

Questions and Answers from Course 7702, "Cochlear Implants: Therapy Techniques and Strategies for Clinicians and Caregivers, presented in partnership with Cincinnati Children's"

Question: Why is she not seeing the words as reinforcement? (this question is about the Acoustic Tracking video)

REPLY - The SLP is targeting acoustic highlighting or increasing listening and auditory memory. So the child is working on imitating through listening alone. The page is shown to the child with the picture and written works as a reinforce after she imitates a good approximation of the phrases or sentences. The therapist uses several techniques to elicit the imitation and language structures. You did not see the very beginning of the session when this young girl in the video asked "Is this the part where I don't get to see the pictures (in the book)?" The SLP replied, "Yes, you will get to see the pictures after you say what I say." She then shared each page with the child for discussion after she imitated the sentences.

Question: Was she intentionally blocking the view of her mouth (with book) to have patient focus on listening? (this question is about the Acoustic Tracking video)

REPLY – Yes, she was obscuring her face so that the child would listen and not rely on lip reading. This is a goal in therapy because a lot of what we hear we do not see. A speaker may have their head down or be sitting beside the listener. You did not see the very beginning of the session when this young girl in the video asked "Is this the part where I don't get to see the pictures (in the book)?" The SLP replied, "Yes, you will get to see the pictures after you say what I say." She then shared each page with the child for discussion after she imitated the sentences.

Question: I wanted to comment on the Acoustic Tracking activity. I think it would be important to know the child's MLU before conducting that activity. It would be difficult asking a child to repeat an utterance longer than what she is using in her conversational speech.

REPLY – The child's MLU is an important consideration. A therapist should not require a child to imitate long sentences if the child is at the 2 or 3 word production level. Children are able to imitate sentences that are longer than their typical production. In the video the SLP adjusted the length of her models based on the child's success. She was working on multiple goals including acoustic highlighting, sentence structure and grammatical morphemes. She had the child imitate parts of the sentences and then had the child imitate the entire sentences once she imitated the parts in a chaining procedure. When the child tired of the challenging listening task, the SLP provided the printed page, pictures and made lip reading available. There is disagreement among clinicians about obscuring your face so the child cannot lip read. It is also acceptable to sit across the table from a child with hearing loss so that lip reading or facial cues are always accessible to him/her as needed (including when you are targeting acoustic tracking). This is likely what most SLP would do with any child who hears and is being treated for language impairment who also needs to see your mouth/face for additional cues (ie., language processing kids). It has been my experience that children with cochlear implants use lip reading cues as long as they need them. Then after they have had time in sound with the implant/s, like any hearing child they are looking at the materials or book and not at the therapist face. They are fully engaged in the

activity and are **just listening**. So I let the child's behavior tell me when they are ready to do listening tasks without visual support. Keep in mind in young children with cochlear implants and hearing aids and those developing language normally, it is crucial that they are able to view the speakers face.

Question: Who is the reference for slide 14 "With each 10 db of hearing loss...."

REPLY - Sininger, Y. & Grimes, C. (2010). Auditory development in early amplified children: factors influencing auditory-based communication outcomes in children with hearing loss. *Ear Hear*, 31(2), 166-185. Sorry about that omission.

Question: Can you explain more about the listening hoop? What is it exactly and do you buy it or can it be made?

REPLY – A listening hoop is typically used in auditory training when targeting discrimination or auditory memory activities in therapy. It is not used at home. It is also a cue to “Listen.” It is made of black screen material like that used to cover speakers. The material can be purchased at a fabric store, like Joann’s. It is placed in an embroidery hoop.

Question: When do you target expressive language and speech production practice?

REPLY – Practice is targeted throughout therapy activities in structured play, craft making and other hands on activities, book activities. If you mean “drill” this is completed as needed in therapy. Recall we discussed the need for contrasted imitation, comprehension and production technique to target the use of grammatical morphemes as very necessary for children with cochlear implants. The same is true for articulation practice.

Question: What are recommendations for materials to use specific to this type of task you just showed (i.e., the subject verb object comprehension tasks)?

REPLY – Please send me participant’s email address and I will email the materials requested

Question: In the previous slide, printed word was the least amount of cueing? (slide 67)

REPLY – The list is not entirely in order of most cuing to least, since facial expression is listed in the long line of visual and tactile cues following the word “Sign”. Facial expression, a look, pause, a questioning look, shoulder shrug or sigh, would be the least cuing and tapping or number of different blocks laid out to indicate the words to be produced would comprise a little more input. If this was a list of most to least cuing, “Print” might be equivalent to “a sign.”

Question: What is the typical frequency that infants with CI's are seen for speech therapy (distinct from aural rehab).

REPLY – Frequency will depend on the family’s availability and wishes, child and parent needs, insurance coverage. If the infant is less than 1 year old with HA’s pre-CI likely EOW, if infant has CI likely weekly. Post CI weekly is recommended, but often may be EOW. It will also

depend if other services are available, if there are services in the home and if the child has multiple needs.

Question: Do you have any suggestions of WHERE to find treatment stimuli/materials with different "cells" to show each element in a sentence? (This is in regard to your subject-verb-object matrix and the example shown on slide 67.)

REPLY – Please send me participant's email address and I will email the materials requested

Question: I love the last video; could it be made available on YouTube?

REPLY - <https://www.youtube.com/watch?v=v6UQBX8sNPY>, cochlear implant introduction to schoolmates .wmv Uploaded by jmlfranke | January 29, 2010