

doi: 10.13241/j.cnki.pmb.2022.05.021

听力障碍青少年治疗过程心理干预对患儿语言能力恢复和心境状态的影响*

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摘要 目的:探讨听力障碍青少年治疗过程心理干预对患儿语言能力恢复和心境状态的影响。**方法:**选取我院 2019 年 6 月到 2020 年 6 月共收治的 80 例 7~18 岁听力障碍青少年作为研究对象,将患儿随机分为观察组与对照组,每组 40 例。对所有患儿应用人工耳蜗植入术进行治疗,给予对照组常规言语训练以及健康教育等干预。观察组患儿在常规干预基础上增加全治疗过程的心理干预。对比两组患儿的治疗效果,语言能力恢复,心境状态,ABC 评分。**结果:**观察组患儿治疗的总有效率为 92.50%,对照组患儿治疗的总有效率为 75.00%,观察组高于对照组($P<0.05$);两组患儿干预前的言语形成、听觉能力以及听觉感知对比无明显差异($P>0.05$),两组患儿通过治疗与干预之后,言语形成、听觉能力以及听觉感知明显提升,且观察组评分高于对照组($P<0.05$);两组患儿干预前的精神、控制、能力、忍受消极情感以及接受变化对比无明显差异($P>0.05$),两组患儿通过治疗与干预之后,精神、控制、能力、忍受消极情感以及接受变化明显降低,且观察组评分低于对照组($P<0.05$);两组干预前的兴奋、易激怒、刻板行为以及不恰当语言等评分比较无统计学意义($P>0.05$),两组患儿干预后,各评分均下降,其中观察组小于对照组,差异有统计学意义($P<0.05$)。**结论:**对听力障碍青少年在常规治疗与干预基础上增加心理干预,能够提升患儿的治疗效果,提升语言能力恢复情况,减少负面情绪,提升患儿的心境状态,值得临床应用推广。

关键词:听力障碍;青少年;人工耳蜗植入术;语言能力恢复;心境状态

中图分类号:R764.4 **文献标识码:**A **文章编号:**1673-6273(2022)05-900-05

Effect of Psychological Intervention on Language Ability Recovery and Mood State of Hearing Impaired Adolescents during Treatment*

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ABSTRACT Objective: To explore the effect of psychological intervention on language ability recovery and mood state of hearing impaired adolescents. **Methods:** 80 cases of hearing impaired adolescents aged 7-18 in our hospital from June 2019 to June 2020 were randomly divided into observation group and control group, 40 cases in each group. All the children were treated with cochlear implantation, and the control group was given routine speech training and health education. The observation group was given psychological intervention nursing in the whole treatment process on the basis of routine nursing. The treatment effect, language ability recovery, mood state and ABC score of the two groups were compared. **Results:** The total effective rate of the observation group was 92.50%, and that of the control group was 75.00%, which was higher than that of the control group ($P<0.05$); there was no significant difference in speech formation, hearing ability and auditory perception between the two groups before nursing ($P>0.05$), but the speech formation, hearing ability and auditory perception of the two groups were significantly improved after nursing the score of the observation group was higher than that of the control group ($P<0.05$); there was no significant difference in the spirit, control, ability, tolerance of negative emotions and acceptance changes between the two groups before nursing ($P>0.05$); after treatment and nursing, the spirit, control, ability, tolerance of negative emotions and acceptance changes of the two groups were significantly decreased, and the score of the observation group was lower than that of the control group ($P<0.05$). There was no significant difference in the scores of excitement, irritability, stereotyped behavior and inappropriate language between the two groups before nursing ($P>0.05$), but after nursing, the scores of the two groups decreased, and the observation group was less than the control group, the difference was statistically significant ($P<0.05$). **Conclusion:** On the basis of routine treatment and nursing, psychological nursing intervention can improve the treatment effect of children, improve the recovery of language ability, reduce negative emotions and improve the mood of children, which is worthy of clinical application and promotion.

* 基金项目:内蒙古自治区自然科学基金项目(2017MS08108)

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(收稿日期:2021-06-23 接受日期:2021-07-17)

Key words: Hearing impairment; Adolescents; Cochlear implantation; Language ability recovery; Mood state

