

The Role of the Speech-Language Pathologist in a Deaf Child from 0 to 3 Years



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Mini Review

The ear, the organ of hearing and balance, consists of three entities: the outer ear, the middle ear and the inner ear. The outer ear is composed of two parts (Figure 1).



Figure 1

a. The ear flap is the visible part of the outer ear: Lined with hairs and glands that secrete cerumen, it converges the sound waves to the external auditory canal that carries the ultrasound to the eardrum.

b. The middle ear is located in a cavity of the temporal bone. Filled with air, it is located between the eardrum and the inner ear. Three small bones of the middle ear, the ossicles, transmit the vibrations of the tympanum to the inner ear: the stirrup (the smallest bone of the human body, the innermost one, connected to the anvil by a joint), the anvil and the hammer.

The inner ear is made up of two parts.

a) The vestibule is prolonged by the semicircular canals, small osseous canals arranged almost at right angles and filled with liquid.

b) The cochlea has the shape of a snail shell. It is divided into three cavities which are filled with liquid. The central canal,

called the cochlear canal, contains the organ of Corti, the organ of hearing, the seat of the sensory ciliated cells.

After a diagnosis of deafness, even very early, the doctor prescribes sessions of speech therapy. They will be taught in the liberal sector or in an adapted service.

- What happens during these sessions?
- How is a deaf baby affected by speech therapy?
- What is the early education programs adapted to his deafness?

A. The speech therapist's missions

In the past, diagnosis of deafness was made later. Often the deaf-born children had then become mute; Even their babbling might have disappeared, for lack of appropriate stimulation. Speech therapy was conceived in terms of "demutization" and "re-education of hearing and speech". Greater precocity in screening allows today to propose adapted activities more natural and less restrictive.

It will be:

- To stimulate communication between the baby and those around him;
- To stimulate his or her hearing capacity when an appliance has been installed;
- To orient it little by little towards the use of speech;
- To allow him access to the oral and then written language, at the level of understanding and expression.

B. Focus on Parenting

The speech therapist's primary role is to help families be competent in communicating with the child. According to this objective,

- Parents (or any other person concerned) are invited to

participate in the sessions (more rarely organized at home);

- b) They have access to advice and behavior patterns;
- c) Proposed activities are explained, commented and justified;
- d) The speech therapist takes into account the parental observations.

C. Communication at the heart of concerns

Maximum interest should be given to interaction in infants and young children. Deprived of sufficient auditory cues, it risks in fact withdrawing on itself if the solicitations are not adapted to him. Initial communication is polysensory. It uses three channels: touch, sight and hearing. Because of deafness, the first two modalities will be privileged; but the oral language will be associated, in a simple and very intonated form, in order to stimulate the hearing of the child. Here are some examples of activities:

- a) Motor games (hand games, tickling, swinging, pedaling) associated with simple words (“oh là là!”, “Cucou”);
- b) The manipulation of an object, which can be animated, hides or falls, linked to expressive mimics, gestures, onomatopoeias (“boum”);
- c) A little later, symbolic games (dolls, cars ...) then “educational” (puzzles, images ...) that will allow the use of a more complete language

D. Towards the language

- a) The exchanges guide the child towards understanding through:
- b) Some spontaneous and natural gestures (“goodbye”, “come”, “give”);
- c) Some Signs of Sign Language (LSF), simple and iconic, therefore bearers of meaning (such as “it’s the same”, “it’s good”);
- d) Some elements associated with the Completed Spoken Language (LPC) codes.
- e) The adult’s response to all its manifestations, corporeal, gestural or vocal;

- f) The imitation, the repetition of his productions;
- g) The reformulation of his babbling or his first words.

E. In parallel: auditory education

The decoding of the sounds via the prosthesis or the implant is slow. It assumes a training, according to a progressive program:

- a) Detection: differentiate noise from silence;
- b) Discrimination: differentiate two opposing noises (short / long, strong / weak) then resembling, or two rhythms;
- c) The identification: to recognize a noise among several possible ones before doing it spontaneously.
- d) Jump into a hoop when noise is heard (detection);
- e) Sit or stand when noise is strong or weak (discrimination);
- f) Show the image of the animal corresponding to the cries heard (identification).

F. Help with language choice

- a) The speech therapist may be more or less favorable to this or that option, depending on his / her personal point of view or place of practice:
- b) French language alone or with LPC;
- c) LSF priority or associated with the spoken language.
- d) Choice of a language the actual use of a structured language

G. To know

There is no «deafness» specialization in the training curriculum for speech therapists. The required skills are acquired through optional courses that are not chosen by all. As a result, it is not necessarily the practitioner closest to the home that will be able to provide adequate answers. In the early years, and especially in the first months, the development of deaf child skills is essentially linked to the know-how and skills of those around him. The time spent with the speech-language pathologist is unimportant in relation to the time spent with the parents or nanny. The latter must therefore be fully active in everyday life and adapted to communication.



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