Critical Review

Citation

Hyde, M. & Punch, R. (2011). Social participation of children and adolescents with cochlear implants: A qualitative analysis of parent, teacher, and child interviews. *Journal of Deaf Studies and Deaf Education*, 16, (4), 474-493.

Topic

This study was conducted to examine the social and emotional implications of children and adolescents with cochlear implants in the school system. Interviews of parents, teachers and children were collected for qualitative data to add to a growing mass of previous research for quantitative measures. “As pediatric cochlear implantation has been proceeding for over 20 years in may countries”, Hyde and Punch (2011) noticed, “it is becoming more possible to report on longer-term outcomes across a wider range of domains…” (p. 474). Dhh educators and parents who are concerned with the socio-emotional aspects of children with cochlear implants should view this research. With this awareness, it makes it possible to guide our practice with a knowledgeable and caring approach.

Authors’ Theoretical Stance

Hyde and Punch’s purpose of this study was to expand on previous research for “understanding about how children and adolescents with cochlear implants are faring socially and emotionally” (2011, p. 475). There have not been many studies that have looked in to the psychological well-being and social inclusion of these students. This article discussed the results of 15 other qualitative and quantitative studies that investigated psycho-social aspects of children and adolescents with cochlear implants using similar methods. These included interviews, questionnaires, observations and self reports from parents, teachers and students. Overall, they found positive results that students with cochlear implants were socially and emotionally adjusted but still had difficulties in certain social situations.

Methodological Approach

The methods of research for this study were qualitative as they interviewed 24 parents, 15 teachers and 11 children and adolescents. Before the in-depth interviews, they administered a survey instrument to teachers across Australia. They used a variation sampling technique for purpose of selecting the best representatives with information-rich cases. The selected population exemplifies strong validity as they contain a broad range of features that include location, age of child at data collection, age of child at implantation, educational setting, and use of oral or signed communication. The parent and teacher interview were conducted over the telephone and the children’s interviews were face-to-face, on the computer using an instant messaging service, and one on the telephone. Although this type of contact provides meaningful information, visual cues are missed and also it is difficult to build a rapport when not in person therefore perhaps not getting the highest quality of material. Also, gathering information from children can difficult due to their lack of self awareness, the ability to articulate their thoughts and feelings, and the possibility of not wanting to admit they have challenges making friends (Hyde & Punch, 2011, p. 489). The interviews were audiotaped and then transcribed. For coding reliability, they sourced out an external and academic coder to view some of the transcripts. Qualitative research has some limitations as the results “cannot accurately determine the influence of confounding factors on the children’s social participation and well being” (Hyde & Punch, 2011, p. 489). This methodological approach is appropriate for this type of study as it gives an in depth perspective of the social and emotional factors for these children directly from themselves and some of the people that are closest to them.

Discussion

The qualitative analysis of this study was then compared to the findings of previous studies to come out with quantitative results. The comparisons did identify common themes across the three groups of participants. The parents, teachers and children “expressed appreciation of the cochlear implant and its role in extending opportunities for communication and social interaction” (Hyde & Punch, 2011, p. 490). Although there were generally positive views of cochlear implants, there were also some difficulties that these children face within a social and emotional context. It was found that children with cochlear implants experience problems in some listening environments that contain background noise, groups of people and the telephone. Socially, they were found to lack “social withitness” by the ability to understand nuances while conversing with others. Another theme was acknowledging the importance of having supportive hearing friends. Other findings show that social participation for children who possess confident, outgoing and friendly personalities tend to be greater. Adolescents have difficulties in the socio-emotional arena as they deal with compounding factors at this stage in their lives. This is a time when they become more socially aware and self-conscious where there is a need to fit in with their peers. They worry the external implant equipment makes them look different and will affect their chances of friendships, dating and getting jobs. The phone and loud environments are common for teens and this makes it difficult to socialize. These results could also pertain to students who are hard of hearing and may wear hearing aids, use an fm system or some form of signed communication.

Implications

With the knowledge gained from this study, there are many practical applications suggested that can help guide our practice. The article promotes Dhh educators to extend their knowledge to the parents and general education teachers of the child. Hyde and Punch deem it “necessary for [itinerant] teachers to maximize their communication and collaboration with the children’s general teachers’ understanding of the children’s difficulties and promote strategies that they can use to improve the children’s social participation” (2011). Finding that children need supportive friendships with other children who are hearing, the study asks Dhh educators to encourage these types of relationships. People need to understand that just because children have cochlear implants does not imply that they can hear like a typical hearing person. Listening environments can change from group discussions to one-to-one conversations or a “one person speaking at a time” policy in the class. Accommodations and adaptations of teaching styles, communication, and classroom organization should be discussed amongst the school based team. For adolescents, it is recommended they “receive appropriate career guidance and transition planning assistance in high school in order to manage any barriers they might encounter and so to maximize their career opportunities” (Hyde & Punch, 2011, p. 488). Due to the potential depression that Dhh adolescents may endure, they suggest that we be aware of this possibility and be ready to teach early intervention strategies and give support. In this study, they believe that it would be beneficial for the students to have early exposure to Deaf culture, people and signed language as parents and teachers stated they found it would help them find their own identity. For further research, Hyde and Punch would like to see more quantitative studies that look at the relationships between variables such as “age of implantation, duration of implant use, and level of speech production and reception, on the social outcomes of children with cochlear implants” (2011). To measure some of these variables would be difficult to achieve strong validity. There would need to be tools that are specifically designed for this purpose as Dhh children are unique to their hearing counterparts. Interviewing the parents, teachers and students in this study gave a fuller perspective on this topic. This type of study is critical to fully realize the social and emotional implications of CI children as Dhh educators.

Recommendations

I would recommend this article, and have, to Deaf educators because I believe we need to be knowledgeable of all issues that Dhh children, their parents and teachers can potentially face. Cochlear implants are currently a major topic where they seem to be a controversial issue for some in the Deaf community and for others seen as a technological, medical advance. There will be many questions on this topic and we should be prepared to give a realistic account backed up with research. We need to keep well informed to be able to give guidance, support and facilitate the educational needs of our students and their families. Their social and emotional development is a key part that is necessary to complete a holistic approach.