

# Helping families live with less sound



Putting her lips to the soles of Bill Lambert's feet, Mary Smith tells Mary Lambert the game is "fun to do and tickles. They like it."

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"Our feeling is that children learn in their own setting, not ours."

Miss Robertson cited the case of a 4-year-old who had been in the preschool program for two years and showed no interest in talking — although there was no physical reason for his silence. After the clinic began teaching him sign language, he suddenly started to talk.

"I don't know why he didn't talk. We may never know," she said. "But I feel we treated him the way he needed to be treated."

**PINPOINTING** the problem is the first task — and not always an easy one.

The clinic gets applications before birth when there is a family history of hearing problems or high-risk pregnancy. But most youngsters attend because they "simply haven't been responding to sounds or things in the environment the way someone thinks they should," Milton Hill said.

"There are all sorts of reasons. As far as we're concerned, any reason is enough."

While some experts don't believe babies are testable, Hill sees them when they're as young as 3 months old. Using calibrated toy noisemakers, he checks for changes in behavior and body posture when an infant hears sound. Sometimes Hill's diagnosis is based on a break in nursing or a widening of the eyes.

It's not easy work and he worries about the five-day job "seven nights a week."

"In very young children you can distinguish between normal hearing and severe loss, but it's awfully hard to tell whether a child has mild hearing loss," he said.

Many of the problems can be remedied by medicine or surgical procedures like ear tubes or removal of adenoids. Those who can't be helped by a physician get further help from Oakland Schools.

A big part of the treatment is helping the family cope with grips with the child's handicap.

"The hardest thing is accepting the fact that the child has a hearing loss," said Mary Smith, who fits babies with hearing aids. "Parents can accept it in their heads, but the emotional acceptance is hard."

**ONE COMMON** response is to stop talking since the child doesn't hear normally. Miss Smith insists the family talk more than ever. She encourages parents to talk directly and precisely into the child's ear and to call everything by name.

"I hear you coughing. You're going

'huh, huh, huh,'" she told Billy Lambert, 8 months, as his mother watched. "You were coughing. You were noisy."

Mary Lambert, who found out in September that two of her three children have hearing problems, has learned to communicate better with the youngsters.

"When you first find out, you grieve because you've lost part of your child," said the Ferndale woman. "It means completely changing your life."

"I'm not really a talker. Now I never shut up," she said, in reference to her reinforcement all week long of concepts learned at the clinic. She has labeled many household articles and habitually talks directly into her child's ear.

Social worker Sherry Butzine meets twice a week with mothers of preschoolers enrolled in the Language Development Program.

"They come hoping we will teach the child to talk and everything will be all right," said Miss Butzine, who often sees marital conflict between parents who blame each other and themselves for the hearing loss.

"That's just a waste of time. They need to work that out."

**WITH OLDER** children, emotional factors often enter the picture.

"We ferret out which are language problems and which are school problems. It's just not really too simple sometimes," said Mary Lu Robertson. "By the time we get these youngsters there are lots of questions."

Selma Shargel, a speech and language consultant, works on a one-to-one basis with kids 8 and older. One problem area the Speech and Hearing Clinic is looking into is Central Auditory Processing.

"Some kids have trouble understanding things they hear. The sounds go in, but they don't understand what the words refer to," she said.

While there is a waiting list, Miss Robertson said it is no more than six weeks. The clinic has not been affected by cutbacks which are curtailing speech and hearing programs in local districts.

But a couple staff members have not been replaced and the director is concerned that the large increase in toddlers — up from two to 15 in one year — will cause a need for another teacher of the deaf.

While June will bring a "horrendous influx" of new children, she accepts the fact that some reports just won't be done as quickly.

And she continues to encourage school districts to use the clinic.

"Years ago when we all started in this business the idea was that children would outgrow these problems. Some will, but often they won't," she said.



In his control room, Milton Hill uses a cow sound to check a baby's hearing.



Nancy Hagle, speech and language consultant, plays tinker toys with Cory Shelton, 5, while working with him during an individual session.

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