STRATEGIES FOR LISTENING AND SPOKEN LANGUAGE

auditory
sandwich

Auditory
Visual
Auditory

@LISTENINGFUN
STRATEGIES FOR LISTENING AND SPOKEN LANGUAGE

auditory closure

Old McDonald had a...

FARM!

Start singing or speaking, then pause to allow the child to finish the phrase.
Strategies for listening and spoken language

Acoustic highlighting

Put the cow IN the barn!

Vocal emphasis on the language you want the child to hear / pay attention to
self talk

Time to wash the dishes! I am turning on the water. Ouch it’s hot! I need to put on my gloves. First I’ll pick up the plate...
Parallel talk:
What are you looking at? Do you see the train? Choo choo here comes the train! You are driving the train on the tracks! Choo choo!

The parent or teacher talks about what the child is looking at, interested in, or playing with.
STRATEGIES FOR LISTENING AND SPOKEN LANGUAGE

sabotage

I want the airplane!

No that is a car! I want the airplane

Here you go!

A playful trick or mistake that sparks conversation with the child.
STRATEGIES FOR LISTENING AND SPOKEN LANGUAGE

expectant look

The duck goes... Quack!

When the parent or teacher gives the child a look that indicates the child should respond
When babies have hearing, they are born into a world of sound along with a bombardment of input from other senses. The sound of their mother’s voice is experienced with the touch of mother and the smell of mother and the sight of mother. The sound of the dog drinking is paired with the sight of the dog drinking. At bath time, the woosh of the water is experienced with the feel of the water with the sight of the water. As they are experienced together they become associated. As the baby learns, the sound of his mother’s voice will bring with it the memory of her touch. These bundles of associations that go with the daily experiences of a baby are learned as he starts to make sense of his world. When a baby has less hearing he may have missed some of the chances to add the all important sound that goes with these association bundles. This is especially true for babies who have severe or profound hearing loss and for those who have had to wait for their hearing aids or cochlear implants.

Now that baby has his new hearing through a listening device such as a cochlear implant or hearing aids, there is a simple tried and true technique for parents to use. This technique is designed to help your baby to notice and then to learn the sounds around him. This technique is called the "I Hear That!" cue.

You are with your baby and you notice a sound. If it is a sound that is connected to something your baby is really interested in; even better (eg. Daddy knocking on the door because he is home, the bath running, or the microwave beeping because his bottle is ready). Here are the steps you can now take with any sound you hear and want to point out to baby:

1. Put your finger to your ear and look like you are interested and concentrating.
2. Stay still. Move your eyes but look at nothing. You are pointing out "sound" to your baby. By moving your eyes but looking at nothing, we say "this is not something to look at.....Listen!".
3. Say "I Hear That!"
4. Keep your finger to your ear and listen some more.
5. Imitate the sound (eg. if you hear your husband running the baby's bath say "Listen......shhhhhhhhhhh")
6. Show the baby the source of the sound.
7. Imitate the sound again, Point to your ear and say "I hear that".

Wow....seven steps! Don't worry, they are easy to learn. There are many chances throughout the day for you to practice this with your baby. You can even create more opportunities for listening with a little creative thinking. Set your telephone answering machine to pick up after 6 or more rings. This will give you...
enough time to point out the phone's ring, imitate the ring, take the baby to the phone and to pick up and say "Hello!". The baby's bottle is an important thing to him, so it's a great thing to listen for the microwave "beep beep beep". Some microwaves beep only once and then wait for too long to remind you with a beep later. You can help your baby to notice by putting the bottle in the microwave together and then waiting together in the kitchen together. Don't look at the microwave. This is better because it will keep ringing until you go to it, point out the sound to baby, and show him that the sound means his bottle is ready. When Daddy comes home, he can knock on the door or ring the door bell and wait for Mommy to use. the "I Hear That!" cue to help baby find him. It might be even better to come just inside the door and stay there while calling your baby's name. These are just a few ideas. I'm sure you can think of more ideas that will work with your particular home and family.

As your baby learns that sound is connected to meaningful things around him, he will start to listen. He will use sound to understand what is going on. At this point your baby will feel disconnected when his hearing aids need a new battery, or his cochlear implant transmitter falls off. This is an important milestone. Hearing and listening become an important way for your child to connect, through sound, to the world around him.
Cut this crib note out and put it on your fridge as a reminder of what was discussed in this handout.

