

ROUGHLY EDITED TRANSCRIPT

Incorporating Siblings in Therapy Sessions with Babies before

Cochlear Implantation

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Presenter: Becky Clem

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>> DONNA: Okay, how about if we begin the session now, Anna. good afternoon, everyone, this is Donna Sorkin from Cochlear America's HOPE program and I would like to welcome everyone to our session today, incorporating siblings in therapy sessions with babies before cochlear implants. And as always we will be offering CEUs from ASHA and the American academy of audiology. You may also get LSLs credits from this course by returning the feedback form. That is in the file share area on the left side of the screen. It is along with the file of the PowerPoint presentation that Becky is using today.

We're delighted at Cochlear to be able to offer the HOPE Online program and other products and services from HOPE. This particular topic is not really something that has to do with our technology, but it does have everything to do with helping a child maximize their outcomes with a cochlear implant. So it is an important topic to us.

It is also something that I get asked about very often. People want to know what they can do during that one year or so period until a child is eligible for a cochlear implant and sometimes they think there is not much that they can do and that is actually not true; they can begin the process of listening and involving their family members and that process very early on in the game and, so, we asked Becky to discuss that top wick you today.

So there she is, Becky Clem. You can get a picture of her as she is talking. She is a speech-language pathologist and Certified Auditory Verbal Therapist in Fort Worth, Texas, at the Children's Hospital. She's a coordinator at that program and has over 25 years of working with children with hearing loss in their families and she also shares her expertise with other professionals through mentoring programs and does lots and lots of presentations for HOPE and also at children's so we're delighted to have Becky back with us for her second presentation of the year. With that I'm going to turn things over to Becky Clem

>> BECKY: Good afternoon. I hope you all are staying cool this summer because in Fort Worth, Texas, it is about 105 degrees here today. I'm happy to be sitting in the air conditioning instead of outside. I welcome all of you and thank you, Donna, for that nice introduction.

Today's presentation is about an aspect of therapy that is especially challenging for me. And that is incorporating siblings into therapy. And in the misuses of training toward my auditory verbal certification, one of my mentors told me that to learn more about a subject or an aspect of auditory verbal therapy and teaching children and families about the spoken language was to teach others about it. And I learned a great deal in getting ready for this and it -- it is kind of a segment of a two day course that I taught with Sarah Thomas on the parent participation section of auditory verbal therapy. I took sections of that out. But I'm hoping that today that you're going to take away the ability to list some positives and negatives to siblings of children with hearing loss and that you'll be able to describe some common concerns that siblings express and that you'll be able to plan some activities for auditory-based therapy incorporating siblings and that you'll be able to describe to parents how siblings can be part of the auditory verbal therapy or auditory verbal lifestyle with a child with a hearing loss and throughout the day.

So the target population or kind of setting the background for today is we're looking at families of children with hearing loss that are under 18 months. Typically they have older children, haven't received their cochlear implants.

I do want to tell you that many of the things that I'm going to talk about are also appropriate for similar situations post implantation for children with hearing aids and for those of you who are speech-language pathologists, this is also -- some of these tips are great to use with children

and siblings that have other communication disorders.

Well, one of the things that I read about and learned is that the brother and the sister, brother or the sister of the child with the hearing loss, they tend to be the forgotten family members. They're already feeling displaced when that new baby is born. They might not be the baby any more. The oldest may think, I have one more sibling to compete with for my parent's attention. There is one more sibling that is going to get in my stuff. And there is one more sibling that is going to take away from things I like to do, maybe that means there is a new baby in the house. I might not get to go to soccer camp or now we're going to have to make all these appointments and my brother/sister has all this expensive equipment. They tend to feel like that they are the forgotten family member because all of this attention is not only centered around a new baby, but all the issues that this new baby with hearing loss may have.

Siblings react and handle having a brother or a sister with a hearing loss in many different ways. And there are several factors that are influential in how they react. A couple of those are temperament and birth order. And some children are just a little bit more easygoing. And so they seem to handle this better. And then some are overachievers and they seem to handle this better, too. There are many children that have very short fuses, short attention spans, are already high-maintenance children and those are the ones that are typically not handling this well.

And what I read out of a new -- a relatively new book that Dr. David Luterman has out called "Children with Hearing Loss: A Family Guide," is

one of the issues, it is birth order. One of the siblings that has the most difficulty coping with it because much of the responsibility may fall to her is probably the oldest daughter in the family.

