

ADVICE TO PARENTS ON BEHAVIOR MANAGEMENT

Judith Simser

Consultant in Childhood Hearing Impairment

We, as parents, have a critical role to play, in creating an environment where our children with hearing impairment can learn to listen and to speak. However, we are not trained in the “profession” of parenting, especially parenting a child with special needs. Ninety percent of parents of children with hearing impairment have no experience in parenting their exceptional child. It is like learning on the job, but without a supervisor!

Our children will be asked to do many things that may appear difficult for them. To learn to pay attention and to listen often requires that they have more self-discipline than a typical hearing child. Listening is critical for them to develop intelligible speech and language. Their future, to a large extent, depends on this.

The diagnosis of hearing impairment can alter the natural interaction common among parents and their child. The pattern is predictable: parents stress that when they learned of their child’s hearing loss, they knew nothing about deafness generally and deaf children in particular. The parents quite naturally are grief stricken over the diagnosis and are emotionally fragile. They don’t know how to communicate with their child who doesn’t appear to hear and respond to them. They reduce the amount that they talk to their child. Because of a parent’s lack of knowledge they may think that a therapist needs to teach their child. My husband and I were both teachers. We wanted to learn everything we could and were eager to teach our child at home. We created incredible pressure on ourselves to teach our child as much and as quickly as possible. Add to this, an extremely active child with minimal hearing and we had a recipe for challenge.

Now our deaf baby is 38 years old, just when we became good at our profession of parenting, we were let go! We are survivors! We mainly remember the positives. Parents, you too can do it! **You are** your child’s best teacher - you have a wonderful little offspring who really wants to please and to learn from you.

Behaviors are Learned

How do behaviors, positive or negative, originate? Behaviors are learned; the good news is that they can be unlearned!

1. Behaviors start from a single event or series of events, for example, buying toys when you are really out shopping for groceries, allowing your child to travel in a car without wearing a seat belt, always doing your child’s homework for him/her, always allowing your child to win at games.
2. The deaf child in the family often receives "special treatment", a special status that could be compared to the youngest in the family. Frequently he/she isn’t expected to follow established rules. Rather, excuses such as, “Oh he may not understand!” “Let’s not have a commotion.” “I want him to be happy; he’s deaf!” “Just give in to your brother” are often heard. When a child pulls out his hearing aids, excuses are made, “They must be uncomfortable, or, he doesn’t like them!” So the cycle continues and that which may be critical to his development is not confronted.
3. Children learn from experience what works! Children are reinforced for negative behaviors by our reminding, punishing, coaxing and even unduly rewarding them. We need to recognize **desired behaviors** and reinforce those behaviours appropriately.
4. Often parents think that because of their child’s hearing loss and lack of early language that their child may not understand what is expected of him. In young children, up to 80% of communication is through body language and facial expression. Our children do understand! They learn how to manipulate parents to get their way. When a young child is encouraged to pick things up, he may refuse. When he is given a choice of missing an activity or doing what was requested of him, he soon learns to pick up his toys, particularly when his compliance results in positive reinforcement.

5. Husbands and wives are raised in different households acquiring different personalities and child rearing practices. In most families siblings also have different personalities and needs. A child's personality may vary greatly from one parent, which can add fuel to the fire! Forget the "If only," and attempt to adapt your parenting style to each individual.
6. Some behaviors are age related and if not recognized as such can be negatively reinforced until they become a habit. During the "terrible twos" children tend to be stubborn and independent. "I'll do it myself!" What a super learning opportunity for integrating weekly language targets into their attempts to prove themselves, for example, while washing dishes, choosing clothes, fixing things, cooking, or shopping. Yes, it will take longer, so schedule for it.

Remember that Auditory-Verbal practice is not dependant on the number of teacher contact hours, or the time spent at "lessons" at a table. "Parent's work is child's play"; this is how children learn. They learn language through interaction with someone special, doing something that is **useful, meaningful and enjoyable**.

Four-year-old children often feel that they are right whether they are right or wrong! Help them understand it is sometimes healthy to have differences of opinion. Attempt to develop flexibility in their thinking, but realize that it may not happen at this stage. Arguing will get you nowhere!