Chinese Library Classification(CLC): R764.4 **Document code:** A

Article ID:1673-6273(2022)05-900-05

前言

听力障碍依照临床成因可以分为神经性耳聋和传导性耳聋,其中神经性耳聋又被称为感音性耳聋,主要是中耳的听觉神经或耳蜗有关神经传到路径受到损害,造成听力消失或减退。而传导性耳聋主要指的是外耳道到中耳的骨膜-听骨链遭到损害导致的听力下降引发听力障碍。研究发现^[1,2],人工耳蜗植入对于听力障碍的儿童听觉能力和语言能力有很大帮助,通过植入人工耳蜗之后,能够明显提升听力障碍患者的社交能力和交流能力。而青少年作为一个心理和生理都在高速发育时期的特殊群体,因此心理比较脆弱敏感,特别是听力障碍的青少年在受到外界、学习环境和家庭教育过程中会产生严重的心理障碍现象,如果这种心理障碍不能够有效宣泄,这容易导致抑郁障碍的发生,严重影响青少年的发育健康,而且会对人工耳蜗植入的效果产生影响。国外研究发现^[3-5],对听力障碍者应用心理弹性干预实验后,患者的语言能力恢复情况明显提升。国内也有研究发现^[6-8],对听力障碍老年患者在语言恢复训练基础

上增加心理干预能够提升患者的语言交流能力,减少负面情绪。但是目前研究中,针对于青少年听力障碍患者的心理干预研究较少^[9-11]。为了提升听力障碍青少年的语言能力,减轻心理负担^[12],本文选取我院2019年6月到2020年6月共收治的80例7~18岁听力障碍青少年,探讨听力障碍青少年治疗过程心理干预对患儿语言能力恢复和心境状态的影响,具体报告如下。

1 资料与方法

1.1 一般资料

选取我院2019年6月到2020年6月共收治的80例听力障碍青少年,将患儿随机分为观察组与对照组,每组40例。纳入标准:所有患者均存在听力障碍现象;患儿年龄为7~18岁;所有患儿均在近期选择人工耳蜗植入手术治疗;所有患儿及其家属对本研究知情并签署同意书。排除标准:行动不便者;合并其他先天性疾病者;不能配合研究者;合并精神障碍疾病者。两组患儿一般资料对比无显著差异($P>0.05$),如表1所示。

表1 两组一般资料对比

Table 1 Comparison of two groups of general data

Groups	n	Gender (male/female)	Average year(age)	Deafness parts(n)		
				Left	Right	Both sides
Observation group	40	22/20	11.2± 0.5	13	15	14
Control group	40	19/23	11.3± 0.5	10	18	14
χ^2/t	-	0.047	0.906	0.576	0.456	0.0
P	-	0.852	0.368	0.448	0.499	1.0

1.2 方法

所有患儿均选择人工耳蜗植入术,而且手术效果良好。对照组患儿应用常规言语训练以及健康教育等干预,具体方法为:(1)语言训练,每天都要对患儿进行听力、发音、教、学、写的基本训练。这个程序不可逆转。要一步一步来,先学元音,再学辅音;先学习单词,然后是句子,一步一步,连起来。另外,训练者在安排训练时,应针对具体情况进行具体分析。例如,对于重听儿童,应加强听力训练,最大限度地保护儿童的剩余听力。必须指出的是,一些听力障碍的患儿只会保留几种语言,词汇和发音标准严重缺乏。在这个时候,需加强对其口语和发音矫正训练^[6];(2)健康教育,所有患儿入院之后由干预人员告知患儿及其家属疾病相关知识,并告知人工耳蜗植入术的注意事项,以及日后患儿需要经历的康复历程。观察组患儿在常规治疗基础上增加心理干预,具体方法为:(1)心理评估,邀请心理学专家对患儿进行心理评估,并依照心理评估结果对患儿制定针对性心理干预意见,由干预人员去执行,对于一些心理障碍严重的患儿,由心理专家首先进行心理干预,待改善之后由干预人员依照心理干预意见进行干预。依照患儿的实际情况,每周进行1-3次心理干预,每次30分钟;(2)心理讲座,心理医生对患

儿的心理状况了解之后,每个月进行一次心理专题讲座,其中包含对患儿焦虑、抑郁等不良情绪的分析,以及缓解不良情绪的方法,增强患儿及其家属战胜疾病的信心。由于患儿均为听力障碍者,所以讲座的时候要求专家多以动画、图片等形势进行,从而提升干预效果;(3)建立家属与患儿俱乐部,俱乐部主要由患儿、家属、心理专家和干预人员组成,每周开展一次活动,活动的形式可以为室外体育锻炼、室内小游戏等,针对于青少年的特点放松患儿心情,让患儿尽快回归社会。而且在俱乐部中不同的家属和患儿可以互相交流经验,并分享康复经验,从而增强患儿疾病康复的信心,提升治疗依从性。

