

Nursery Helps Bridge the Sound Gap

When Carol was born, her parents were overjoyed to add the little girl to the family. She was a happy baby, playful and full of energy.

Soon, however, her parents noticed something unusual about Carol's development. Her babbling stopped and she became more aggressive. She did not react when a door was slammed or when her father called to her.

A trip to the family doctor and some special tests at a medical center revealed a diagnosis her parents had suspected for several months.

Carol was deaf.

Specialists at the Acoustic Nursery at the medical center see children like Carol every day.

Established in 1963, the nursery aids dozens of hearing handicapped children to develop speech and language skills using amplification of any residual hearing the children have. Diagnosis of hearing impairment can be made and special training begun for children as young as a few months of age.

Hearing problems dealt with by the nursery include not only decreased volume levels but also difficulties with distortion and/or muffling of sound. Verbal skills are noticeably delayed in the hard of hearing and deaf child because of the close relationship between hearing speech and producing it.

Once medical tests have confirmed that a child is severely hard of hearing, specialists in audiology fit him with a hearing aid and begin individual training sessions. Some children between the ages of 2 and 5 are then placed in nursery classes of four to eight students.

The classes, conducted in 2½-hour sessions twice a week, provide lessons in vocabulary development and auditory training along with regular nursery school activities. Teachers with advanced training in audiology and deaf education design and present the class programs. Volunteer aides are supplied by the Hospital Auxiliary in cooperation with the Junior League of Durham.

Preliminary emphasis is placed on vocalization. Children who have been deaf since birth must be taught that they have a voice and that it can be used for communication. Vocalization can then be used as a starting point for the formation of words. Teaching a deaf child to actually say specific words requires re-



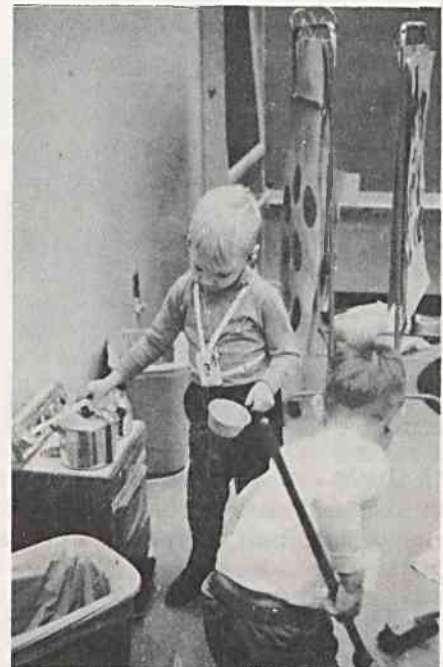
SNACK TIME—As a break in their schedule, nursery students are served juice and cookies. The snack also provides a lesson in vocabulary.

peated instruction by specialists using auditory, visual, and kinesthetic methods and hundreds of trials by the child.

Development of language in the normal child, in contrast, has reached advanced stages by the age of five. The hearing five-year-old has a vocabulary of 2,500 words, uses fairly correct syntax and understands the concept of humor. A deaf child at the same age is often only able to say "mama."

Nursery teachers at Duke use a variety of methods to explain literal meanings of words to deaf children, with pictures and demonstrations in use most often. Instruction in sight recognition of words and basic reading skills is begun early.

The latest theories in training hearing-handicapped children concentrate on teaching verbal language rather than on the use of sign language and finger spelling. "Since deaf persons must live in a world in which nearly everyone else can hear, they should learn to talk if at all possible," Mrs. Lucy Cohen, one of the nursery teachers, said. If training is begun early enough, many deaf children can establish a vocabulary sufficient to make verbal communication effective.



CLEAN-UP TIME—After a session dealing with the sounds and procedures of cooking, students put away their materials.

The deaf, however, even as infants and toddlers, are capable of communication even if no speech is present. Although abstract meanings are difficult for a deaf child to express, he can ordinarily make his basic needs and desires known both to hearing persons and to other deaf children through an elaborate system of gesture language.

Burton King, director of the Duke audiology section, explained that most of the nursery children will enter a residential school for the deaf when they reach school age. Some will be placed in accelerated classes for the deaf because of their early training at the Duke nursery. "We hope, however," he said, "that a few will gain adequate vocabulary and have sufficient residual hearing with the help of a hearing aid to succeed in public school with supplementary individual tutoring."

Presently North Carolina supports two state schools for the deaf, one at Morganton and one at Wilson. King emphasized the need for the establishment of pre-school classes such as the one at Duke in independent North Carolina school dis-

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