Some positives and negatives about having a child -- a brother or a sister with a hearing loss is that these older siblings or younger siblings, in some cases, have a greater understanding of people in general and people with handicaps in particular. I can think of several cases in our profession that either had an older brother or sister with a hearing loss or with some kind of a communication deficits or perhaps a physical disability or a head trauma or some disease that caused them to be disabled and they go into speech pathology or audiology or deaf education because of their compassion in this area for one of their siblings.

They also have a great appreciation of good health, they seem to be more sensitive to prejudice, and they have a sense that the experience has drawn their family together.

There's a young woman that works for one of the schools in the area that has a sibling with a hearing loss and that is exact reason that she became a teacher of the deaf. Her sibling used spoken language and is a very good listener and speaker and, so, she chose that right as a deaf ed teacher to be a teacher of the deaf with an aural emphasis.

Some of the negatives have to do with feeling shameful about the child with special needs and then they feel guilty about that. They're embarrassed that their brother or sister has hearing aids and takes up so

much time and has to have -- go to therapy appointments and doctors appointments and they may feel guilty as the child gets older about being in really good health and not having a hearing loss. They may feel guilty about being negative towards that child with a special needs. And then overall, initially when that baby is born and has all those special needs, they feel neglected by their parents. They feel that they might be losing their own childhood because they have to take on extra responsibilities at such an early age. Make sure that Joey doesn't lose his hearing aids or tell me if he's pulling them out or make sure that you stand close to him when you talk to him. We cannot have the TV on because we need to have a quiet environment. Everything seems to center around that new baby anyway and then of all these other issues come on top of it. Makes it really tough for some of our little kids.

Overall what I found was that how parents handle the experience of having a child with a hearing loss or deafness can greatly influence how this other sibling acts. If the parent is doing a good job of including everyone and letting everyone know what is going on then more likely the child is going to -- the older sibling is going to be able to accept that. If the parents have the extended family members and parents have an attitude of, we're not embarrassed about this. You know, these are things that the child has to wear. This is what we're going to do. So the child can learn to listen and speak and then the siblings are going to feel the same way. They're not going to be embarrassed. They're going to feel good about what is going on with their familiarly, so having that open acceptance and a can-do attitude from the parents is most likely that the siblings are going to feel the same way.

This is from some of the work of Dale Atkins, who is a psychologist. I think she is based in New York. But these some are common concerns of siblings of deaf children.

They feel sometimes that they are the cause of the hearing loss. Maybe they didn't want that baby. Maybe they're mad. Maybe they hit the baby. Maybe they took the baby's toys, any number of things. But we don't know what children think sometimes and, so, they sometimes feel responsible for what is going on with the baby.

They are worried that something is going to happen to them. Are they going to get the hearing loss? They're worried about telling their friends and what their friends are going to think.

I had a family last year with a -- two older siblings that had typical hearing. They had a new baby. The baby was born with profound deafness. The older child was a teenager. He was the one that was concerned about what his friends were going to act like. But the younger child, a girl, everyone that her brother had new earrings. So her brother got to have earrings even though she didn't get to have them. It is just interesting how children react and how they explain to it their friends. Then later they would tell those that this was just something like glasses for their baby brother because they wanted -- because he wanted -- his parents wanted him to learn to hear and talk so he was wearing hearing aids.

Some of the other concerns that siblings express is, is it my fault? Or

maybe they're jealous of the baby because Mom and Dad are spending so much time. They're getting to go to what the brother or sister think are great, fun therapy sessions with lots of toys. Are they going to have a hearing loss?

Am I going to have to take care of this child when I get older? And it is a family that uses a different communication mode, am I going to have to be the one that interprets everything that my brother or sister is talking about or maybe they don't talk well and you have to explain it to them all the time.

And maybe they feel as if they have to do an even better job in school than they were doing before or they have to be the model child because this child is always having problems.

And because the child with the hearing loss has more appointments, they get more attention. And everything takes more time. The younger -- the older siblings and sometimes the younger ones feel rejected. They get toys in therapy. Why can't I play with those toys in therapy. That is what I'm hoping to show you today the ways that you can incorporate these siblings and the child doesn't feel left out and the child has an opportunity for to interact with his or her siblings.