1.3 观察指标与疗效判定标准

对所有患儿在干预前后应用改良《小龄儿童听觉发展问卷》(LittleEARS评分)来评价患儿的语言能力恢复情况,其中包含言语形成、听觉理解和听觉感知3项内容,满分为35分,分数越高代表语言能力恢复越好^[13];对所有患儿在干预前后应用改良心理弹性量表(CD-RISC)来评价患儿的心境状态,其中CD-RISC共包括精神、控制、能力、忍受消极情感以及接受变化5个维度,分数越高,表明患儿的心境状态越好^[14];应用孤独症儿童行为量表(ABC评分)来评价患儿治疗前后的心情变化,

内容包括不恰当语言、兴奋、刻板行为、易激怒,分值越高,表明症状越重^[15]。

疗效判定标准:对所有患儿依照中科院心理研究所编制的《小儿神经心理发育检查表》^[16],评定三组患儿治疗前及治疗后3个月的语言发育商(DQ)、总发育商,并以评分结果制定患儿疗效评定标准,其中显效,患儿的语言DQ和总DQ分值明显提高,易怒等负面心理状态基本消失;有效,患儿的语言DQ和总DQ分值有所提高,易怒等负面心理状态明显改善;无效,患儿的语言DQ和总DQ分值没有改变,易怒等负面心理状态无改变甚至更严重。总有效率=显效率+有效率。

1.4 统计学方法

本研究数据采取统计学软件SPSS 22.0进行数据分析,计数资料以例数/百分比(n/%)表示,进行 χ^2 检验;计量资料以符合正态分布则用均数 $\pm$ 标准差($\bar{x} \pm s$)表示,两组间比较采用t检验;以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 两组患儿的治疗效果对比分析

观察组患儿治疗的总有效率为92.50%,对照组患儿治疗的总有效率为75.00%,观察组高于对照组($P < 0.05$),如表2所示。

表2 两组患儿治疗效果对比(n,%)

Table 2 Comparison of treatment effect between the two groups(n,%)

Groups	n	Apparent effect	Effect	Invalid	Total effective rate
Observation group	40	14(35.00)	23(57.50)	3(7.50)	37(92.50)
Control group	40	12(30.00)	18(45.00)	10(25.00)	30(75.00)
χ^2	-	-	-	-	4.501
P	-	-	-	-	0.034

2.2 两组患儿干预前后语言能力恢复情况对比分析

两组患儿干预前的言语形成、听觉能力以及听觉感知对比无明显差异($P > 0.05$),两组患儿通过治疗与干预之后,言语形

成、听觉能力以及听觉感知明显提升,且观察组评分高于对照组($P < 0.05$),如表3所示。

表3 两组患儿干预前后语言能力恢复情况对比分析($\bar{x} \pm s$,分)

Table 3 Comparative analysis of the language ability recovery of the two groups of children before and after intervention ($\bar{x} \pm s$, points)

Groups	n	Words are formed		Auditory comprehension		Auditory perception	
		Before intervention	After intervention	Before intervention	After intervention	Before intervention	After intervention
Observation group	40	1.97 $\pm$ 0.02	6.09 $\pm$ 2.54	2.02 $\pm$ 2.50	17.08 $\pm$ 3.12	3.90 $\pm$ 1.29	7.21 $\pm$ 10.98
Control group	40	1.13 $\pm$ 0.87	4.59 $\pm$ 1.40	2.31 $\pm$ 2.48	15.49 $\pm$ 3.09	3.03 $\pm$ 1.30	5.23 $\pm$ 11.03
t	-	0.272	3.72	0.582	5.781	0.058	3.171
P	-	0.786	0.000	0.562	0.000	0.954	0.002

2.3 两组患儿干预前后CD-RISC评分对比分析

两组患儿干预前的精神、控制、能力、忍受消极情感以及接受变化对比无明显差异($P > 0.05$),两组患儿通过治疗与干预之后,精神、控制、能力、忍受消极情感以及接受变化明显降低,且观察组评分低于对照组($P < 0.05$),如表4所示。

2.4 两组患儿治疗前后语言及情绪对比分析

两组干预前的兴奋、易激怒、刻板行为以及不恰当语言等评分比较无统计学意义($P > 0.05$),两组患儿干预后,各评分均下降,其中观察组小于对照组,差异有统计学意义($P < 0.05$),如表5所示。

3 讨论

心理健康是一个人整体素质提升的基础,而以提升心理素质为目的的心理干预无疑是听力障碍青少年全身性发展的基础工程,也是当前耳聋教育的基础和前提^[17-19]。有研究显示^[20,21],

听力障碍青少年的心理健康总体水平明显低于全国青少年的常规水平。当前,很多中小学已经开始重视校内心理健康教育的发展。由此,可以看出心理干预对于听力障碍青少年的重要性^[22,23]。为了探讨在院内对听力障碍青少年应用心理干预方式的实际效果,本文选取通过人工耳蜗植入术的青少年进行分析,对其应用心理干预措施,探讨心理干预对患儿语言能力和心境状态的影响。

