <https://doi.org/10.1353/sls.2004.0005>
- D. Pontecorvo, E., Higgins, M., Mora, J., Lieberman, A. M., Pyers, J., & Caselli, N. K. (2023). Learning a sign language does not hinder acquisition of a spoken language. *Journal of Speech, Language, and Hearing Research*, 66(4), 1291–1308. https://doi.org/10.1044/2022_JSLHR-22-00505
- E. Porter, A., Creed, P., Hood, M., & Ching, T. Y. C. (2018). Parental decision-making and deaf children: A systematic literature review. *Journal of Deaf Studies and Deaf Education*, 23(4), 295–306. <https://doi.org/10.1093/deafed/eny019>