Here are just some of the other things that siblings have expressed. They have a hard time being able to express their feelings of anger and jealousy or confusion. They don't want to share those with their parents because they're afraid they're going to get in trouble. It is not the baby's

fault that she has a hearing loss but I'm really mad that that baby has a hearing loss because she's taking up a lot of my Mommy's time. They feel rejected. They don't get to go to the water park because the baby can't wear the hearing aids at the water park and they need to be wearing them all waking hours. Maybe that is not exactly what the professionals told the parents about being around the water park but that is how that little brother or sister or the older brother and sister thinks about it. They still need and want attention from their parents. They don't want to be known as Johnny's brother. Johnny is the one that has deafness and the hearing loss.

They may be feeling really guilty if they start getting mad at their siblings that have the hearing loss. Even though they don't feel guilty if they get mad or have an argument with their sibling that has typical hearing because this child they see differently initially they feel bad about it.

As they get older, as the younger -- as the child with the hearing loss gets older, the older brothers and sisters may be worrying about their brother or sister depending on them when they're older. You know, are they going to be -- you know, do they have to stand -- they're going to have to stand up for their brother or sister at school but how that is going to make them look at school? And they also tend to be very protective of their parents. If they hear other people say why didn't you choose to do this with your child with hearing loss then the brother or sister, the sibling is going to stand up for the parent and be protective of what their parents have decided.

I can tell you an interesting story, the family I was telling you about

earlier, the teenage son in some kind of video game program met a child whose family had chosen a different option than his family was choosing and he had to explain to the young man who was deaf on the video program, the video game program or whatever it was, I guess it was not a chat room but it was something similar, why his parents had chosen for Adam to have spoken language when this young man was an ASL user? So that was this little boy's first experience of having to stand up for his brother plus stand up for what his parents had chosen. He was only 12 when that happened. So they're called on very early in life to be part of their sibling with the hearing loss's life. I hope I'm making sense here.

Okay, so there are three categories of children that are facing special emotional risks related to having a sibling with hearing loss. I put the reference in there. That is family's with only two children and maybe the first one is the one that has typical hearing. The second one is the one with the hearing loss. Children that are born after the child with the hearing loss and oldest daughter without a hearing loss.

Carolyn Jabs, those are the references for more information on that area. And then there is a quote from her, "learning that life can be good even when it's not perfect, is an important lesson for everyone." And I think we can all relate to that in this profession.

This is information from the sibling support project listserv, SibNet. This is a great reference. This program also helps sponsor Sib workshops. These are workshops that are led by professionals and siblings who have siblings -- well, siblings who have siblings with special needs that help these

other siblings manage some of these feelings and acknowledge their concerns and help them get through life when they have a child with a -- a sibling with a special need.

Some of these are -- look at No. 2, expectations for typical-hearing children. They want the same expectation that -- across the board. They don't want the child with a special needs or the hearing loss to be treated any differently than they're treated. At Cook's we oftentimes counsel families that hearing loss is no excuse for bad behavior. So we want them to have the same guidelines for discipline and behavior and code of conduct as they were for their child without the special needs.

With the same rules, they think that all the siblings in the family should have chores just like they do. They want opportunities to meet peers who have siblings with hearing loss. They want to go to the fittings. They want to learn about the therapy that their sibling is getting. They want to learn about the surgery this child is having. They want opportunities to get information about what is going on with their sibling, too, and meet peers and professionals.

Here is some more concerns. They want us to know that they have concerns about the future. They want to know what is going to happen? Am I still going to get to take piano lessons because Johnny has a hearing loss? Those things are important to siblings. They want someone on one time with their Mom and Dad like they had before. They don't think that everything should be taken up for that child's hearing loss. They want to be able to have their family celebrate their accomplishments just like they

celebrate the child with the hearing loss.

And how their parents feel about the hearing loss is more important than the child's actual disability.

Okay, so now that I've kind of given you a background about how these siblings feel, let's talk about the therapy aspect.

Now, this is very challenging for me. If I had my choice I would just love to have therapy with the parents and the baby with the hearing loss. But that's not always possible. I want to tell you some of the pitfalls. It is very hard to coordinate therapy with a three-year-old in the room with typical hearing and a baby that is eight weeks old.

The child that is older wants to play with all those baby toys and in most of our clinics we don't have the space that will accommodate four and five people in a therapy setting.

Baby-sitters, sometimes the baby-sitter brings them in and baby-sitters are a pitfall for the parents. Because in addition to having the therapy appointment and perhaps a co-pay to go along with it, they have to pay for a baby-sitter. Sometimes there are a huge age difference between the child with the hearing loss and the sibling and guess what, it can be extremely chaotic to manage therapy when you have a lot of toys you're trying to keep under wraps, counsel the parent, do the therapy, and include the sibling.

And then parents have a lot of guilt about bringing the sibling because they know they need that one-on-one time with me or the other therapists and the child, but then they feel guilty about leaving their child for the travel time, the baby-sitter time, the hour time and the time in the therapy room and then the travel time home.

On the positive side, however, incorporating the sibling gives a more realistic picture what was life is like at home. It allows the sibling to have some special involvement.

Lots of times what I try to do is find one job for the sibling that that is their responsibility. That is their special time with the baby. Whether it is reading a book, playing hide-and-seek, playing peek-a-boo, teaching them a new nursery rhyme, but that might be Ben's job to do with Gabe.

Interaction between the sibling and the baby is just incredible. It helps siblings feel like they're part of the therapy session. And therapy is play and three and four and five and six and seven-year-olds they still love to play.

The other thing, it starts an early education about hearing loss for those siblings.

So some key points in thinking about how to plan for therapy sessions is, you always want to have a plan and have a plan B and have a plan C and then you might have a box of stuff that if plan A, B and C don't work that you just pull it out and have a party. Having plan A and plan B you want to

have toys sometimes that are just for the siblings. Sometimes the siblings come to therapy and they're not interested in being part of the program.

I have a portable DVD player with age-appropriate movies and some headphones. Sometimes when they're tired of doing therapy with us and participating in the games, they just may want to go over to their own corner and play with some toys that I call occupying toys and listen to the movie with the headphones on.

You want to try to set up your room to facilitate siblings and then help the parent think of home-based therapy activities to do with them at home. If you're a therapist or an educator who actually goes out into the home, try to encourage a set place in the home for the therapy session.

One of the things about -- I forgot what I was going to say. I'll come back to it. Oh, one of the things that is very helpful is for the parent to e-mail or call you and let you know that they're bringing the sibling. Lots of times parents do that and sometimes they can't always do it but it does help plan in advance. If you can know that you're going to bring Aaron today to participant in Adam's therapy let me know. I can make arrangements for that and have some activity that we can all do together.

These are just a list of toys and I'm sure you're all familiar with them. You want to have a lot of variety in books, pretend play, baby toys. I like to use all different kinds of balls and music is always great for all ages. Those are just some things that I'm sure you all are aware of but you can put them in your bag of tricks, too.

Some strategies that I want to talk about that are very basic and siblings can help with are wearing hearing aids because we're talking about working with babies that have not received a cochlear implant yet but this can also work with children that already have their cochlear implant or if a child is not going to get a cochlear implant but making sure that those hearing aids are in all waking hours and there is nothing better than that three, four, 5-year-old likes to do than to tags on their younger sibling. So having them say, you know, Aiden pulled his hearing aids out again, Mommy. Perhaps if they're old enough learning to put them back in and check to see if they're all working. Those are all great things for older siblings to do.

To help that child the older sibling know the importance of a good listening environment. There is a lot of way that we can do this. Little kids love to watch TV, have the radio on, yell across the house. But it is a great opportunity for parents to teach their children good habits about only having the TV on if you're watching it, only listening to the radio if you're really listen to it. Come and find me when you have something to say instead of yelling across the house. Showing them what a difference it makes for that baby with the hearing loss when it is quiet and you're close to them and that they respond to you.

Showing the sibling how to position themselves for maximum auditory input, and this is great because we can show the sibling what it is like when they're close to their baby brother or sister what happens when you talk to them. You know, if you're talking to them, do they act like they're listening

if you're within their listening bubble? The farther away you get and yelling at them and they're not responding, it is not as much fun. Kind of helping them learn where is that baby's listening bubble? You want to be in the listening bubble when you're talking to Aiden, for example.

And teaching kids to use their drama -- what we call at Cook's their drama Mama voice or dramatic Daddy voice. Or you can coin a similar phrase for a silly sister voice using those dramatic voices because kids love to pretend that they're someone else. Having them use that rich motherese is also effective for a sibling.

And teaching them that they need to give their baby brother or sister a bath in sound. To talk to them to tell them about their day. To read stories to them. To teach them the itsy-bitsy spider and all the little baby things they would be doing anyway with their brother or sister. It just needs to be done intentionally. They need to do it on purpose and within the baby's range of listening.

Teaching them, I'm taking the sibling and the baby on a listening walk. If the weather is nice or even a listening wok around the house. Teaching that sibling how to call attention to sound for the baby. I hear that. Do you hear the microwave? I hear that. Showing them what it is. And then one of my favorites is reading aloud. In the family I keep referring to, they have two older siblings who are already great readers. One -- sort of the things we tell family's at Cook's, you want to shoot for reading aloud 10 books a day or reading 10 times a day to your baby. Well, the Mom took this to heart and she divided up the 10 times a day. So the oldest child was to

read-aloud to Aiden two times a day. The younger child was to read-aloud to Aiden two times a day. Dad was to read-aloud three times a day and Mom was to read-aloud the balance of the day. So everyone had a job and they really took that to heart. They had their own book of the week. For example, the older sibling read "good night moon" to Aiden every single night for a month so Aiden looked forward to when Ryan was going to read "good night moon." But maybe Katelyn was going to read Brown Bear, Brown Bear so every sibling had a book to read and it takes the ownership off totally one parent and so that everyone starts living what we call that auditory verbal lifestyle or that spoken language lifestyle.

So some basics that I try to teach siblings in the session is, we want to make sure that the baby has its hearing aids in all the time. You want to make sure that it is really quiet when you're talking to Aiden so he can hear you. Stay close to him. Give him a bath in what you have to say. Tell him everything that you know. Don't you know a four-year-old is going to want to teach their younger sibling everything in reading aloud. That kind of sums up the five key things that I think we all could incorporate into sibling therapy.

All right, I want to talk about the listening bubble first. We're going to -- I don't have a cursor I don't think but this little guy that is lying down on the bed, we're going to pretend that he's the child with the hearing loss. Look, everyone is within his listening bubble. We know that he responds to sound within that bubble.

Let's say that his listening bubble is not that big. Right now only his

sister and his Dad are in the listening bubble. So in order for everyone to be in that listening bubble we're going to use that strategy for maximizing position for auditory input and we're going to move Mom and the older brother around to the other side.

These are things you can do in therapy and demonstrate that to the family. Watch for the child's responses so they can see the affect of what they do simply by placing themselves within that child's listening bubble.

Even smaller, they're going to have to get very close to his microphone.

Here is another example. This is just an example that is obviously not a baby, but this little boy we're going to pretend he has a hearing loss. No one is in his listening bubble. His parents are reading aloud the newspaper. Guess what he's missing out on? So in order to do that, the child with the hearing loss can move closer but if it is a baby then Mom and Dad are going to move the baby closer to them or they're going to be moving closer to the baby. Same thing with siblings. See there everyone is in the listening bubble.

All right, so as we start planning for therapy with siblings, let's talk about some goals that you might have. If you know the sibling is going to show up at every single therapy session then you're going to need to have some goals to include them. Let's say Adam will show definite responses to speech within his environment. So that might be a typical goal that you have in pre-implant stages.

How can we incorporate siblings into that goal? Here are some activities and some strategy possibilities: You might play hide-and-seek with the siblings and the parents; you might hide an alarm clock in the room and see what happens when it goes off and see if someone can find it. And there is no harm in letting the baby on the floor and crawling around to see if they can find that alarm clock.

Using all the learning to listen sounds and lots of songs that incorporate them. Most three, four, five-year olds definitely know Old MacDonald had a farm and there are a multitude of learn-to-listen animal songs in Old MacDonald had a farm. That might be Ryan's song. We can teach baby Aiden to listen for those animal sounds in Old MacDonald.

Going on a listening walk, I hear that getting attention by sound. So those are activities and strategy possibilities for that goal of having Adam show definite responses to speech within his environment.

Here is another sample goal. Beth will vocalize to get other's attention and siblings love to get into that little vocal play routine with their baby brother or sister. They love to make those cooing and babbling sounds back and forth. They're probably better at it than we are as adults because they will wait to see if their baby-sitter or brother will make that sound back to them. They will tell, run and tell their Mom and Dad, "guess what, Gabe is talking to me. He is making all these sounds."

They really love to talk to the younger one. And one of my youngest

daughter's first words was Addy, her older sister's name, Allison. It is because Allison spent the majority of her time talking to her. She still talks to Megan more than we do. So who talks the most to the baby as they get older? The siblings are going to talk the most. That is a lifetime relationship. We want to encourage that kind of communication from the very beginning so that vocal play and talking to them, that eye contact, that face-to-face, all that will help that goal of vocalization and increasingly use their voice more and more to get attention.

Turn taking games when each child has to use their voice to get what they want. You can teach it how to use the hand key with the toy and again the learning to listen sounds with turn taking. And then reward that baby by doing something really fun when they do use their voice.

Here is another sample goal. Carlie is going to indicate the presence or absence of sound. Music on, music off. Lots of fun things to do. Musical chairs. If the baby is not walking yet, then help that baby cruise around the chairs or crawl around a circle and then stop when the music stops. Honking the horn. Hide-and-seek with singing. Ringing the doorbell. You know, just a lot of different things. One baby loves to turn the music on and off. And he knows that it turns the music on and off. If he hits another button the music keeps going. That is not as much fun. He says he's activating that on and off button.

There is another sample goal. David will discriminate between patterns of varied durations by imitating learning to listen sounds. Some of the things I like to use are wind up learning to listen sounds. We use Dave

-- you want to be sure to use the mask so it covers your mouth. Everybody takes a turn. Makes a sound that goes with the animal. Using puppets and listening for littles, there are little books that you can cut out that are about the different animals. From the learning to listen sounds.

Take a trip to the zoo with the siblings. Talk about the animal sounds that the animals at the zoo make. Some of those Asborn books that is not my pony. That is not my pony. Those are also great for making -- for learning to tell the difference in sounds that are long and sounds that are short. You can also do it with vehicles. A vehicle book, that is not my car. That is not my truck. That is not my train. Some of the Sandra Boynt books, the barnyard dance, things like that.

And then another goal that we always want to have some parent goals in our treatment plan. The parent will demonstrate how to position themselves and the siblings and child for reading aloud. It is a great way for family to say show how they use a book or a toy at home. Having them bring the toy with them to therapy like a ball or a new toy they got that they want to use with the baby or a new book and they're just not sure how to make it work for the baby and the sibling. So have them bring that to therapy and show you what they're doing and then make the changes that are going to best suit the whole family and still get that auditory input for the baby. Coach with encouraging feedback and give them some key strategies.

Other things you might do would be like rolling the ball back and forth. I find that when we're rolling the ball back and forth like roll the ball, bounce

the ball, bounce, bounce, bounce the ball, throw, throw, throw the ball, all that repetition, babies love the repetitive use of the word over and over and over again.

The other thing I think is very helpful, if you have more than one ball. The older sibling is going to want a ball. The baby wants a ball. One ball doesn't cut it when you have siblings. Having multiple balls to roll back and forth in the circle is great.

Let's see, then another goal here is Emmy will listen to the story read by the family member 10 times a day. So I want you to look at my little picture of that listening bubble. Let's pretend the child -- that is in this case the child with the bubble around their head is the child with the hearing loss. They're peaking over the chair, trying to listen to the book. But they can't hear it very well because first of all the sibling that is reading the book isn't within that child's listening bubble and also they're losing even more information by looking down at the book and talking toward the book. So one of the things that could happen there, we would coach the sibling, and let's have Emmy sit next to you and read the book or sit in your lap and read the book or sit in front of you and read the book. That way we get in that child's listening bubble and the child that is reading the book is still doing it right but we're just making it a little easier for that child with the hearing loss.

Lots of times what I'll do is use pictures like this to guide and coach parents because these are real-life examples. Drawings are great. It also helps for me to show them, here is the situation. These are real-life

pictures. How could we make this work for your child with a hearing loss to get maximum auditory input? And this is especially important in the pre-implant stages because we want to feed their brain as much sound as possible, even if it is a tiny amount, it makes a huge difference once they get that implant activated.

So what are some other way that parents can incorporate siblings? This is in daily routines, getting dressed, setting the table, making Experience Books, going on family outings and having the sibling tell the baby about what they did at school today. Even if the baby doesn't talk back, that child gets in the habit of talking to their younger sibling. Giving them advice. Telling them what happened at school. What they made. What they read. Where they went. And then talk about the progress that the baby makes because the brother or sister is involved. Oh, look, Aiden now knows to do itsy-bitsy spider because Kaylin you taught him how to do that. How much pride they get teaching their younger sibling with the hearing loss.

And then pretending is a great way to involve the sibling. Yesterday I did a therapy session with a child who is about a week away from activation and he is a little older with a progressive loss. His seven-year-old sister was with him. He is into pretend play with babies. He's about 19 months old with baby dolls, feeding them, bathing them, brushing their hair, brushing their teeth. We wanted him to get some new routines. The way to do that is we all had a baby and we sang this is the way you rock the baby or this is the way you pat the baby. And with every one doing it, then, this little boy started doing it, too. Getting everyone involved. He definitely wanted to do

exactly what his older sister was doing and he took to it right away. That was a real-life sibling experience and I didn't know that the sibling was coming yesterday and it just worked out beautifully. And then that is all I have, Donna, for the sibling presentation. I wanted to take an opportunity to see if you all had any questions or some specific issues that we could share.

>> DONNA: I would like to ask everyone to type those questions to Becky now and we'll go very quickly through some of the slides while you're doing that. Becky has given us information about an upcoming event at Cook Children's with Carol Flexer on October 8th and that is on a conference on theory of mind and children with a hearing loss. They are offering web streaming for those outside of the Dallas/Ft. Worth area who would like to access that. And you can contact Becky about that. She's given us some other resources to pursue if you want information. I think some of these she did cover in her remarks but she's given us some nice resources there to follow through on. Please go ahead and type her your notes.

Then I just wanted to say that this is our last HOPE Online session for the summer. We will have a new program of HOPE Online seminars for professionals, parents and adults that will be published late summer. I would say probably the third or fourth week in August. So keep a lookout for that. And you can just always look in the HOPE area of the website.

You can of course use the summer to catch-up on these archived sessions that you have not seen yet. And as always you can receive CEUs or a certificate of participation for those. Just a reminder about that new fee from Audiology Online for ASHA and AAA and in the future the LSLS credits

which will be coming in the fall.

The certificates you can still share with us, fill them out and send them back. There is no charge to get a certificate of participation if you fill out the feedback form and send it back to Cochlear. So please follow that and use the summer to catch-up on your other courses that you have not seen yet.

We have given you our contact information here. Becky has been very kind about sharing her e-mail. If you have questions for her, I love to hear from you both about our programming and anything that you think we should be doing at HOPE. And again that is the address for the feedback form. Becky, looks like you have some great questions there so I'm going to put it back to you now.

>> BECKY: Okay. Well, the first question I have is from Amie. Can you explain more in detail what you mean about drama Mama and I guess drama Dad. Those are just terms that we coined at Cook's for motherese because motherese is kind of a technical term. It is easy for me to tell a Mom that you have to use motherese when she doesn't really have a good example of it. So a good illustration was, you have to be dramatic. If I'm telling you to make the cow sound moo for the learning to listen sound for cow, then I want you to pretend to be a cow in costume on stage. That is how much drama you have to put into it. It is a dram dramatic melodic interesting voice like I'm trying to show you there. For example, I don't want them to read Brown Bear, Brown Bear what do you see? I want them to read Brown Bear, Brown Bear what do you see? So it is just an illustration and a term that we use and is easy for them to remember drama Mama or dramatic Daddy instead of the technical term of motherese. Did

that answer your question, Amie?

And then Ann, how do I address inappropriate behavior with a sibling especially if behaviors are severely disruptive? I wish you wouldn't have asked that question because it is not something I'm very good at. I would frequently turn to the parent and say how do you want to handle this? The parent is in the room. Typically the parent will handle it. If they're not, I might take that opportunity to say, this is -- this is -- his behavior is getting in the way of the baby's learning in our therapy session so we need to figure out a way to make this work. So this is typically how I do it. It is not my strong suit. Donna maybe you need to have one on behavior issues for HOPE in therapy sessions and please don't ask me to do it because I won't be the best person to do it. But it will be the parents I turn to and hopefully ask the siblings what is the problem. What do we need to do so we can do therapy with your brother or sister.

Does insurance consider it group versus individual when I have a sibling in the room? No, because I'm not doing therapy for the sibling and I don't consider it group therapy. It is individual therapy and that is what we agree to cover. We use an electronic medical record and it talks about who was present in the therapy session and I frequently type in that the sibling was present. So that is how -- no, it is not considered group therapy because the child that -- the other child in the room is not getting therapy. They're just participating in the activities.

