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Auditory Therapy for Young Children
Parent and Professional Partnership

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Presenter: MaryKay Therres

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>> Donna: We have a great line-up for you this summer, and I'll be going over what is coming up later. In the meantime, as Melissa indicated, we are offering captioning at this event and we will be, in fact, offering captioning for the foreseeable future.

So if some of your colleagues, who have not attended for the lack of access, please let them know that we are now fully accessible to everyone and we're really happy about that.

If you look up on your note from Melissa, you can see that there is a web address there and all you're going to do is make a copy of it, put it on your web browser. And then what you have to do is kind of minimize what you're seeing so that it fits on the bottom of your screen where your PowerPoint will be. So you'll be able to watch both the PowerPoint, listen to MaryKay, and see the captioning all at one time. For those of us that have used captioning you know it is not that hard to do. So this is Donna Sorkin from Cochlear America's HOPE program, and we'll be back with you at the top of the hour and we'll be starting right on time. Thanks so much for being with us again.

For those of you that have been with us before this is -- I do want to take this opportunity to tell you that Audiology Online will be migrating their site to a new format, and it is this Thursday when we do our next HOPE session, Tips for Parents, we will be on the new site. That will have a lot of new features for us, but one of the best things for my perspective is that it will also be accessible to Macintosh users. And as you know a lot of educational professionals do use Macintosh computers. So let your friends and colleagues know that we will be Macintosh accessible as of Thursday's session. And hopefully that will let even more people join us at HOPE Online.

We have about three minutes until we start today. You can look up and see that we are offering captioning and you just need to go to that particular website and minimize it so it appears on the bottom of your -- of your HOPE screen there. And it has been working out very well. We have had this at our last two HOPE sessions and captioning going forward. This is Donna Sorkin from Cochlear Americas. We'll be starting up in starting up shortly.

Good afternoon, everyone. This is Donna Sorkin from Cochlear America's HOPE program. I want to welcome everyone to our HOPE Online session today, Auditory Therapy for Young Children: Parent and Professional Partnership. We are very pleased to welcome back today MaryKay Therres who has been with us before and was very well received, and we were delighted that she would come back and do another session for us today. We can go on to the next slide.

This program is part of our summer Online Learning Institute with a focus on young children. And this is, of course, part of our overall HOPE program. We selected this particular topic on parent and professional partnership based on a number of requests from you, our participants, and individuals that we really want to support in your work with young children and really a desire to provide more on the topic of parent involvement in auditory therapy.

So at this point I would like to introduce our speaker today, MaryKay Therres, who is a speech pathologist and certified auditory-verbal therapist. MaryKay, that is her so you can have a visual idea of who your speaker is today. She's a speech pathologist at the Children's Hospital at Philadelphia and a part of the Cochlear Implant Team. And prior to that she was at the Children's Hospital in Oakland on the Cochlear Implant Team, so she's had experience at two large pediatric hospitals. She's also well-known as the co-author of AuSpLan, a manual for professionals working with children who have cochlear implants or amplification, and I recommend that as a wonderful tool for you to use in working with youth. She has over 15 years of experience with children who are deaf and hard of hearing. And I think at this point I just would like to turn the floor over to MaryKay. She has a really super program lined up for you today. I'll be back at the end of the session to give you some ideas about upcoming sessions. Thanks so much. MaryKay.

>> MaryKay: Okay. Well, thank you, Donna. I appreciate that. Welcome everybody, good afternoon. And in keeping with the theme of working with early intervention or young children, today I kind of want to talk about two different things. I'm going to talk about the partnership and responsibilities of the parents and the professionals in the early intervention process and then give some examples and ideas for developing the auditory skills in young children. So I'm just going to find out what slide I'm at here. I might be a little bit behind. We've

done that. You saw me. All right, here we go.

So the things that I wanted to talk about is first of all I would like to go through the steps of after diagnosis just quickly and the choices that parents have to make and then I'm going to spend a little bit of time on specific goals for developing audition and I'm not going to address speech articulation or express recognition today, there is not time for that but how parents and professionals can work together to develop some auditory skills. And then just kind of reviewing at the end again. The partnership that should be established between the family, the educational and medical centers.

So once there has been an identification of a hearing loss a child one of the first choices that parents will have to make is really what is going to be the mode of communication that they're choosing for their child. As you can see, there is quite a variety of different choices that parents have to make.

And then parents are also going to have to assemble a team that is going to work with their child. Depending upon the specific needs of the child as you can see in this slide that team might be quite extensive. So we're not asking parents to go out and find the team members. Ideally they're going to have a case manager who is going to be helping them to identify the different individuals or types of professions that they're going to need on the team that is going to be working with their child.

So this is going to be your IFSP or your IEP team. And, you know, some of the different individuals that are going to be a part of this team will be your teacher of the deaf, your deaf educator, speech-language pathologist, your educational audiologists and obviously the parent, the child, you may have a general education teacher and then others, depending upon specific needs of the child, could include some resource interpreters, physical therapists, occupational therapists or others. So some teams could be quite extensive.

And the professional responsibility on the team is really that the professional should know the developmental hierarchy of listening skills, developmental hierarchy of just normal speech and language skills, of normal play and cognitive skills, that they should be aware of different strategies and materials that are appropriate for young children with hearing loss. That the professional should really know appropriate assessment tools and curriculums that can be used and that they should be familiar with hearing loss and with deaf education.

