

# Counseling Strategies for Tweens and Teens with Hearing Impairment

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**Adolescence can be a turbulent time, and teens need all the help they can get. When they have a hearing loss, do they consider their audiologists part of their support system? We can expand our care from “tech support” to “moral support” and beyond, by taking time to understand their psychosocial development and also giving them time to talk to us. The following article will describe adolescent cognitive development and related “thinking errors,” the challenges in developing a self-identity, and two counseling strategies designed to give tweens and teens practice in self-expression and self-understanding.**

## Introduction

Child psychologist Haim Ginott (1969) described adolescence as a “period of curative madness, in which every teenager has to remake his personality. He has to free himself from childhood ties with parents, establish new identification with peers, and find his own identity” (p. 25). This “curative madness” requires tweens (ages 11-12) and teens (ages 13-19) to deal with peer groups and physiologic changes, while asking themselves, who am I and what do I want from my life? Self-consciousness increases as well as uncertainty and mood swings. Add hearing impairment to this adjustment process, and we are likely to encounter teens struggling to cope.

Audiologists can support this adjustment process by expanding their role to provide, not only technical support, but also “sounding board” or counseling support. Teens and tweens benefit from conversations with adults, especially when the conversation means “teens talk more, adults talk less.” This article will describe two issues to keep in mind as we consider our role as counselor to teens and tweens: adolescent brain development and the development of self-identity. A set of simple counseling strategies will also be offered.

## Adolescent Brain Development

Much has been written in the last decade about brain development during the teen years. Parents, teachers, advisors, and others now have the science to confirm what they have long observed: that teens are not young adults in the neurocognitive sense. Although their bodies have reached adult proportions, teens’ brains are still developing, most importantly in the area of the frontal cortex. This “executive center” of the brain is involved with judgment, organization, planning, and strategizing. As teens begin to mature, their frontal lobes begin to thicken with gray matter (Philp, 2007). During this developmental stage, teens may be sufficiently mature to design and carry out a complex action,

but not realize until perhaps years later that the action may have been inappropriate or immature (Sylwester, 2007).

Merrell (2007) describes some common thinking errors observed in teens as their frontal cortex is developing:

- **Binocular vision:** looking at things in a way that makes them seem bigger or smaller than they really are. Example: Tina came in last in a 100-meter race. She now thinks she is the worst athlete who ever joined this team.
- **Black-and-white thinking:** looking at a situation only in extreme or opposite ways (only good or bad, never or always, all or none). Example: Sam disliked leaving lunch to attend speech therapy twice a week. He thinks it will never make a difference anyway.
- **Dark glasses:** thinking only about the negative parts of things. Example: Anabelle’s chemistry teacher praised her improved work in class and suggested that, if she had studied the chapter discussion questions, she might have done even better on the last test. Annabelle was upset about how poorly she had studied for the test.
- **Fortune-telling:** Making predictions about what will happen in the future without enough evidence. Example: Josef asked a girl from algebra class to a dance, but she said she already had a date. He decided not to ask anyone else because he knew no one would ever want to go out with him.
- **Blame game:** blaming others for things you should take responsibility for. Example: Mary did not have spare batteries and took a spelling test with dead hearing aids. She did poorly on the test but felt it wasn’t her fault because she couldn’t hear the teacher.

(Readers may recognize some of these thinking errors occurring in adults as well.)

Our first inclination may be to correct these thinking errors when they occur; however, a correction approach is more likely to result in defensiveness rather than clarification. A teen’s cognitive development is not “stuck” in these thinking errors forever, but at

the moment, he or she is probably not ready to advance to more productive or positive thinking, especially if currently upset or distraught. It is a challenge, but adults are advised to refrain from pointing out the thinking errors directly. In a subsequent section, we will explore several indirect approaches that encourage teens to think about alternatives and options.

### Development of Self-Identity

In addition to managing changes in thinking and problem-solving, teens have additional work to do. Other developmental tasks of adolescence are described by Stepp (2000), who organized these tasks into a set of questions: (1) What kind of a person am I?; (2) How do I fit in with friends?; (3) What am I learning in and out of school?; (4) How can I create distance yet remain connected to adults?