Teenagers will often choose the sage advice of a peer as being far more important than the life experiences of a parent. When confronted with difficult situations remember to ask questions to clarify rather than reacting impulsively and often negatively.

Inquire at your local community centre, YMCA, school or church for **parenting courses**. It will be reinforcing to learn that many of the difficulties that you are encountering are common to most parents of typical children and you will benefit from learning many useful techniques in behavior management pertinent to the age and stage of your child.

The Importance of Parent Participation

In Auditory-Verbal sessions, therapists are often viewed as authority figures and may manage your child's behavior very well. But they don't live with you! Therapists need to have parents practising behaviour management activities during therapy, to enable them to learn how to successfully create an optimistic listening and learning environment in their home.

In Auditory-Verbal sessions parents practise with miniature toys in contrived play, learning how to integrate targets in listening, speech, language, cognition and communication into real home and neighbourhood activities, experiences and routines. Therapy activities are like a trial run in a good acoustic environment with fewer distractions for everyone. Therapist will benefit from home visits so that they have an understanding of the home environment and how to better assist parents.

Parents Participate so Therapists can Assess Parents':

- Use of stage appropriate language and vocabulary
- Quality of voice with enhanced use of suprasegmentals
- Use of parentese. Slightly slower, clear speech with increased repetition, using meaningful, useful language grammatically one stage ahead of their child, (without using single words!)
- Use of encouragement and behavior management techniques
- Understanding of their child's present levels in listening, speech, language, cognition and communication
- Ability to intentionally integrate targets into incidental language in everyday interactions with their child
- Use of learning to listen strategies
- Development of a language rich, listening way of life

Observe and Video Parents' Interaction

Videos of parents play with their child may reveal a few traps that commonly occur:

- A parent's attempt to control and interrupt their child's play rather than watch and comment on their child's activity.
- Use of the "What's that?" syndrome. You already know the answer! This can lead to a parent's tendency to test excessively their child's listening skills and knowledge. As AV therapy is diagnostic, this testing is best left to the therapist to do in sessions, most often incidentally. Parents can learn to assess their child's present functioning level by integrating targets into real life experiences. For example, check adjectives by asking your child to get his old shoes, not the new ones. Prepositions can be reviewed by having a child place objects in different locations. For example, put the apple in the fruit bowl, the soap under the sink.
- Use of lengthy sentences often irrelevant to your child's activity. Talk about what **your child** is presently focused on, what she is thinking, feeling, requesting and demanding... As a parent you will benefit from knowing your child's level of attainment in all areas so that you can be expanding his skills into the next level.

When therapists observe videos with parents, they can acknowledge all the positive interactions; give suggestions and model further activities to improve interactions. Often parents think that they must continually be giving input to their child, rather than communicating with them when and where opportunities arise, such as, when juice is spilled, the ice cream truck is heard, the cat jumps onto the table. It is important for a parent to gain mutual trust in play with their child so their child will encourage them to participate.

Later videos of parents' play often show improved interactive skills, with good techniques in integrating goals into more enjoyable, shared play and incidental language opportunities.

How can Parents and Therapists Create a Learning Environment and Have Fun?

1) Avoid confrontations

If what you are doing with your child is not working; you need to initiate CHANGE. For example, if your child tends to be overactive in therapy, you may benefit from therapy ideas that involve more physical play.

Observe your child and discover his likes and dislikes and record them for the therapist.

Change the face of therapy: Auditory-Verbal sessions take place anytime, anywhere. **AV therapy does not mean sitting at a table!** It could be going to the store to buy a watermelon and cutting it up to serve to others, making popcorn with friends, or fixing a broken chair. The key is to develop flexibility in parents and professionals in creating that learning environment. It is not which toy you buy and use but it is the meaningful interaction that stresses **listening and language** targets.

2) Consider the quantity and nature of demands.