And then responsibilities for the family is that they should be able to ask these questions as what is the educational philosophy of the child's program or therapist or the educational setting that they're going to be in? Who are the professionals providing these services and what are their degrees? Are they experienced in working with children who have cochlear

implants or know about children who have hearing losses and what are the future educational programs going to be? So, you know, parents need to think ahead. It isn't just about the program that they have for that year or early intervention till 3 but what happens from 3 to 5 and what happens from 5 years and on. Kind of looking short-term and long-term for their child.

And then is the program offered going to meet the needs of the child? Will it provide the appropriate services? Will it provide the child with appropriate peers and with appropriate expectations for developing auditory and oral skills?

So once parents have decided on the mode of communication and they have gathered a team then they're going to try to determine the educational setting. You can just kind of see from this slide as with the mode of communication options, there is a lot of options or placing options or ideally a parent will have a place in options when it comes to putting their child in the educational program which can go from home instruction to mainstream education to special education and anything and everything in between with that.

So when determining the educational program, you want to make sure that you are choosing what is best for the child. Not really just what is available and that the school program or the case manager might come out and say, this is what we have in

our area. This is what your choices are. But you really want to have it so it meets the needs of the child. So sometimes you have to do a little thinking outside of the box.

In general, in terms of the delivery system, 0 to 3 early interventions tend to be home-based services. And there are some states that may have where you can come into a center-based program when the child is maybe over 2 years of age. But most that I know of the 0 to 3 is home-based and your service providers come to the parents' home and provides services. And then from 3 to 5 you get more of a center-based preschool program.

And in terms of the early intervention, ideally what you're going to be looking for in -- for minimal service providers is that you do have a teacher of the deaf and an SLP, along with parent educators. So those will be your three tenants, the deaf educator, the speech pathologist and parent education being part of the early intervention program.

And then for the child who is possibly in the preschool program, again, you're going to want a deaf educator involved, a speech-language pathologist, and you're still going to want parent education involved with this. This is where it becomes more challenging in terms of the parents' involvement because they may not be in the child's preschool program and may drop the child off and then go home and pick the child up later. So it

is going to be some work to make sure that this parent is knowledgeable and understands what the goals are that you're working on with the child so they can carryover some of these activities and goals at home.

What I wanted to go through here, I was just kind of putting this talk together and looking through different pieces of information I had and I came across this one and I thought it did a very nice synopsis of what we would like to have in terms of professionals and what we should have in terms of competencies for early intervention services. And it was, I believe, through the University of Fontbonne when they were coming up with the program and looking at some of the Joint Commissions and looking at the different areas and they came up with seven competencies, and I wanted to quickly review them. And I think part of my talk here is, what are the professional's responsibilities in terms of dealing with early intervention of young children and what are the family's responsibilities? So in terms of the professionals, you know, seven of our responsibilities are going to include the first one that we understand, development, that we understand speech-language and auditory development kind of the hierarchy of the beginning steps to the more advanced steps, what is the sequential order that these skills develop in? And the same for cognition and play and social and emotional skills and motor skills. We really want to have a good solid understanding what was typical development is so we can make

sure when we're working with children with hearing loss that we're going through those same developmental milestones.

Secondly, very importantly, we want to be able to collaborate with all the professionals working with the child. Again, we want to work as a team. Not in isolation. So if the child goes in and in the cochlear implant and has a tuning or a mapping, the audiologist should be telling the parent what program they're at, what either volume or sensitivity the child is at, and particularly for early intervention the little ones I know at Children's Philadelphia, they'll give the family a couple of programs and have them work their way through these programs so it is not just important that the parents know about this but also the team members know so they can be helping the parents with this. So if there are questions, if there is collaboration, the teacher of the deaf or a deaf educator can call the audiologist and say, well, we're on Program 2, you know, Volume V. Are we to move on from there or not? So we need to be able to collaborate with each other.

A third thing that we should really have as professionals for competencies is the ability to assess and know the diagnostic tools out there. To determine if the child's developmental skills are on target and we have to assist in preparation for the IFSP and for the older children the IEP. We really want to know what tools are appropriate and then help the families working together to develop appropriate IEPs or IFSPs. And the fourth

thing and I think this one and No. 4 are key ones here is that we utilize, family-centered intervention. So we should not base this more on the medical model that is therapist driven where the therapist determines the goals and drives the therapy. But working with younger children it needs to be parent driven so that the parents are very involved in identifying goals and what is important to them. What goals are important to them. It might be they really want their child to say the first word and the therapist might have another goal in mind. We really need this to be for young children parent driven. So they're going to be helping develop the goal and they're going to be very important in providing and carrying over the therapy so that the children can be successful.

The 5th competency we would like to see is that professionals can use an appropriate curriculum. You know, a developmental hierarchy so they're not just all over the place when they're providing therapy but they have a set curriculum in mind or hierarchy of skills in mind that this is where we're at. This is where we're moving to. This is where we're going to after that. And included in that would be that they use age appropriate materials. And they're not sitting down with the two-year-old trying to get them to do flash cards because little children at age 2 like to do things that are manipulatable and don't sit and drill with flash cards but use objects and make things fun and interactive for them so using age appropriate materials. And then a sixth competency is they would have an understanding,

professionals have an understanding how the programs are administered so if there are questions or concerns that arise that they can go to their program administrators and know the different steps to go through and then the last competency that professionals should have is that they can help the families advocate for their child to get them the highest quality of services possible.

And as I already mentioned along with when Fontbonne put the areas together, the two areas, professionals and parents, what they agreed upon is professional knowledge should be with knowledge development and the intervention really needs to be family-centered. So I'm going to kind of shift gears just a little bit. Talk about developing the auditory skills.

At this point ideally the parents have chosen their mode of communication. They have worked with the professionals to identify an appropriate program to develop the IFSP or the IEP to meet their child's specific needs. We now know some of the competencies that the professionals should have when providing services to the child. And again, the two main ones being knowledgeable about hearing loss and development and being able to involve the family in the process.

So I want to talk then, okay, we have this far. Let's now work on some specifics. Let's work on developing the auditory skills.

Okay, so, in terms of auditory goals, again, as I said, they should follow developmental hierarchy and determine goals and activities that are appropriate for the child. And they should be done as direct and indirect instruction that they can work together. So it is not that it is about sitting at the table and drilling the child every day. I always tell parents in my therapy, don't go home. Set your child at the table and drill them. I would like for you to learn what the goals are in my sessions, the activities, the ideas of what we're working for and then any time an opportunity arises at home, you're able to pull that from the child. So it is not sitting at the table and drilling.

So as I've mentioned, auditory curriculums. When we're developing auditory skills we should be aware of different curriculums that we can use. And what a curriculum is, it is an organized hierarchal plan to have development of the auditory skills 57BD as I said previously child previous best benefit when it is a combination of both. Direct instruction and then indirect and what I talk about bottom up being very direct and then top down where they're exposed to language more than in a natural environment and the child should have access to both and then direct instruction does help develop these skills that then can be carried over to the natural environment which is more of your top down and also by using curriculums, this will provide accountability and monitoring and the ability to track progress. So you can see where they're at in the hierarchies of the master -- have they mastered identification and then we can move on

to comprehension. We can take a look at some of these. And then the last thing that we do know is that when you develop speech perception skills, this does facilitate development of the spoken language skills.

And I've listed here on this slide some of the more common auditory curriculums that are out there. This is not a complete comprehensive list but it will give you some ideas and some places to start in terms of developing some of the listening skills. I'm just going to hold for a second if you wanted to get that information.

Okay, so, when we're working on developing the listening skills we want to integrate listening into the home and the classroom and there are some strategies that we can use. It really needs to be that auditory learning is a way of life. We really want to try to teach to the parents or coach to the parents that listening is a way of life for that child. Also at home then and in the classrooms we want to improve the listening conditions. So when we're working on listening, we need to have the TV off or the radio off. We want to try to decrease all the distracters that there are, decrease the background noise. If you're working in the home with the family, you know, don't sit in a room that has 15 to 20 different toys scattered throughout the room because it is going to be hard to get the child to focus in on what you're doing, try to clean the room up a little bit or take a room that is a little bit less distracting so the child isn't having to fight with --

they're interested in everything but you can kind of lead them into some specific toy that you can work with.

You want to point out sound sources and these are just some strategies. You want to talk about what you're doing, self-talk. Really again it is listening, listening, listening for the child. So they're constantly bombarded with speech so that they're learning to listen. It is just a way of life for them.

You want to incorporate relevant vocabulary. Follow the child's lead. Because they're only going to be interested in what they're interested in. If you pull out a toy and they're not interested in it and you have this great activity, don't insist that they have to do it. But go ahead and follow the child's lead.

You want to respond to the child's communication and you want to use routines to help the child learn language. As we know children love repeat -- love repetition. It is repeat, repeat, repeat with that.

So then parents as therapy partners in early intervention and the parents' role in the early intervention, they're going to be coached by the intervention providers so they may become the primary facilitators. Parents are going to be actively involved in the therapy process. Parents are going to be educated on normal and atypical development and they're going to be guided to develop listening as a way of life. I probably said that

numerous times but I kind of believe in sub limb all in --
subliminal messages. If you hear it a lot, I add it in, the point
will come across if you add it in.

And, okay, so what to expect when working with children in
early intervention 0-3. For infants and toddlers it is more of
facilitation versus a remedial. We know children who are
implanted older they are a little behind in their skills and we
have to take more of a remedial therapy approach. For the
younger child that is implanted it is more of a facilitative
approach. If you worked with these children you have really
seen them naturally pick up language, naturally in terms of
verbal do the cooing, the babbling, the jargoning, the interest
that they show to sound and they respond to it and start
attaching meaning to it and it is in a fun and relaxed way and
you don't have to be drilling the children with that.

And for these children, incidental learning is what we're really
going for. Not that we have to drill and teach them every single
thing that they're going to learn because that is just not
something that is possible. We want them to learn to listen and
to start learning and then they can listen around them and pick
things up. And I think many times we get the parents giving
examples of the child who picks up the swear words from either
the siblings or some other adult because they certainly didn't
teach that to the child.

And for these little ones we want to use natural strategies in increasing their vocational play. We want to model and we want to expand and again repeat, repeat, repeat because they love repetition.

And then for the parents as therapy partners in the preschool process, what we really want is that parents are going to be responsible for the choice program that parents are going to be part of the goal development. We want them to be involved. If possible, we want them to either attend a few preschool sessions or at least to be in communication with the teachers and the therapists to know what specific things are being worked on with the child because it is really going to be the parent who is then going to be responsible for the carryover of skills.

So specific therapy strategies and I'm going to go through a hierarchy and give examples of each of these and within there I'm hoping you'll get a little practical information of some toys and activities to do with the child. When I'm working in therapy some of my strategies include that -- this is not in a particular order -- that I will use the parent as a model for the child so I might have the child watching. I do the activity with the parent and the child sees how the parent responds. The other way around, I use the child as a model for the parent. So I'm working with the child to show the parent, this is what you should be doing at home with the child. And the goal is to

eventually make it so that the parent becomes the therapist and that's the idea so that they're going to take over and really be the therapist for their child because they're going to be with their child all the time. We might only be with them one to two hours a week. We all know you're not going to learn language in that short amount of time. What it really is, is someone who is with you all the time and consistently giving you the language, input and expecting the language output with that. And what we want to do is to move from the contrived situation which we're doing more in therapy situation, setting up examples, to more of a natural -- to having it occur more naturally occurring opportunities so that the parent can say, oh, here is a great opportunity. This happened. I can do -- I'm working on this goal. This is what I can do now. So we're really working on getting the parents to become familiar and comfortable with working with their child and understanding the goals that we're heading for.

So I'm just going to go ahead and use this auditory skills pyramid as an example of an auditory curriculum. It is the one I use and am most familiar with. What we're talking about in developing the auditory skills is first of all we have to start with awareness. We need to know that the child is aware of sound before we can really expect them to start attaching meaning to sound. So we're going to work with awareness and trying to get them to respond to their name, trying to get them to respond to slang sounds and we know they're hearing the low, high and

mid frequency sounds and again we're not expecting a lot of attachment of meaning at this level. Just that they're showing awareness or interest in sound. And once that happens then we go to the next level, okay, now it is time to start attaching some meaning through sound and we know through Urber (sp) and others the easiest to do is with suprasegmental, your dips, your sensations, intensity and stretch. It is easier to hear the difference between a long versus intermittent sound than it is between two different sounds that are just different by acoustics. Soo versus aaa versus aha-hah, it is easier to hear the difference than ah and oh, that way. We're going to start, and this is what it is about and what we do is, we talk to children with a lot of rhythm and pitch and ooh and you want to go up, up, up and down, down, down, there is a lot of that intonation that is happening and that is what we want to use with little children to have the beginnings of, attaching meaning to. And from there if the child attaches meaning to sound, which is what we want to see, then we can refine the listening skills and take away the larger acoustic differences and make it where it is just segmental, which is your vowel and consonant differences. So this is a lot of the learning to listen sounds that aren't different by length or rhythm so ah for the airplane, shh for the bed and then we start really building the vocabulary here.

You know, you want the child not only to hear the sounds but to remember the words at this point. So it might be shoe, cup,

ball. And they're the same length. There is no rhythm or pitch difference for them to try to discriminate. They really have to use the sound differences.

And then from there, you know, we go on. Now you're building vocabulary. Now let's work on getting you to understand words in a sentence context. And this works on auditory memory and auditory discrimination. The ability to listen to running speech and pick out some words and I always give the example of 18 month or 22 month, that is jargon to you. Dadada-go. And I think I got ma and go out of there. I think that is what our children with hearing loss hear is a lot of garbled speech and once in a while some very familiar words coming out. That is what we want to work on at this level of identification is getting them to be able to pick out more and more words that they're hearing and be able to have that auditory memory of hanging on to those words to be able to follow directions.

And then to the last level what we really want to work on is more of that higher level processing comprehension where they're really able to listen to larger chunks of information and answer questions and so forth. So I'm just going to spend a little bit of time going through each of these different levels and giving some examples of how I can apply the therapy strategies that I just talked about in the previous slide to some of these goals. And hopefully you'll get a few activities out of it, too. I always try to make it a little bit useful that you can walkway

with a new activity or new idea to work with.

So in terms of the auditory goals I talked about, we want awareness to sound. We want to have the child where they can sit in a listening position and by that I mean that they're not distracted, they're not visually distracted, there is not lots of sound going on but they're kind of sitting and waiting and getting the idea that something is going to happen. And that is when you can present the sound. Hopefully something happened. They heard sound. You get some kind of response. Initially it might just be that their eyes opened up wider but you want to work on for the little ones under 2 getting them to turn their head so that you, you know, get a nice condition response in searching out where did you hear that sound. Turn to the sound source and give them a reward for it.

So you're going to use a lot of auditory stimulation with noisemakers, and you want the child not only respond to environmental sounds such as the noisemakers or the phone ringing but to speech. We really want them -- I start off right way calling their name. I want them to learn to respond to speech. And you can use music that goes on and off or toys that make lot of noise.

So my examples, as the parent, if the therapist is going to use the parent as the model, they might have the child sitting in the high chair, the parent, you know, sitting between -- next to the

therapist and the therapist brings out a musical toy and shows it to Mom and has the child looking at the toy and at the Mom and turns it on and the music starts and Mom gives this surprised look and points to her ear. Oh, I heard that. So she's modeling for the child. I have an interest. Look, I heard something with that.

The example then as the therapist using the child as a model for the parent is the therapist might drop a pot, you know, your pans and pots, drop a pot on the floor which is going to make a loud sound and the child kind of jumps and the therapist can take the time to model it and this is how you should respond. Oh, you heard that, and point to your ear and maybe do it again. So show the parent that if some kind of sound happens at home, call the child's attention to it. Do it again so that the child can make that association that that is what that sound was.

And then moving from there, you really want the parent to really become the therapist. Maybe the parent can be the one who sits behind the child and calls their name. And when the child turns to respond the parent gives them, you know, a cookie that -- a plastic cookie that goes into the plastic cookie jar because they need to get rewarded for turning around; otherwise, if you just turn around and smile, they're going to get bored with you after a while.

Moving that more from the contrived to the naturally occurring at home, the telephone rings and what you would like the mother or father or guardian to realize is that here is an opportunity to call the child's attention to sound. So you can point to our ear. I heard that and look around like what was that sound and then point to the telephone when it rings again so the child starts making that connection.

Okay, so you have awareness and then we're going to move on from there attaching meaning to sound. So here, as I said, it is more your suprasegmental, you know, using the pitch and the inflection and the lengths difference. So you really for the little ones want to use familiar words or phrases that differ by length and intonation and make it very functional for what the child is going to hear at home. And if you ask a parent, you know, in the next week or two just really write down some of the phrases that you're consistently using with your child, you would be surprised how many of the same ones will come out of there. And again you can use some of the learning to listen that have the length difference, beep, beep, beep for the car versus ah for the airplane. That is a length's difference and you're going to starting building the child's vocabulary with what is their interest. So the example they wanted to give, if you were going to use the parent as the model for the child, you can be playing with the doll, with the mother and the child sitting there watching. And you could have wash, wash, wash goes with the sponge and mmm is the cookie that you feed and you can be

playing and talking about what you're doing and say Mommy how about wash, wash, wash. The mother can go, oh, I heard that and pick up the sponge and say wash, wash, wash and make that connection for the child that that goes together.

If you're doing it with the therapist using the child as the model for the parent, one of the activities that I like to do -- I'm not sure parents are thrilled with it -- is using shape sorter with blocks. And I do uh-oh versus put it in because I think little kids hear uh-oh all the time. So we want to attach some meaning to that. So I will -- if need be, you know, motor, hand over hand help the child put the block in so I say put it in. Give a block to the child. Let's put it in and help the child put the block in and once in a while take a block and drop it and go uh-oh and we look down on the floor because it dropped, uh-oh. So you might have to help the child to drop the block when you do uh-oh, but they're starting to learn the difference between that. And then moving from there, you know, giving the parent a chance to be the therapist, we can do play with blocks again and children like to stack and by two they should stack two cubes be three they should stack three cubes and we might work on stacking some blocks and it could be let's do more, up, up, up and more and once in a while it could be, you know, give it to mommy. Give it to mommy. And, you know, first you can hold your hand out and get the child to give it to Mom or then you can do it just auditorally give to it Mommy because I think that is something that children hear a lot at home. Give it to

Mom. Give it to Dad. And really getting them to starting to learn, oh, I understand that phrase. I'll give it to Mom.

And then spontaneously kind of carryover at home what I talk to parents about is really using familiar phrases, setting it up before the activity happens. So if it is bedtime, I say, don't change the phrases that you use every time. Try to keep it a consistent phrase like shh, it is night-night time. Shh, it is night-night time. And then you pick the child up and put them in the bedroom versus picking them up and taking them with their pajamas in hand. Push it with the auditory first. Or the same for bath time or for eating, it is time to go wash, wash, wash. Kind of look at the child expectantly, and time to go wash, wash, wash. See if they make the connection and look towards the bathroom with that.

So again, in this level really the beginnings of attaching meaning to sound tell parents using a lot of familiar phrases with lots of pitch and rhythm and intonation to those. Again it is that motherly thing that we start with.

And from there we want to refine the listening skills. So if we have a child that is now learned to attach meaning to sound and is doing it through these familiar phrases that have lot of rhythm and intonation, we want to start refining so that they can listen to vowels and scans nationalities better and consonants here and we're working with vocabulary. We work

with large sound differences and bring them closer together. We're starting to build that simple vocabulary and initially if it were playing with the doll and it was brush, brush, brush and they pick up the tooth brush and mmm cookie, and pick up the cookie and now we can start to advance that and teach vocabulary and say where is the toothbrush, brush, brush, brush, the toothbrush. And mmm, cookie. And then down to toothbrush or where is cookie. Now they're just listening for specific words instead of an attached kind of sound that goes with it.

So examples I was going to give here is parents as a model for the child is playing with the puzzle. I like to use themed units when trying to build vocabulary with the child. You might have a puzzle with different animal names. For younger children it might be different animal sounds that go with it. Ba-ba-ba for the sheep versus wuff-wuff for the dog. I did three syllables and three syllables because I don't want them to listen for length difference, but I want them to listen for sound differences. So that you can put -- you pick up a puzzle piece and take it and put it in and say, Mommy, your turn. You know, say chicken. And then Mom picks up the chicken. So the child sees you're labeling something and Mom is picking up what you labeled in helping to make that connection.

In terms of the therapist using the child as the model for the parent, it could be working with Mr. Potato Head, and you're

working with the child. I have a nice little video clip that I'm not showing today, but I have done in other talks. There is a little girl with the Potato Head and I'm saying, I want eyes. And she grabs the eyes on the Potato Head and gets to put them away. I want nose. She grabs the nose on the Potato Head.

And then moving to where we want the parent to be the therapist, another activity that can happen is back to the doll. And maybe we're dressing the doll. And, so, the parent is helping the child dress the doll. And you have the socks, the shoes, the diaper, the pants, a hat, possibly a jacket or a coat out. And the parent is saying, okay, let's dress the doll. I want shoes or I want hat. And so the child is learning to listen for the specific word/object being asked for and picks it up. And the child along with the parent can put it on the doll together.

And then going from there to trying to go from contrived to more spontaneous at home. If it is time to clean up, you know, the Mom or the Dad, the parents have been playing and there is a lot of toys on the floor, I might make sure there is six or seven different little toys on the floor and say, okay, we're going to take turns. First I'm going to tell daddy I want airplane. Daddy has to pick up the airplane and throw it in the toy box. Now it is your turn. I want ball. And then the child has to identify the ball and put it in. So it is -- everybody takes turns. But you're still learning that the child is learning they have to listen for specific word that is being requested. They're learning

that vocabulary.

And then from there once we have that vocabulary going, we want to develop some of the auditory memory skills and getting the child to listen to running speech and picking out words so it is the identification of the one keyword to two, three or four key words. And giving them larger chunks of information. So if we're going to have the parent as the model for the child, again back to the doll, one of the things, you know, instead of brush, brush, brush now it might be that there is a few different dolls or a few different stuffed animals and you have out a toothbrush and a cookie and a cup and maybe a blanket and you can say, you know what, I think we need to brush the baby's teeth with the toothbrush. So that is two kinds of key words that they're going for. They're picking up the toothbrush and the baby. Or, you know what, I think the kitty cat is tired. We need to put her to sleep. Night-night kitty cat. They're recognizing to pick up the cat and the blanket and put those two together. We're saying that to Mom and Mom is following through with the direction. And I think a lot of times what you see with children initially is they'll identify the first word. You know, like put the kitty cat, they pick it up and they forgot to listen to the rest of the sentence. This is what you want to work on is repeating the whole thing and they have to listen for both. So you can have Mom modeling the direction first.

In terms of using the child to model for the parent activities to

do, Play-Doh which it can be a messy activity. But kids love it. And I have a lot of cookie cutters, cookie shapes that I use that are animals and shapes and a lot of different animals actually because children love animals. And I might say to the child, it's -- you know, it is my turn. I want you to give me -- I'm going to make a -- I want blue Play-Doh to make a dog. So they're going to have to really listen for blue and pick up the blue Play-Doh and cookie cutter of the dog so then the child has to recognize and pick it up and give it to me as the therapist. So the child is really having to listen with that.

Moving from there to get the parent as a therapist, another activity now where the parent is taking over the session, back to a dollhouse but with lots of parts and, you know, having different people and you can always assign different names to the dolls. This, works wonderfully for teaching family member names -- and even expanded, Grandpa, Grandma Aunt Susie and Uncle John and so forth. And then doing directions like the doggy is tired. He wants to go to sleep in the bed. Looking for the child to pick up the dog and put the dog in the bed. So the parent can kind of model these sentences and helping the child to understand these directions.

And then spontaneous carryover from the contrived to the more naturally occurring at home is just in everyday life trying to get the parent to think of how can I give my child, not the one keyword direction like go get your shoes, you know. Don't

stand by the front door and say we're going to go. Go get your coat. Because the child is going to visually understand that. But maybe stand back and say, you know, go get your coat and go give it to daddy. He will help you put it on. So they have to listen to a little bit longer and they get coat but they also get daddy and daddy help with that.

Okay, and then the last level that we're getting into is the comprehension. With that in the processing comprehension area we're really looking at more higher level auditory capabilities of answering "wh" questions, really understanding them to really build and advance vocabulary and this is not necessarily going to be your two-year-old but these are going to be your preschoolers who really come through this auditory hierarchy and have started to develop a lot of skills.

Listing of paragraphs of information, we want to give them larger chunks of information that are going to be age appropriate for them to understand, following more complex directions and not simple vocabulary but more of the linguistic concepts and instead of saying give me the cow, how about, I want an animal that lives on a farm and gives us milk. So the cognitive language skills, some of the simple inferencing and things that little ones can do, being able to participate and understand a simple conversation.

Some of the examples I wanted to give here is the parent as the

model for the child and the therapist is going to use the parent as a student and, so, the therapist will show the parent a book. And they might just ask some specific questions of the parent like, where is the dog? You know, Mom would have to say on the chair and the child can see this. You can all take turns. And then it is the parent's turn and she asks the child a question with that.

The therapist modeling using the child for the parent, one of the goals might be working on advancing vocabulary. And so if I'm going back to the Play-Doh activity and I say to the child, I want just a little bit of blue Play-Doh. Well, now, I know the child knows little but what we need to model to the family is building vocabulary. How about I say tiny? I want a tiny bit or I want a small piece of Play-Doh. So really teamed teaching the parent -- really teaching the parent not to stick with familiar vocabulary. Expand it. Once the child has one concept expand on that.

Moving to the parent as the therapist, a great activity in -- and this could be for carryover at home, a parent reads a story to the child. After the first paragraph stop and ask some questions and kind of check comprehension from the child with that. And then the carryover would be the conversation, you know, that as an example, go for a walk and talk about the things that you see or talk about a recent experience that happened and make sure that you ask questions about sequencing like, what

happened first or before we did this, do you remember what happened? Ask about some specific details, look at what the child's memory is of what was going on. Maybe ask some simple inferencing questions about that.

Okay, so, I just want to kind of close up here and just reiterate, you know, the partnership feeling that we should have between the family, the medical and the educational settings that are going on. So just a quick summary as defining our roles. I had talked about, you know, some of the key players is the deaf educator, the speech-language pathologist and family and that is not to minimize the role of the audiologist, special education teacher, OT, PT or any other service provider, but I wanted to keep the talk within the time frame so I just will quickly redefine the teacher of the deaf, SLP and family roles in that partnership. And really the teacher of the deaf is the coach. This is going to be the person who is going to be the primary parent educator and they're going to bring in the developmental perspective, again knowing normal typical and atypical development in terms of language cognition, place, skills, even early literacy skills and for the very young children, the deaf educators are going to use that natural facilitator approach versus a remedial approach to work with the families and coach them how to play because we want this to be fun. Play with their child to facilitate language development.

And a lot of times the deaf educator is the one that takes the

lead in the auditory skill development. And then the speech-language pathologist really takes the lead in the speech and expressive language skill development and sometimes they might actually follow a bit more of the medical model. I think SLPs are probably trained more to do providing the therapy and it is something that we have to learn as a profession is to invite the parent in and let them take over as the therapist with that. And we're often looking at some of the oral motor and do assessment and really help the team understand how to support speech production.

And then the family's role in this partnership is, they are going to be the primary facilitator for the speech and language development and they need to be open to be coached by professionals to be able to learn how to develop these goals and skills and to carry them over into all aspects of life. And then part of the family's responsibility is to also let us know as a team about their specific child because we know every child is different and they're all going to have their own little personalities. The parents can help us with that because one behavior management strategy for one which I had is certainly not going to be the one that you use with a different child. It may not work for that. Parents need to help us kind of understand what is going to work with their child or what is not going to work and is what unique about their child.

And then also, families, it is important that they are responsible

for seeking out and obtaining appropriate services for their child.

Okay. And then the communication that we can have among all the partners, you know, number one, keeping documentation and sharing reports, the IFSPs and the IEPs is really critical and I think we talked to parents at our center all the time about this. Start a communication book so that the service providers, if it is in the preschool or at home, can really write down a few things, specific goals or questions that they're working on so when they come to another center they come in for a session here or a tuning appointment that we can see where the child is at. What they're working on, how long it has been that this goal has been worked on. And then being aware of their goals and everybody is on the same page and you don't have one provider working on a particular goal and another provider working on a different goal that might be in opposition of what the other one is working on at the time. Very important and new out there is the HIPPA and school releases of information and has gotten very important and I know our hospital stresses it and others dunned I'm sure schools stress them very much and just really for parents to remember and professionals to remember sign these releases of information so we can sign information because by sharing information it is going to be the best for your child.

The last thing is, you know, knowing the service providers so

that everybody can be in contact with everybody if things come along that we need to discuss. And this is where the journal or the communication book comes -- can become very important. I usually try out the first page of the book, try to list all the procedures and contact information for them.

And then last thing for the families, you know, their response really -- their responsibilities is to be advocate for their child, to be involved in all aspects of determining the mode of communication and determining the type of program and determining the goals and the type of therapy that they want, what work they want done with their child. Parents also need to manage equipment, they need to educate extended family so it is not just working with Mom and Dad but working with Grandpa and grandma or Aunt and Uncle that are very involved with the child and may spend a lot of time with them. They need to attend appointments. We know there are families out there this can be an issue. The more that families can be consistent about attending all appointments, medical and educational, the better for the child it will be. They need to participate in therapy. I'm hoping that is one of the things that has come across from this talk is parents very much need to be a part of the therapy process, not dropping the child off, sitting out in the waiting room and waiting until the session is over. But they need to be in the room. They need to be watching the therapy. They need to be doing the therapy. Either they need to be used as the model or then they need to go ahead and become the lead

therapist after some training with that. So just --

In conclusion here, we talked about after diagnosis, you know, picking the mode of communication and the educational program and that the families should come prepared to the IEP and IFSP to be able to ask relevant questions about the service providers and program that they're going to get and professionals need to come to this -- to be a part of the team knowing a lot of, as I said before, a lot of the competencies and knowing about development and knowing about hearing loss and everyone should be familiar with auditory curriculums and how to develop auditory skills and that it is just a team. It is for the best success for your child and it needs to be a team approach between the medical, the education and family member. I think I am going to end it at that. I think Donna has a few things to say and then hopefully we'll have a little bit of time for some questions and answers.

>> Donna: Thank you very much, MaryKay, for a very thorough role in this process. I wanted to just remind everyone that you can retain a copy of MaryKay's PowerPoint, and you can do that by just going up to the links section at the top. If you look across there you'll see a number of different things that you can click on. You want to click on links. It will say PDF handout and just click on that. That will take you to a web area and then just download that to your computer.

And if you could, just go ahead and send your questions to

MaryKay as I'm taking you through a few slides. You want to right click on her name. Type her any questions that you may have. We're going to come back to her in just a minute and have her answer those at the end of the presentation.

I wanted to share with you what's coming up next for HOPE Online. There are three sessions there that take you through the middle of August. Mary Ellen and Ashley will be back with us doing Literacy for Littles, and that is a very short version of the live workshop that we have been doing over the past two years. A very popular in-person workshop on that topic.

And then Kimberly Peters will be with us talking about Transition to Preschool for Children with Cochlear Implants on August 7th. And on August 15th, Marguerite Vasconcellos, who is a teacher of the deaf and auditory therapist from Pennsylvania will be talking about Using Experience and Books to Promote Early Literacy. You can go on to the next slide.

We have added some sessions now for parents and we're really hoping that you will encourage your family to join us online for these sessions and, of course, you're welcome to join us as well. We will be offering CEUs for these sessions just as we always do.

So actually Thursday of this week in collaboration with AG Bell , I will be speaking on Back to School with Cochlear Implants, and

I'm covering the top 10 questions that I always get from parents about what to do when their children are going back to school. That will be offered twice on that day live. It will also be recorded.

Teresa Zwolan will be here talking about how to get the best map for your child and get the right audiologist, and this is a topic Terry spoke about at our event for families and recipients that was well received, and it is just really valuable information about the kind of help that parents should know about with regard to mapping and then what they can take back to their audiologist so their child can get the best possible map.

At the end of September we have Don Goldberg talking about Tips for CI Kids who may not have access to an auditory therapist. We have had a lot of requests from families that don't have access to that. That is another great one we have coming up. We hope to see some of you and certainly many of your families there. And as always, they're free and they will be captioned as well.

So just to give you our contact information, I have MaryKay's e-mail up there at the top as well as the Cochlear HOPE program. If you have any questions on this particular session or on programming in general, I would love to hear from you. And we will be pushing out the feedback form for you as always, and that is the trigger for you to get a certificate of participation. So

if you can just send that back to HOPE, we would be glad to send you that -- there it is. So you want to just save that to your computer. Fill it out and send it back to HOPE feedback. That will get you back to the certificate. Then it will just get us back to questions and answers.

I'm going to turn the floor back to MaryKay. Hopefully you have been typing lots of questions to her. I'm going to just say goodbye at this point and thank all of you for joining us.

>> MaryKay: Okay, just actually one question and one comment. And the question was, did I have a preferred auditory curriculum? Actually I do just because I -- in coordination with others we came up with the AuSpLan plan that is on the references there, and it is something that I'm familiar with. I also like or in the past I have used the Spice kit when you're talking about real specific auditory discrimination, and then once you get more towards receptive language abilities you need to move on to some others from there. But that is a great place to start for the beginnings of auditory discrimination with that. Those are my preferred curriculums from Seidel (sp).

And then Lisa made a great comment which I did not put in and I should have which is using siblings. Not only just having the parent be as the model but the siblings and I think in everything that I said today you should take the word parent and, you know, put in any family member so it could be an Aunt, Uncle, cousin, Grandma and Grandpa or siblings, and absolutely using

those as models and even as teachers and particularly siblings with little ones. Sometimes they don't want to do it for you or the parent but they'll do it for their little or older brother or sister with that. So thank you, Lisa, for bringing that out that absolutely siblings should be involved in therapy. Not necessarily every session. It can be a little bit distracting but certainly they should be knowing what is going on, too, and know what is working for the child and using them as models. Okay.

I think just to have two more questions. Okay. No, that was it. It was just difficulty to hear Donna but Donna has finished. That and -- oh, Donna, specifically where to find the AuSpLan plan. It used to be through AG Bell but they -- I think they have run out so right now it can be purchased through Children's Hospital and research center at Oakland, California. And you would need to call the audiology department there to request and they will send it out to you. Their phone number is 510-428-3344. I'll give that phone number again. It is Children's Hospital, Oakland, the Audiology Department, 510-428-3344. It can be purchased there. That looks like it is the last of the questions and it is about one minute until 3:00. Hope on. Okay. Well, Seidel asked, could I describe the AuSpLan plan? Sure. It stands for Auditory Speech and Language, and really what it is, it is not necessarily a cookbook but a tool for therapists to use when they have to work with children with hearing losses who utilize hearing aids or cochlear

implants. And if you're not sure where to start, it gives basically three different hierarchies of what I just talked about and -- and you saw the pyramid. The auditory -- it gives different levels and it gives goals and activities for those levels. It also does the same in a speech articulation hierarchy, how to go about doing the speech production skills, from pre-speech to sequencing, word and phrase, and sentence intelligibility, and then it talks about the third pyramid is the expressive language. Starting with vocal intent, using your voice on and off to word approximations to producing words and putting words together to simple sentences, expanded and complex sentences. And at each of these levels what we have done is listed goals and we have listed activities and materials so we just really wanted it to be for therapists, teachers, anybody out there working with children. I'm not sure where to start. I'm not sure what activities to do. This gives you an idea. It is just a tool in an arsenal of tools that you can go ahead and use.

Okay, Katrina, what is the name of the program? It is the AuSpLan. So it -- if you just call the number that I gave you there, 510-428-3344, just say you're interested in purchasing the AuSpLan plan, they'll know what you're talking about.

Okay, oops, I have got a few more.

Okay, I think that is it. I'll probably stay on the line for about one more minute if there is any other questions. But for the rest of you, thank you for attending and I hope you enjoy the

rest of your day.

Kimberly just asked, do you have to fill out the eval format? I think it is optional. It is nice if you can but it is not something that you absolutely have to do.

Donna was asking, how about some other resources from AG Bell ? They have quite a few. You're putting me on the spot. Off the top of my head I don't know if I can name one but -- or another source that you'd like on the topic is the CID. Center Institute for the Deaf has some good assessments that I'll use sometimes. They have the Spice kit that I like to use. You know, Cochlear Corporation, I think there is one slide in the talk where I did list a few of the auditory curriculums, and those are my preferred auditory curriculums and then AG Bell . If you get into their bookstore, not only on auditory curriculums, but they have a lot of information about parent involvement. And so many different issues in there and parent advocacy and so forth. I would definitely recommend people go to the website and peruse through there. You'll get a lot of great information. Okay, I think that is it. And again, thank you everybody for hanging in there and enjoy the rest of your day. Bye.

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