What kind of person am I? Am I competent? What am I good at? Am I normal? Teens are scrutinizing their self-concept and deciding to accept or reject it. They are beginning to establish their adult identity, and when they have a hearing loss, they must incorporate that disability into this new identity, often without role models. Because most teens with hearing impairment attend their neighborhood schools, and are likely to be the only student with hearing loss in their school (National Association of State Directors of Special Education, 2011), they might be struggling to define an identity in a vacuum.

It may surprise audiologists to know that teens might even be asking themselves, “Am I hearing or hearing impaired?” The challenge to clarify “who I am” can get complicated when amplification devices are especially successful. For instance, a 14-year boy shared this observation: “[because of my cochlear implant] everyone thinks I am hearing. To be honest inside me I’d say I’m hearing because I can hear what everyone is saying” (Wheeler et al., 2007, p. 311). The researchers who conducted this interview pointed out that to perceive oneself as hearing could create confusion for the deaf or hard of hearing teen.

How do I fit in with friends? Peers provide a unique validation that parents cannot provide (Blakemore, 2008). The pressure to be like one’s peers is great, and the use of amplification can seem an intolerable difference.

As teens seek out peers, they also face the risk of rejection. “All day, teens are faced with pressure to create a space for themselves without embarrassment and to form friendships for

protection and support” (Philp, 2007, p. 84). The social realm may be even more challenging when there are few or no peers to share one’s experiences as a person with a hearing loss.

The fear of rejection and other age-related stressors contribute to the precipitous drop in self-esteem that occurs in adolescence. Figure 1 depicts changes in self-esteem across the lifespan, age 9 to 90. Females experience more change than males, but both genders find themselves on shaky ground during the teen years (Robins & Trzesniewski, 2005).

What am I learning, in and out of school? Teens wrestle with ethical concepts and codes of conduct as well as learning academics. They question their parents’ authority, values, and expectations, and look for resolutions to these conflicts. This can be a particularly daunting task when language levels are still developing, making it difficult to discuss these kinds of abstract issues.

How can I create distance yet remain connected to adults? Stepp (2000) described an effective support system for teens as a three-legged stool, involving friends, parents, and other adults. The role of “other adults” (and hopefully audiologists see themselves in this role) is to instill sufficient confidence in the child that he or she can gradually disconnect from parents and develop autonomy with increasing self-direction and self-awareness.

Questions abound for the audiologist: Do we see ourselves as a support system for teens during this time of transition? Can we help in the transfer of ownership of hearing loss from parent to teen? Can we provide opportunities for teens to determine their own goals, define their best self-interests, and become confident and knowledgeable self-advocates? Can we facilitate self-

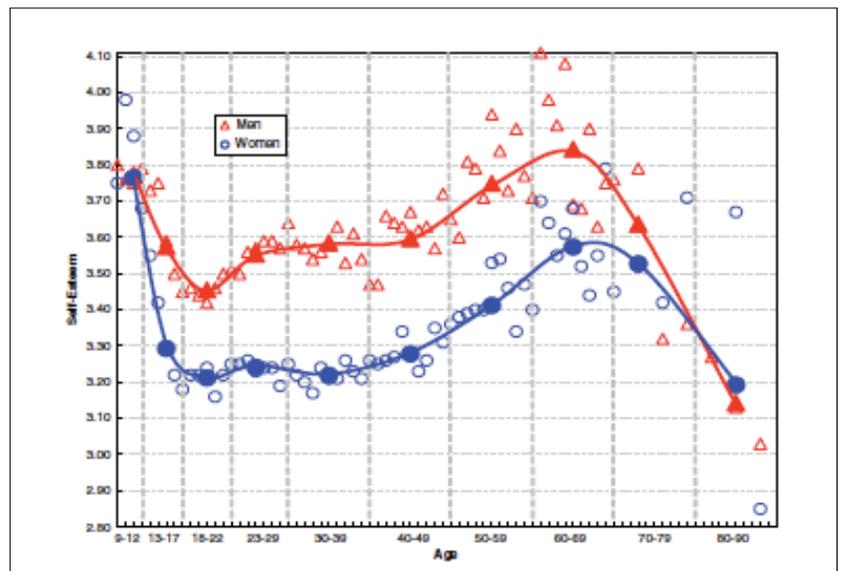


Figure 1. When children enter their teen years, their sense of self-esteem is deeply affected, females more than males, according to the Single-Item Self-Esteem Scale: “I see myself as someone who has high self-esteem.” (N = 326,641). From “Global Self-Esteem Across the Lifespan,” by R. W. Robins, K.H. Trzesniewski, J.L. Tracy, S.D. Gosling, and J. Potter, 2002, *Psychology and Aging*, 17, p. 428. Copyright 2002 by the American Psychological Association. Reprinted with permission.

expression, self-awareness, and self-acceptance as an individual with hearing loss?

The answer to these questions can be *yes*, especially if we actively “mind the gap” (Figure 2). Signs in the London subway system warn passengers to “mind the gap” between the platform and train. There is also a figurative gap between audiologist and teen, but not an insurmountable one. Audiologists can bridge the gap by taking a step into the teen’s world, rather than expect teens to be interested in our world.

Teens learn to expand their cognitive development, described earlier, by practicing problem-solving, decision-making, and self-expression. Sylwester (2007) maintains that the best way to help teens understand their own development is through conversation. Granted, adolescent frontal lobes may not be mature, but they are developing; we can enhance that development by “elevating the rational level characteristic of adult conversation, even if it doesn’t always work” (p. 92). Audiologists can provide this needed practice with some simple counseling strategies, described in the next section.

### Counseling Strategies

Before we can hope to address adolescents’ audiologic rehabilitation needs, we may need to establish a different relationship with them than the one we might have had when they were children. This **transitional relationship** will not happen automatically. The audiologist needs to consider how to facilitate conversations that are meaningful to the teen, without artifice. But how?

Table 1 lists two simple strategies: (1) open up a conversation and (2) keep the conversation going. Examples of how to do so



Figure 2. A sign found throughout the London subway system cautions patrons to attend to the space between platform and train. It can also serve as a reminder about the “space” between audiologists and teens. Photo credit: K. English.

follow. Note that we may need to make a concerted effort to talk about topics other than school and hearing!

### Open Up a Conversation: How?

This first strategy likely sounds too obvious, but its purpose is to remind us that what we think is interesting is probably not what teens think is interesting. If we realize that the only thing we talk about with teens is amplification, for instance, then we do need to stretch our repertoire.

**Talk about something they want to talk about.** Who are these individuals, and what makes them interesting? Almost any topic will do: video games, sports, hobbies, extra-curricular activities, and movies could be topics teens might want to talk about. Ask them, “What do you do in your free time these days?” and go from there. Teens have been known to resist conversation with adults, of course, but it is worth our effort to keep trying.

A topic almost guaranteed to engage teens is music. Ask a teen, “What is your favorite band (or singer, songwriter) right now?, Do you like all kinds of music styles or one kind more than others?”, and so on. The answers are invariably enthusiastic, and no wonder: music is an especially important aspect of adolescence. Levetin (2006) reminds us of what we already know: that in our teen years, we choose the music we will love forever. Teen years are emotionally intense, so the memories we associate with music from those years are especially strong. Music from one’s teen years supports the identification with peers, subgroups, and humankind, and has the extra appeal of being fun. Hearing loss affects the experience of music but usually does not preclude the enjoyment and bonding effects of music.

**Talk about something they know more about than we do.** The first topic in this section that comes to mind is technology. It may seem impossible to keep up with new apps, smart phones, and Internet developments, but teens usually know the latest. They are generally happy to demonstrate their knowledge.

Another topic that teens know more about than most audiologists is growing up with hearing loss. There is, of course, far more to it than just not hearing well, including the decision of when to disclose their hearing loss to others. Like all decisions, this one has its pros and cons, but it may not be often discussed.

Table 1. Two Counseling Strategies

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Open up a conversation – not always about school and hearing!             <ol style="list-style-type: none"> <li>a. Something they like to talk about</li> <li>b. Something they know more about than we do</li> <li>c. Something that draws out their concerns and opinions</li> </ol> </li> <li>2. Keep the conversation going             <ol style="list-style-type: none"> <li>a. Minimize advice</li> <li>b. Monitor the effects of our responses</li> </ol> </li> </ol> |
|--|

What would we learn if we provided teens a blank 4-square box like the one in Figure 3, and asked them to fill it in? Because many teens consider nonuse of amplification as a way of “fitting in,” this table can be used as a framework for a conversation about this decision.