Are there too many directions and are they really important? What is the worst thing that could happen if my child fails in this task? What if he does it his way? There are many ways to play a game and children will determine them as they play. Children must have the opportunity to fail, as during those times the greatest learning takes place. If children are always corrected in everything they do, (maybe because a parent is a neat nick,) it is difficult to develop a child's self esteem. Discover and support, do not force, your child's talent.

3) Offer choices so your child has a feeling of control and learns the consequences of his choices, for example, "Do you want to sit in the red chair or the green chair?" "Would you like apple juice or milk?" "You choose one game and I will too," "Would you like to go to the store now or after dinner?" "You may only colour on the paper or I will take the crayons away," "You stop kicking or sit in a chair in the corner!"

With a younger child, you may need to ignore inappropriate behaviors, but do not give your child eye contact or touch them in any way until they are exhibiting some positive behavior that you want to reoccur. There must be an expectation that a child will comply and your body language must be consistent with what you want. "We don't hit people but you can hit this couch." "If you can't control yourself I may have to help you." "I'll help you put them in the container." Asking a question when you are really saying a command is asking for trouble. "Do you want to eat lunch?" when you really mean, "Come now, it is time for lunch." When a child ventures into a forbidden area such as an office in a clinic, warn him to come back. If he doesn't, pick him up and stress where he is expected to wait. Reward him by playing with him with a few toys and books that you always bring in a knapsack. There is so much learning that can take place while waiting. As a child develops, often allowing natural and logical consequences to occur will be discipline enough. If your child forgets to take a book to school he will have to do without it.

Reinforce appropriate behaviors: catch your child listening, waiting their turn, giving you something nicely, and speaking in a “nice voice”. Reward by confirming your child’s action and the virtues involved, “You opened the top, now we can paint,” “That was thoughtful of you to share with Jason,” rather than, “Good boy.”

- 4.) Practice some activities with peers and siblings. Make them brief and easily attainable. Not only does your child have fun with friends in play activities but also normally hearing children can be good models in language, speech and communication. Ensure some time alone with each parent for each child in your family.
- 5.) Suggest to your therapist that siblings or friends come to participate in therapy occasionally. The therapist may help the parent reinforce skills they observe that will enhance communication among siblings, rather than reprimanding a brother for not talking to his sister. In most cases it is best not to include siblings in therapy every week as often they become passive observers and may create behaviour problems.

6.) Develop your and your child’s problem solving skills.

Life is not always fair and it can be challenging. A child with hearing impairment will need the life long skill of seeking all possible solutions and making the most appropriate choices. Integrate flexibility of thinking into therapy and life experiences. Include your child in learning how to make small increments of change, which will result in a problem solved in the future. For example, when a seven-year-old jumped into the pool wearing her cochlear implant, she and her parents had to discuss how to prevent this from reoccurring. They decided that if she wanted to wear her bathing suit she must wear clothes over it and/or only wear the suit without the cochlear implant when ready to enter the pool. · When our son reached sixth grade, his teacher told me that Scott was to learn to self-advocate and that I was not welcome on a regular basis in the classroom. What a difficult year for us both! She was a gift indeed! She gave Scott strategies to access information, to clarify, to advocate and become self-reliant. Some of the strategies included: a homework notebook to show each teacher on rotation, intercom notes from the principal’s office for announcements once a day and learning when and how to ask for help.

7.) Develop a POSITIVE ATTITUDE

This is one of the greatest gifts a parent can model and reinforce in their child.

There is usually a positive way to correct your child. Stress what you DO want, such as: instead of “Don’t open the door;” say “Close the cupboard.” “Don’t eat w/ your fingers;” say “Use a fork to eat.” Acknowledge emotions, instead of “Don’t hit him,” say, “You’re angry, tell Jeffrey that is your book.” Practise changing negatives into positives.

Teach your child appropriate language to avoid behavior problems, e.g., instead of her grabbing toys from others, teach her to say, “I want to play.”

Children and parents learn by doing; they develop confidence and positive thinking in this way. Let your child carry the glass of water, to do things for himself as long as it does not appear dangerous. The more he does the more fun he will have and the more successful you will become at behaviour management.