Donna I hope that answers your question. Those are all the questions I have. Oh, what resources did you use for pictures with your family? I

used Microsoft clip art. I typed in words like reading and families and brothers or sisters so I just used Microsoft clip art photographs is what I did. That's from Pam. Is it possible to get ASHA credit for CEUs for this course even though I have not become a member of Audiology Online yet or paid the \$99 member fee? Donna do you want to address that?

>> DONNA: Yes, I would be happy to. Unfortunately as of June first there was a change in the CEU process at Audiology Online. So anything that runs on their platform and HOPE does run on their platform, it does require you to pay that \$99 open access fee for any of the CEU submissions that they do and that covers the American Academy of Audiology, it covers ASHA and also cover the LSLS credits because they will be handling that process for us starting in the fall. I'm sorry, there is no way to avoid the \$99. Any other questions? Becky, I have a question for you.

>> BECKY: Sure.

>> DONNA: Others ever ask if the rationale follow starting a therapy process for the child has the benefit of sound from a cochlear implant?

>> BECKY: Oh, yes, definitely. And one of the things that -- what we try to do from the first counseling session or the first time that we see the family when they come in for an evaluation or the counseling session is that we want to give them something to go home with to show them that their baby does respond to sound, even if it means that they have to be 3 inches from that baby's microphone and show them -- and a great case in point is the pediatric audiology book that Jay Mandel and Carol Flexer wrote, there is a DVD in there showing sucking responses to sound. So what we try to show parents is, watch for these kinds of behaviors that tells us that this baby is responding to some aspect of sound. No, he may not be getting every single thing that you're saying in all aspects, and it may be a very,

very low amount of sound that he's getting. But if we can show the family that the baby is responding to sound, whether it is a 3-inch listening bubble or a 3-foot listening bubble, then we can show them the benefits to sound. So, yes, it is a little tough for some families to understand that. But we have a pretty good bank of parent-to-parent contacts whose babies started from six to eight weeks. They can attest to the importance of the starting to get babies to be aware of sound in their environment very early makes a huge difference. Our audiologists are able to get ear-specific information on eight to nine-month-olds before they have an implant because we've gotten these parents onboard to teach them how to look for responses to sound and get them to respond to sound. That is a great question. We do get that a lot. Not just from parents but from other professionals who may not have this kind of background, they don't understand the importance of exploiting listen from the very beginning. Does that answer your question, Donna?

>> DONNA: It does. Thank you so much. Just to add to that one thing that parents have commented to me about was that they really liked having that time also as an opportunity for them to learn the process of working with their child and learning spoken language because it was -- it was that whole process that was new to them and they found that having that time at the beginning was also a great learning opportunity for them and then once their child did have the sound from the cochlear implant they were really ready to go and really maximized that, having learned their role.

>> BECKY: One of the things I wanted to say is that it is key that the child be fit appropriately with amplification because if they don't have powerful enough aids on then they're not going to get any responses. We have seen that happen occasionally. You know, they have -- they need to be fit by a pediatric audiologist and have, you know, the most powerful aids

that are appropriate to their hearing loss so that they can get some benefit in the early months before cochlear implantation. That makes a big difference. If the parent is not seeing any responsiveness then they're not going to want to do the therapy. They're certainly not going to want to keep the hearing aid in if they don't think it is benefiting. If we can show them there is some benefit kind of hook them in from the very first session on, they will usually do whatever it takes during that 1 year before they can get their implant. It does make a huge difference. That is all I have.

>> DONNA: Anybody have any final questions? Becky, do you have any parting advice for all of us on this great session that you have given today?

>> BECKY: Thank you. I think it is so fun to work with babies before they get their cochlear implant. Like you said, Donna, is that gives the family a really good handle. So on the therapy part it is not -- it is not rocket science. And so it is just making some changes in how they would do ordinary things to exploit listening and help their child learn to be aware of sound in their environment to sort of jump start their brain to when they do get the cochlear implant. Thank you so much for allowing me to do this today.

>> DONNA: Thank you so much and thank you to all of you for being with us on this summer day. We'll see you in the fall. Please take advantage of our archive sessions in the meantime. This is Donna Sorkin from Cochlear America's HOPE program.

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