



Habilitation Outreach for
Professionals in Education

HOPE Note

The Experienced Cochlear Implant User: Preschooler



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With the possibility for children to receive cochlear implants as young as 12 months of age comes the reality that deaf children may be experienced listeners by the preschool years. This HOPE Note addresses the particular needs of a growing group of children with hearing loss who come to preschool with unprecedented skills in listening, spoken language and speech intelligibility.

The fastest growing group of cochlear implant recipients is that of children under 2 years of age. By the time these children reach preschool age, they will have had at least 1 year and sometimes more than 2 years of listening experience under their belts. While these children have excellent auditory skills and are often approaching age appropriate language skills, they continue to have auditory and other learning needs for which speech and hearing professionals will need to be prepared.

Refining Specific Listening Skills

Most preschoolers with significant cochlear implant experience will have rounded the corner from the “learning to listen” stage to the “listening to learn” phase. Language development will be intertwined with auditory development in the same manner as it is for a typically developing child. New vocabulary, expressions, sentence structures and figurative language will develop daily through

incidental listening in unstructured activities. These children may, however, continue to benefit from fine-tuning their listening skills in more structured activities. For example, the teacher/therapist might work with a child to auditorily compare two words that differ by only one feature (e.g. “bed” and “beg” or “cable” and “table”). Additionally, the teacher or therapist may target practical listening awareness skills that will carry over to other areas of language and speech learning. For example, encouraging a child to ask for clarification when a new word is introduced will lead to new vocabulary development. Further modeling the use of the auditory feedback loop to compare sounds will aid in speech development and auditory discrimination. In order to individualize goals for any one implant recipient, speech and hearing professionals must implement diagnostic teaching practices that identify those areas that require habilitation. As always, professionals are encouraged to work side by side with parents to assist them in taking advantage of this exciting learning period.

Monitoring Developing Capabilities

A diagnostic teaching approach during the preschool years will also aid in generating appropriate expectations



for language and speech skill development. While receiving a cochlear implant at a very young age positions a child to catch up to same aged peers in auditory and language development, the preschool years are a time when developmental variations may become apparent. The educational professional must monitor language, speech and social skill development to determine if a child displays developmental difficulties in any area that might not be related to auditory influences. Conversely, guiding parents in recognizing those speech or language patterns that are typical for a child at a given age will be an important contribution. However, because the skills needed to be successful at age 4 are very different from those required in 4th grade, continued service provision by a speech and hearing professional is recommended to insure the language growth continues during the primary years.

Encouraging Participation with Hearing Peers

Once a preschooler has had significant listening experience and has begun to learn through listening, focus shifts from structured listening practice and toward integrated learning. Children will learn most from same aged peers with typically developing speech and language skills, therefore, as often as is possible, participation in mainstream preschool programs is recommended. In addition, individual service providers charged with guiding a preschooler with significant listening experience should maximize opportunities for peer interaction. Including siblings or friends into individual therapy sessions would be of benefit, both in providing the opportunity for natural learning experiences and in allowing for parents to observe ways to facilitate these interactions. Professionals are encouraged to guide parents to seek out

opportunities for peer interaction and to facilitate this goal within the IEP process.

Related Resources

Cochlear Ltd. (2003) *Listen Learn and Talk*, Tapes 2 and 3: "Toddlers Talk" and "Children Chatter". Australia. To order these materials visit the HOPE, Education and Rehab section of the Online Store: www.cochlear.com/Shop

Cochlear Americas. (2004) (Re)Habilitation Factors in *Cochlear Implant Resource Guide*. Englewood, CO. To order these materials visit the HOPE, Education and Rehab section of the Online Store: www.cochlear.com/Shop

Cole, E. & Flexer, C. (2007). *Children with Hearing Loss: Developing Listening and Talking Birth to Six*. San Diego, Plural Publishing.

Therres, MaryKay (2007). *Auditory Therapy for Young Children: Parent and Professional Partnership*. HOPE Online Library. Available at www.cochlear.com/HOPE.

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