**Crib Notes**

1. Put your finger to your ear and look like you are interested and concentrating.
2. Stay still. Move your eyes but look at nothing. You are pointing our "sound" to your baby. By moving your eyes but looking at nothing, we say "this is NOT something to look at... Listen!".
3. Say "I Hear That!".
4. Keep your finger to your ear and listen some more.
5. Imitate the sound (e.g., if you hear your husband running the baby's bath say "Listen... shhhhhhhhhhh!")
6. Show the baby the source of the sound.
7. Imitate the sound again. Point to your ear and say...
What are the auditory benchmarks for average progress in children with cochlear implants (CI) during the first year of implant use?

Auditory benchmarks have been established independently for three groups of children, based upon research findings and clinical experience. These groups are:

**Group 1:** Children implanted in the preschool years (age four or earlier).

**Group 2:** Children implanted at age five or later who have some residual hearing/speech perception skills, have consistently worn hearing aids, and communicate primarily through speech.

**Group 3:** Children implanted at age five or later who have little or no residual hearing/speech perception skills and are highly dependent on sign language and other visual cues for language learning.

The benchmarks shown for each of the three groups in Tables 1, 2, and 3 are based on data collected and reported by the investigators cited above.

### Tracking Auditory Progress in CI Children

**Note:** Child is credited only for skills in listening-alone conditions. "Spontaneous" means without prompting or modeling and when not in a listening set.

---

#### Table 1 — Group 1 • Children implanted at age four years or earlier

<table>
<thead>
<tr>
<th>Skill</th>
<th>1 mo.</th>
<th>3 mos.</th>
<th>6 mos.</th>
<th>9 mos.</th>
<th>12 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full-time use of CI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Changes in spontaneous vocalizations with CI use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Spontaneously responds to name 25% of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Spontaneously responds to name 50% of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Spontaneously alerts to a few environmental sounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Performance in audio booth consistent with what is reported at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Evidence of deriving meaning from many speech and environmental sounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Major improvement in language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 2 — Group 2 • Children implanted at age five years or older
(Some residual hearing, consistent HA use prior to CI, primarily oral)

<table>
<thead>
<tr>
<th>Skill</th>
<th>1 mo.</th>
<th>3 mos.</th>
<th>6 mos.</th>
<th>9 mos.</th>
<th>12 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full-time use of CI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Understands some words or phrases, closed-set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Understands many words or phrases, closed-set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Spontaneously responds to name 50% of time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Understands familiar phrases in everyday situations when listening, auditory alone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Spontaneous recognition of own name versus names of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Knows meaning of some environmental or speech signals when heard, auditory only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Major improvement in language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3 — Group 3 • Children implanted at age five years or older
(Limited or no residual hearing, limited or no HA use, heavily reliant on visual cues or signs)

<table>
<thead>
<tr>
<th>Skill</th>
<th>1 mo.</th>
<th>3 mos.</th>
<th>6 mos.</th>
<th>9 mos.</th>
<th>12 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Full-time use of CI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Begins to discriminate patterns of speech (syllable number, stress, length, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Understands some words in closed-set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Begins to spontaneously respond to name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Reports when device is not working (e.g., dead battery)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Understands many words or phrases in closed set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Understands a few things, open-set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Major improvement in language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Full-time implant use is an unconditional prerequisite to auditory development. If a child is not wearing the implant during all waking hours—at home, school, and other activities—these benchmarks are not applicable. *Children who fail to bond to their device and wear it full-time within a few weeks of initial stimulation may exhibit insufficient progress and are at high risk of becoming nonusers of their implants.*

**References**

By Amy McConkey Robbins, MS, CCC-SLP, LSLS Cert. AVT

Why identify Red Flags?
The acquisition of listening is a developmental process that involves a sequence of cumulative skills—each subsequent skill depends on the acquisition of earlier skills. For this reason, delays early in listening development often lead to long-term delays, and long-term delays usually lead to lifelong deficits. Clinicians should be familiar with the range of progress in typical children with implants so they are comfortable raising a Red Flag when a child’s performance lags behind that of his/her peers. However, it is important to note that what we term a Red Flag is not a diagnosis of a problem or a statement of permanent disability, but a notice to pay attention to the skill.

What is considered a Red Flag?
Based on the auditory benchmarks provided on the front side of this card, a Red Flag is a delay in a particular skill of three months or more. It is important to remember raising a Red Flag is an expression of mild concern. The number of Red Flags raised is based on the length of the delay and the number of skills delayed. Therefore, the greater the number of skills that are delayed at an interval, the more substantial the concern.