本研究结果表明,观察组患儿治疗的总有效率为92.50%显著高于对照组患儿75.00%,由此证明,对听力障碍青少年在常规干预基础上增加不同的心理干预措施能够辅助提升患儿的治疗效果。有研究发现^[24,25],患者的心理反应越激烈,其恐惧、焦虑等情况越明显,降低患者的治疗依从性,也不利于患者的康复进程,与本研究结果相符,所以,心理干预能够更好的促进听力障碍患儿治疗效果的提升。两组患儿通过治疗与干预之后,言语形成、听觉能力以及听觉感知明显提升,且观察组评分

表 4 两组患儿干预前后 CD-RISC 评分对比分析($\bar{x} \pm s$, 分)Table 4 Comparison of CD-RISC scores before and after intervention in the two groups($\bar{x} \pm s$, score)

Groups	n	Spirit		Control		Ability	
		Before	After	Before	After	Before	After
		intervention	intervention	intervention	intervention	intervention	intervention
Observation group	40	26.82 $\pm$ 2.50	20.52 $\pm$ 1.12	16.97 $\pm$ 3.02	9.84 $\pm$ 1.54	28.40 $\pm$ 4.29	17.39 $\pm$ 1.38
Control group	40	26.81 $\pm$ 2.48	24.68 $\pm$ 1.29	16.93 $\pm$ 3.87	13.29 $\pm$ 1.40	28.43 $\pm$ 4.30	21.41 $\pm$ 1.23
t		0.582	2.792	0.272	3.668	0.058	0.247
P		0.562	0.008	0.786	0.001	0.954	0.806

续表 4

Renewal of table 4

Groups	n	Put up with negative emotions		Accept change	
		Before intervention	After intervention	Before intervention	After intervention
Observation group	40	19.52 $\pm$ 3.27	12.06 $\pm$ 1.17	25.35 $\pm$ 3.14	14.32 $\pm$ 1.43
Control group	40	19.53 $\pm$ 3.41	15.37 $\pm$ 2.38	25.37 $\pm$ 3.17	18.54 $\pm$ 2.54
t		1.02	7.331	1.446	9.932
P		0.311	0.001	0.152	0.001

表 5 两组患儿治疗前后语言及情绪对比分析($\bar{x} \pm s$, 分)Table 5 The language and emotion of the two groups before and after treatment were compared($\bar{x} \pm s$, score)

Groups	n	Excited		Easy to anger		Stereotyped behavior		Inappropriate language	
		Before	After	Before	After	Before	After	Before	After
		intervention	intervention	intervention	intervention	intervention	intervention	intervention	intervention
Observation group	40	30.19 $\pm$ 3.02	17.53 $\pm$ 2.54	16.53 $\pm$ 2.21	4.59 $\pm$ 1.52	28.16 $\pm$ 3.35	15.93 $\pm$ 1.78	5.59 $\pm$ 1.14	2.51 $\pm$ 0.46
Control group	40	30.21 $\pm$ 2.06	25.43 $\pm$ 3.68	16.58 $\pm$ 2.15	11.62 $\pm$ 2.78	28.19 $\pm$ 3.26	19.84 $\pm$ 1.67	5.57 $\pm$ 1.12	4.03 $\pm$ 0.27
t	-	0.035	11.313	0.104	14.207	0.041	10.258	0.080	18.247
P	-	0.972	0.001	0.917	0.001	0.967	0.001	0.936	0.001

高于对照组,由此证明,应用心理干预能够提升听力障碍患儿的语言能力恢复情况。相关研究发现^[26-28],应用心理诱导结合语言功能训练能够提升人工耳蜗植入术患者的生活质量和应激反应,促进患者的身心健康发展,与本研究结果相似。两组患儿通过治疗与干预之后,精神、控制、能力、忍受消极情感以及接受变化明显降低,且观察组评分低于对照组,这是因为通过对患儿实际的心理评估,了解患儿的心理状态,进行针对性心理干预,能够积极提升患儿的心理转变,提升其心理状态。两组患儿干预后,各评分均下降,其中观察组小于对照组,相关研究发现^[29-31],青少年听力障碍患儿会伴随严重的焦虑和抑郁现象,甚至有患儿会出现抑郁症,影响其身心发展。通过心理干预的有效方法,能够让更多的患儿聚集在一起,彼此了解,增加信任感,辅助治疗,有利于青少年的身心发展。

综上所述,对听力障碍青少年在常规治疗与干预基础上增加心理干预,能够提升患儿的治疗效果,提升语言能力恢复情况,减少负面情绪,提升患儿的心境状态,值得临床应用推广。

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