As teens and tweens consider the costs and benefits of mentioning and *not* mentioning that they have a hearing loss, or hiding/not wearing amplification, the audiologist would simply organize and summarize input. While the table (Figure 3) is being filled in, no judgment is necessary as to the wisdom or folly of these opinions. An open acceptance of any of the stated pros and cons helps bring more issues to the surface.

**Talk about something that draws out their concerns and opinions.** Another way of saying this is “talking about something that is personally meaningful,” and that can be a challenge. However, one way to facilitate this kind of conversation is to use a questionnaire as a springboard for discussion – an indirect way to approach topics that are usually not part of everyday conversation. A questionnaire specifically designed for our target population is called the Self-Assessment of Communication – Adolescents (SAC-A) (Elkayam & English, 2003). The SAC-A (see Appendix) has been determined to be a reliable tool (Wright, English, & Elkayam, 2010) and helps audiologists to find a starting point for conversations with teens. The three sections of the SAC-A ask about a variety of listening situations as well as reactions to those situations – both the teen’s and other people’s. How will a teen answer Question #8: “Does anything about your hearing loss upset you?” The outcomes of the conversation are impossible to predict, but it can be hoped that at least they will have “planted a seed” about how to deal with challenges and certainly provide practice in self-expression.

The primary focus of these conversations has been on the here-and-now. At the same time, however, teens are also thinking about the future, whether it involves college, vocational training,

employment, or a combination of these options. Transition planning is required for all students with Individualized Education Programs, but many teens in general education settings may lack a support system to facilitate their transitions from high school. Ideally, this kind of planning should begin in middle school to allow sufficient time to explore all options. Finding out information about details, such as accommodations, student loans, college or work site expectations, and schedules, require using new skills that are best learned with coaching, rehearsal, feedback and reflection (English, 2012).

Audiologists can broach this topic with talking points that are readily available online (specifically, the *Guide to Planning*, n.d.). Our questions about post-secondary plans could include: “What kind of support do you have at this time?” and “What kind of help do you need from me?” If teens are not open to discussing more personal aspects of their lives, they might still appreciate a conversation with their audiologist about how to manage the logistics related to their future plans.

**Keep the Conversation Going: How?**

This second strategy is not as easy as the first one. Once the conversation opens up, our responses can either keep it going, or shut it down. Keeping the conversation going is preferable, because, when teens and tweens have an opportunity to talk through their concerns, they become better equipped to manage those concerns. Below are two tips on keeping the conversation going.

**Minimize advice.** It takes practice, but we can get through a conversation with a tween or teen without dispensing advice. If a teen does ask for advice, of course we feel compelled to give it. However, listen carefully and take note over time: how often does this actually happen? What we perceive as a request for advice from a teen might in fact be a request to vent, to grieve, to share, to be listened to. If it’s not clear, we can check by asking, “It sounds like you are asking for advice, but I want to be sure.

Yes or no?” Even if the answer is *yes*, it could help the teen understand his or her thinking by first asking a few exploratory questions: what have you considered so far? What seems the right thing to do at this point? What would happen if you chose X and not Y? We can be sure that if advice is given when it was not requested, the conversation will lose its momentum.

**Monitor the effects of our responses.** It is important to monitor ourselves during these conversations, because, at any point, we could end them prematurely without realizing it. During a conversation, the manner in which we take our turn in the encounter is often overlooked (Clark

<p><b>Costs of Not Disclosing</b> It’s stressful not being “upfront.” Others might wonder if you are rude or aloof if you do not understand. You miss a lot of what others say to you. School work is more difficult.</p>	<p><b>Benefits of Not Disclosing</b> Can feel like other kids. Teachers will treat you the same, and expect you to be as smart as other kids. Cashiers talk to you like anyone else.</p>
<p><b>Costs of Disclosing</b> People might have a problem with it. You may not be hired a summer job, even though that’s illegal. Friends assume you can’t drive safely, and they won’t get in the car if you are driving.</p>	<p><b>Benefits of Disclosing</b> You are out in the open so no stress trying to keep up the lie of normal hearing. Others understand why you may miss something. You don’t misunderstand as often. People may speak more clearly. School work will be easier because you will be able to wear your hearing aids.</p>

Figure 3. Some possible costs and benefits of disclosing one’s hearing loss.

