Models of Communication with Children with Hearing Disorders

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- The education as a concept should recognize that children with hearing disorders have specific characteristics, requiring specific modes of communication, to provide emotional support and confidence of children, active position and intensive contacts with the others, intellectual satisfaction and a sense of success.

Communication has a number of functions: informational (exchange of different kinds of knowledge); social (formation and development of cultural habits in relationships); expressive (expression and understanding of emotional experiences), pragmatic (regulates behavior and activities and coordinates joint actions); interpretive - (ensures adequate understanding); corrective (stimulates and corrects the irregularities in the speech, cognitive and logical plan).

In children with hearing disorders according to the purpose of communication three types of patterns can be applied: narrative, instructive; combined. The narrative model is oriented to give knowledge that is available in two versions, depending on the method of structuring of the information: linear (cognitive portions are served consecutively without side details); branched: (information assets are formed by further clarifying and expanding constructs). Depending on the location of the subjects of communication in the branching pattern can be distinguished two types of communication - synchronous and diachronic. The instructive model is specifically targeted for practical skills (behavior, speech, etc.). Combined model is used for giving knowledge and developing skills in unity and is most often applied in educational practice. According to the number of the participants are observed three models of communication: diada, targeted for individual communication with children; group and frontal - effective on social integration.

- Communication patterns are realized in certain objective and subjective conditions. The objective conditions for effective communication are: organization of space (architectural and aesthetic organization, openness, vision; symbolic information) and didactic materials (varied, connected with the violations; aesthetic). The subjective conditions for effective communication are: psychological and pedagogical (positive emotional field; positive language; varied repetition; stimulation of a sense for success; focus on the strengths of the child's personality; love, respect and rigor, without a reminder of past failures and mistakes, from known to unknown; from concrete to abstract; unity of visual and verbal; cooperation and support from family); specific about the extent of the breach: a focus on sensory integration, special attention to articulation praxis; combination of gestures and grammatically correct speech; gradual transition from the expressive-mimetic communication to expressive speech communication, health-medical.

REFERENCES: