A recent international guest speaker at RIDBC, Dr Dale Atkins displayed a profound understanding of the needs of special families, a lively sense of humour and the ageless wisdom of commonsense that made her sessions a valuable reminder of the need for balance in our lives.

Dale V. Atkins, PhD, is a psychologist of more than thirty years experience as a relationship and family expert. She is the author of five works of non-fiction, a frequent guest expert on TV shows, a sought after lecturer, and is the creator of the popular online newsletter, “Sanity Savers and More.”

Sanity Savers is little book cram-full of one-to-two page tips, thoughts and suggestions for dealing with the common difficulties of daily family life. It is the sort of book to keep on your bedside table and dip into after a hard day. Atkins and co-author Barbara Scala recognise the changing needs of women at different times of our life span, and also during our family’s phases of development. Their advice is tailored to respond to specific challenges and situations most of us will face at one time or another, such as caring for ageing parents, sibling rivalry, decision making, illness, job choices, relationships with teenage children and partners. This book provides generous and encouraging reassurance of the kind you look for in a phone call to your mother, a chat with a sister or a visit from your best friend.

Perhaps most importantly of all, these short nuggets of wisdom are a timely prompt to remind us to take a few minutes to ourselves each day, to reflect and regroup, be encouraged and emboldened, as we carry on with our busy lives.

Reviewed by Julie Thorndyke
Teresa Williamson
Bronte’s Mum

Interview on Glue Ear

Q: What has been your experience with children’s ear conditions?
My daughter was diagnosed with glue ear. This happened a few months ago and we had no idea that she had hearing problems. It was actually picked up by a visit to our ear nose and throat specialist. We went to the specialist because my daughter had very enlarged tonsils and adenoids and was having behavioural problems and sleep issues. The doctor checked her ears and found that Bronte had a moderate hearing loss due to glue ear. So that’s when we found out for sure.

Q: How did you feel when you were told of these issues with your child’s hearing?
I was really shocked, and also disappointed with myself for not actually realising that my daughter had a problem with her hearing. I couldn’t believe as a parent I wouldn’t have picked that up. But then once we thought back to certain times when she was saying ‘what?’ and asking us to repeat the question, or completely ignoring us - I was putting it down to being a busy preschooler, who didn’t want to know what I was saying, but actually half the time she wasn’t hearing what we were saying. At preschool, the teachers said they had noticed Bronte was having trouble hearing or listening in a group. They had been bringing her to the front of the group, and there she concentrated and participated much better. So we interpreted that as being due to hearing loss and background noise in the room, she couldn’t actually hear what was going on.

Q: So, you went to the ENT specialist, what did they do?
We were advised to wait and see what was going to happen with the glue ear, rather than rushing in to do grommet surgery. The ENT specialist gave my daughter a course of antibiotics to clear up the cold she currently had, and to try and clear up the tubes a little bit. Because it was summertime, there were fewer colds and fevers around. So we waited a couple of months to see if that made a difference. When we went back to the ENT specialist, she actually noticed the ears looked a lot clearer. She had a hearing test, and the audiogram showed there wasn’t a problem any more. So it had actually cleared up.

Q: Are you happy with this outcome for your child?
Yes, but I don’t think it will be our last visit the the ENT specialist. Bronte had her tonsils and adenoids removed to solve the sleep and breathing issues. She still gets a lot of colds, and we were told to expect a couple of ear infections a year, that’s considered normal. In the meantime we just have to keep an eye on things. Glue ear can come back, but at least we are more aware of it now. We know the signs to look our for with hearing loss.

Q: So is it fair to say you understand much more now about children’s ear conditions?
Yes, definitely. Of course one of the first things you do when you find this out is you go on the internet and do a google search for otitis media, find out all you can about it. Keep in mind, when looking at websites, to trust only reputable sites from trustworthy organisations with ‘edu’ or ‘org’ in the URL. Personal sites and ‘com’ commercial sites might be pushing a product or ill-informed personal opinion. The library staff helped me by sending some references through on glue ear and related conditions so we certainly delved into all the literature and found out all we could, and have a greater understanding about it now.