& English, 2014). Like moves in a chess game, how we respond will directly influence the teen's next comment. Our responses can be easily categorized as *terminators* or *continuers*. *Terminators* end a conversation by only addressing the surface nature of a question or comment (Pollack et al., 2007). For example:

- Teen:* Do I **have** to wear these hearing aids all day?  
*Audiologist:* Yes, you do, otherwise you will fail all your classes.

The audiologist responded with a *terminator*, with the likely outcome of the teen stomping off in anger and resenting being "treated like a baby," while being denied an opportunity for self-expression. When we only answer the surface question, we bring the discussion to a close without knowing why the question or comment was made.

*Continuer* responses, on the other hand, refrain from immediate solutions, and instead, intentionally elicit more input by lobbing the "conversational ball" back to the teen more often. A continuer response attempts to offer teens both empathy and the opportunity to continue expressing their thoughts and feelings. For example:

- Teen:* Do I **have** to wear these hearing aids all day?  
*Audiologist:* That's a problem?  
*Teen:* A huge problem! I feel totally wiped out by 3 o'clock. I could use a break in the middle of the day or something.  
*Audiologist:* I can see how a break could help.  
*Teen:* I was thinking about taking them off during lunch – I pretty much know what my friends are going to say, anyway. I could kinda space out and not concentrate so much.  
*Audiologist:* That sounds logical. If you try it out, let me know how it goes. We haven't discussed "listening effort" and "listening fatigue" before, but I'll find some info if you're interested.

These two dialogues started out the same, but ended up quite differently because of the audiologist's response. One response was an immediate answer to the surface question; the other set of responses stayed neutral, were slow to solve problems but took the time to find out what inspired the question, and waited to see if the teen had any ideas of her own.

As stated earlier, we cannot predict the outcomes of these conversations with teens. However, they are worth the effort. Occasionally, we see an immediate positive outcome, and if not, we can at least hope a seed of trust was planted.

## Conclusion

Our counseling conversations with teens can help them practice self-expression, fine-tune their problem-solving skills, and modulate their initial emotional responses to stressful situations. Audiologists are in a unique position to "grow" adolescent brains and support teens' overall development by offering opportunities for adult conversations about decisions, choices, consequences, and identity. We just need to watch out for those "terminators."

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**SELF ASSESSMENT OF COMMUNICATION-ADOLESCENT (SAC-A)\***

Judy Elkayam, Au.D. and Kris English, Ph.D.

The purpose of this questionnaire is to identify problems you may be having because of your hearing loss. We will talk about your answers. That conversation may help us understand the effect the hearing loss is having on you. It may also give us ideas to help you manage those problems. The information you give will not affect your grades in school.

**Please circle the most appropriate answer for each of the following questions. Select only one answer for each question.** If you usually use hearing aids or cochlear implants, answer each question in a way that describes your experiences with the technology on. If you do **not** usually use hearing aids or cochlear implants, answer each question in a way that describes your experiences without the technology.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Technology Use**

I usually do/do not use hearing aid(s)

I usually do/do not use cochlear implant(s)

**Hearing and Understanding at Different Times**

- |   |                  |                  |                         |                |                   |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 1. Is it hard for you to hear or understand when talking with only one other person?  | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 2. Is it hard for you to hear or understand when talking with a group of people?  | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 3. Is it hard for you to hear or understand TV, the radio or CDs?   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 4. Is it hard for you to hear or understand if there is noise or music in the background, or other people are talking at the same time? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 5. Is it hard for you to hear or understand in your classes?  | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 6. Do you hear better when using your hearing aids or cochlear implants?  | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |

**Feelings about Communication**

- |   |                  |                  |                         |                |                   |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 7. Do you feel left out of conversations because it's hard to hear?                                   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 8. Does anything about your hearing loss upset you?   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 9. Do you feel different from other kids when you are wearing your hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |

**Other People**

- |   |                  |                  |                         |                |                   |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 10. Do strangers or people you don't know well notice that you have a hearing loss?       | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 11. Do other people become frustrated when they talk to you because of your hearing loss? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 12. Do people treat you differently when you wear your hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |

\*Modified, with permission, from Self Assessment of Communication (Schow & Nerbonne, 1982).