What do we do about Red Flags?
There is little value in raising a Red Flag for a listening skill unless we can suggest ways to monitor and improve that skill. Remember that a clinical Red Flag is not a diagnosis of a problem but an indication that increased attention needs to be given to a specific skill area. Below is a table that provides you with tips on how to respond to Red Flags.

Responding to Red Flags

<table>
<thead>
<tr>
<th>Table 4: How to respond to one Red Flag</th>
<th>Table 5: How to respond to two Red Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Share ideas with child’s parent</td>
<td>✔ Share concern with child’s parent</td>
</tr>
<tr>
<td>✔ Confirm child wears CI during waking hours</td>
<td>✔ Confirm child wears CI during waking hours</td>
</tr>
<tr>
<td>✔ Contact CI center regarding possible equipment/ programming changes</td>
<td>✔ Contact CI center regarding equipment/ programming changes</td>
</tr>
<tr>
<td>✔ Assess that home/school environment creates a need for child to use the skill</td>
<td>✔ Utilize any one-flag response</td>
</tr>
<tr>
<td>✔ Verify that prerequisites to a skill are adequately established</td>
<td>✔ Change teaching methods/techniques</td>
</tr>
<tr>
<td>✔ Break down skill into smaller steps and teach those steps</td>
<td>✔ Add sensory modality</td>
</tr>
<tr>
<td>✔ Use different materials/teach the skill in another way</td>
<td>✔ Consult with a colleague for new ideas</td>
</tr>
<tr>
<td>✔ Increase the intensity of training toward the skill</td>
<td>✔ Refer for learning profile testing</td>
</tr>
<tr>
<td>✔ Write plan of action/check every month for three months</td>
<td>✔ Refer to specialists to rule out additional disabilities</td>
</tr>
</tbody>
</table>

Additional Resources for Parents and Professionals

**HearingJourney™**
Discover the #1 online community to chat, laugh, and share stories about hearing loss and cochlear implants. Join today and receive a warm welcome from this lively group! Here, everyone understands your journey to hearing. Visit [HearingJourney.com](http://HearingJourney.com).

**Thursday Night Chats**
Live chats give you the opportunity to ask questions, share stories, and speak with recipients in real time. Join recipients for a weekly web chat Thursday evenings at [HearingJourney.com](http://HearingJourney.com).

**Connect to a Mentor**
Connect with another cochlear implant recipient, parent, or caregiver who will provide one-on-one support on navigating the process of choosing and living with cochlear implants. Meet a mentor by starting a conversation at [HearingJourney.com](http://HearingJourney.com).

**BEA Chapters**
BEA chapters host fun and informative local gatherings where you can meet AB recipients and others on the same journey to hearing as you. To mix, mingle, and share stories at an event near you, email [hear@AdvancedBionics.com](mailto:hear@AdvancedBionics.com).

**Online Event Calendar**
Find online, local, and regional events to support your journey to hearing. Visit our event calendar by clicking “Get Connected” at [AdvancedBionics.com](http://AdvancedBionics.com).

**Get Connected Webinar Series**
Learn more about Advanced Bionics through live and recorded webinars highlighting topics such as cochlear implant candidacy, AB technology, and cochlear implant research. Find a full listing of our webinars by clicking “Get Connected” at [AdvancedBionics.com](http://AdvancedBionics.com).

**The Listening Room™ Rehabilitation Website**
Access free resources to support the development of language and listening skills for all ages and environments. Activities can be practiced independently, with others, at school, or with a listening coach. Visit [TheListeningRoom.com](http://TheListeningRoom.com).

**Tools for Schools™ Program**
Advanced Bionics Tools for Schools (TFS) program for school aged children will save you time and give you the assurance you need that a child’s cochlear implant(s) is functioning properly at school. Download uniquely designed resources to help parents and school professionals support children with cochlear implants in the classroom. Visit the Tools for Schools Program at [AdvancedBionics.com/Tfs](http://AdvancedBionics.com/Tfs).

**Tools for Toddlers Program**
Advanced Bionics Tools for Toddlers (TFT) program for early intervention and pre-school aged children provides free resources to help support and enhance a very young child’s journey to hearing. The downloadable tools will save you time, provide you with resources to support your child’s success in early years, and help facilitate language development. Visit the Tools for Toddlers Program at [AdvancedBionics.com/Tfts](http://AdvancedBionics.com/Tfts). TFT resources can be found on the lower section of the TFS page.

Call **866.844.HEAR** (4327), Email [hear@AdvancedBionics.com](mailto:hear@AdvancedBionics.com), Visit [AdvancedBionics.com](http://AdvancedBionics.com)