Q: What would you have done differently if you had the chance again?
I would have pushed for my GP to have had my daughter’s ears tested sooner and got a referral sooner. You know it’s not a big deal to go and get your child’s hearing tested. It only takes about 20 minutes and booking in is easy. At least you’ll know and you can rule out that problem. If there are issues with learning or problems at school or preschool, you need to look at getting your child’s hearing tested, I think, to rule out any hearing problems and proceed from there.
RESOURCES ON COMMON EAR PROBLEMS IN CHILDREN

Books

Hearing in children
Author: Jerry L. Northern and Marion P. Downs
Publisher: Lippincott Williams and Wilkins (Philadelphia, 2002).
Renwick Library Number: 618.920978 NORT 2002

A Pocket Guide to the Ear
Author: Albert L. Menner
Publisher: Thiemes, (New York, 2003).
Renwick Library Number: 617.8 MENN

Audiovisual

The Ears, Nose and Throat (Videorecording)
Produced by: BBC, UK
Broadcast by: ABC, 2008
Series: Don’t die young series
Renwick Library Number: VIDEO 617.51 DONT

Do you hear what I hear? Living and learning with conductive hearing loss/otitis media (KIT)
Renwick Library Number: KIT Q618.9209784 WEST

What is otitis media? (Videorecording)
Produced by: Peter Allen Whangarei, N.Z. : P. Allen, c1993
Renwick Library Number: VID 618.9209784 WHAT

Articles

Taking a closer look at acute otitis media in kids.
by Nancy A. Fickert.
Nursing, Apr 2006, 36 (4); p20-21

American Family Physician, Dec 1, 2007, 76 (11); p. 1659 (2 pages)
RIDBC Renwick Centre Library is Moving!

Sometime in June, the RIDBC Renwick Centre Library will box up its books, gather up its goods and trolley up its chattels and find a new home in a brand-new, purpose-built library in the new RIDBC Renwick Centre.

The library will still be on the North Rocks Campus, and all contact details remain the same.

We look forward to welcoming you to our new library on your next visit to RIDBC.

Artist’s impression of the new Renwick Centre
Kim Ter-Horst
Audiologist
Royal Institute for Deaf and Blind Children

Question and Answers about Audiograms

Q: What does an audiogram tell me about my child’s hearing?
A: An audiogram is a graphic representation of hearing thresholds – showing the softest sound the child can hear for both ears across a range of tones. Audiograms tell us approximately what speech and environmental sounds your child might or might not detect.

Q: What do you mean by threshold?
A: “Threshold” sounds the same to everyone, that is, it is “the softest sound I can hear” regardless of the actual level being presented. If your threshold for a particular sound was 15dB, you would only just detect 15dB, in the same way as someone whose threshold was 60dB would only just detect 60dB.

Q: The level or loudness of sound is on the vertical axis of the graph, is that right?
A: Yes. Audiograms tell us visually the degree and type of hearing loss. Decibels are on the left hand side from soft at the top to loud at the bottom. Frequency is measured on the horizontal axis.

Q: What do you mean by frequency?
A: Frequency is the same as pitch – from low through to high. Like a piano keyboard, the lowest sounds are on the left of the graph. An example of a low pitch speech sound would be “or”. An example of a high pitch speech sound would be “sh”.

Q: Why are there two lines, one solid and one dotted?
A: One line for each ear. The left ear is usually a dotted line.

Q: What are the noughts and crosses?
A: O is for the right ear and X for the left ear. They usually relate to thresholds found with headphones.

Q: What are the other symbols?
A: You might see a variety of symbols. For instance, a bone conductor is sometimes used in place of headphones to diagnose some hearing losses and it uses a < > or [ ] symbol. A square is used if the sound is being presented through a loud speaker because we don’t know which ear is responding. A Triangle, an H or a V would indicate that the hearing test was done with hearing aids on.

