

Families with children who have persistent otitis media (middle ear infection, 'glue-ear')

by Dr Damien Howard



Middle-ear disease is one of the most common reasons why children visit GPs. Middle-ear disease (otitis media) often causes mild to moderate, fluctuating Conductive Hearing Loss.



This hearing loss can have important social consequences.

Parents of children who have experienced persistent ear disease report that they, as parents, would have liked their GP to have informed them about the various ways that this kind of hearing loss can impact on family life.

Parents report that at present, very few GPs or specialist practitioners provide this kind of information.

This document provides some information that may assist health workers as they inform families about the common issues that face families in which there are children who are experiencing persistent middle ear disease.

Most children experience some otitis media during childhood and only some children experience persistent ear

disease which causes regular hearing loss.

Indigenous children in Australia are especially susceptible to persistent middle ear disease.

Family Life

Family life can be greatly affected when children experience regular but fluctuating hearing loss. It can be difficult for parents to communicate and relate to their child.

Greater time, effort and skill is needed to communicate effectively when a child has hearing loss.

Communication may become highly functional -- e.g. related to getting children to do what has to be done -- at the cost of communicating for mutual enjoyment. This has the roll-on effect on the quality of the bonds between parent and child, as these conversations 'for mutual enjoyment' are important in helping to create deeper family bonds and for the child to develop important language and social skills.

Parents may feel conflicted because although they love their child, there are times when they do not like the things that their child does.

Frustration for both the child and family members is common.

The child is frustrated because it is so difficult for them to make their wants and needs known and understood, and family members are frustrated because it is equally difficult for them to explain things to the child.

Children with hearing loss may become very demanding and insist on receiving more personal

support and attention than the other children in the home. This can make it hard for parents to do all of the other things they need to do - cooking/cleaning, attending to other children, managing medical appointments and going to work.

Other children, and even partners, can feel left out and resentful because they are not getting their 'fair' share of attention.

It is also difficult when the family attends social occasions outside of the home. Children with this kind of partial hearing loss **are often shy when faced with unfamiliar people** and processes and, consequently, they may habitually cling to their mothers or older siblings.

Alternatively, they may 'muck up' in public, doing silly things or exhibiting challenging behaviours. This is especially true in noisy places like supermarkets.

These situations can prompt others, who observe these behaviours, to make judgments and sometimes comment on "what that child's parents need to do is".

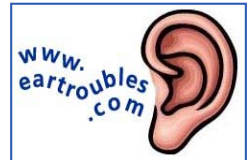


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Children with fluctuating hearing loss often tend to play alone, they may have difficulties sharing toys and can be very **bossy** towards others. They frequently need parents or older siblings to intervene to help them manage their social contact with others. It is also common for children to have a strong **preference for routines** and not to cope well if their routines are disrupted.

It is important for family and carers to be aware of the ways that hearing loss, that is caused by persistent ear disease, can be impacting on their child, and on

themselves and the life of the family.

Without this understanding, the family may not recognise that it is unreasonable for others to make ill-informed judgments about their child's 'difficult behaviours'.



Mothers of children with persistent middle-ear disease are more likely to experience depression than are mothers of children who experience few episodes of ear disease. This is not surprising, given the added demands on them from their child.

These mothers are sometimes required to neglect other tasks, as well experiencing pressure and criticism from others, while dealing with their own feelings that they are failing as a parent.

It is important for families to understand the common consequences of children's persistent middle ear disease as well as how to best communicate with their child.

Communication strategies include:

- ✓ Get the child's attention before you speak to them.
- ✓ Get close to the child when you speak to them and, when speaking, do what you can to minimise the level of background noise around you.
- ✓ Let the child know what will be happening, this will help them to anticipate what will be said, which helps them to understand more from what they are able to hear.
- ✓ Set up occasions when you have 'special time', in a quiet environment, with your child. Activities can include reading a story, playing with their favourite toy or building blocks, painting together, playing with playdough, playing in the bath together. *Whatever the activity, make sure you are talking with your child and that they are receiving your undivided attention. Some parents use a timer to help keep track of time.*
- ✓ Consider using a portable hand-held amplification device when you are communicating one-to-one, e.g. when reading a book to your child etc. (see the resources pages at www.eartroubles.com)

If your child behaves in any of the ways described above, but has not yet seen a medical practitioner about possible ear disease then take them to see a GP or go to your Health Centre.

Middle ear disease and the resulting hearing loss often does not have any physical symptoms but may be indicated by children's social responses.

Some children with auditory processing problems, but no current ear disease, may also respond in the ways described above.

Want to know more about the social and educational outcomes of listening problems? Go to:

- www.eartroubles.com
- e-mail: damien@phoenixconsulting.com.au

Dr Damien Howard is a psychologist and educator who has specialised in the social and emotional outcomes of mild hearing loss and auditory processing problems.