Q: What doesn’t an audiogram tell us?
A: Audiograms do not tell us what the child experiences when they “hear” a sound. They do not tell us what the sound sounds like or how clearly the child hears the sound. Audiograms do not tell us if a child understands what is said.
Q: If my child has different audiogram results on different days, does that mean their hearing is better or worse, or can other factors influence the test?
A: A little variability is quite normal. If there are larger differences it could mean several things. It might mean that your child’s hearing is fluctuating, perhaps because of middle ear problems or earwax. Perhaps your child is getting better at doing hearing tests so the results look like they’re getting better or perhaps your child is getting bored with testing so the results look like they’re getting worse. Perhaps your child has grown up a little and has just switched from one type of hearing test to another and hasn’t mastered the new one yet, making the results look worse. Tests done on different days or at different times might also be affected by how alert, well or cooperative your child is feeling at that particular time. Depending on where the tests are being done, the environment (eg noise) may also play a part.

The possibility of a real change in hearing levels can never be completely ignored, particularly if your child’s hearing loss is of a type which is known to deteriorate (eg Large Vestibular Aqueduct Syndrome).

Your audiologist will discuss the result with you and will usually look at your child’s hearing across time rather than simply comparing one test with its immediate predecessor in what’s called a “continuing audiogram” which adds the element of time. Your audiologist should be able to produce a “continuing audiogram” quite easily.

Did You Know....?

Humans can hear sound frequencies from about 40 Hz to 20 kHz. Other mammals can hear frequencies that are inaudible to humans, both lower and higher. Some bats, for example, which navigate by echolocation, both emit and hear sounds with frequencies of more than 100 kHz.


Just Arrived!

Can you Hear a Rainbow?
The story of a deaf boy named Chris
Author: Jamee Riggio Heelan; illustrations by Nicola Simmonds
Publisher: Peachtree Publishers, 2002
Renwick Library Number: 362.42092 HEEL
NEW BOOK LIST

The CSIRO wellbeing plan for kids
Author: Jane Bowen et al.
Publisher: Camberwell, Vic. : Penguin, 2009
Renwick Library Number: 613.2083 CSIR

Literacy and deafness : listening and spoken language
Author: Lyn Robertson
Publisher: Plural Publishing, 2009
Renwick Library Number: 371.91246 ROBE

Playtime! hundreds of creative, easy-to-do activities
Author: Jane B. Mason, Sarah Hines Stephens
Publisher: Five Mile Press, 2009
Renwick Library Number: 649.5 MASO

Small steps forward : using games and activities to help your pre-school child with special needs
Author: Sarah Newman
Publisher: Jessica Kingsley Publishers, 2008
Renwick Library Number: 649.151 NEWM 2008

Supportive parenting : becoming an advocate for your child with special needs
Author: Jan Campito
Publisher: Jessica Kingsley Publishers, 2007
Renwick Library Number: 649.8 CAMP

Foundations of low vision : clinical and functional perspectives
Author: Anne Corn and Jane Erin, editors
Publisher: AFB Press, 2010
Renwick Library Number: 617.712 FOUN 2010
New DVD

Child development theorists: Freud to Erikson to Spock and beyond
Produced by: Video Education Australasia 2009
Renwick Library Number: DVD 155.422 CHIL

Government Reports

SHUT OUT: The Experience of People with Disabilities and their Families in Australia
National Disability Strategy consultation report / prepared by the National People with Disabilities and Carers Council
Renwick Library Number: Q362.40994 SHUT

Report available online at:

Hear us: inquiry into hearing health in Australia/ The Senate Community Affairs References Committee
[Canberra] : Senate Community Affairs References Committee, 2010
Renwick Library Number: 362.420994 HEAR
Report available online at:

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