**(The Speechie Show Ep.23)**

Welcome to the Speechie Show! Being a speech-language pathologist often means having too much work and not enough planning time. To beat the overwhelm, we’re bringing you the tricks and tools that will make your job a little bit easier.

**Carrie**: Hello everyone and welcome to the speeches show. I am your host Carrie Clark from Speech & Language kids.com and I am here today with Erin from Your Speech Path LLC. Thank you so much for joining us, Erin.

**Erin**: Sure, I am happy to be here.

**Carrie**: Excellent. today we are talking about where to start in therapy with your students who are deaf or hard-of-hearing. And we are going to share some tips today about how to get started with that, some therapy ideas, and we're going to do some giveaways here in just a couple minutes. So, stay tuned if you're here with us on Facebook Live you'll get a chance to participate in our giveaways. Alright, so we're talking about deaf and hard-of-hearing students today. And Erin why don't you go ahead and introduce yourself and your experience with students who are deaf or hard-of-hearing.

**Erin**: Sure. So, my career started when I saw Mr. Holland's Opus when I was a teenager and fell in love with sign language and the deaf community. I went a little bit of a different path in speech, initially. My background is a Bachelor's in deaf study. I learned American Sign Language in college and then I went to Gallaudet University in DC for my Master's in speech-language pathology. My passion has always been deaf and hard-of-hearing kiddos. So, it has been from the beginning and it is my bread and butter and I am really excited to talk about it today.

**Carrie**: Absolutely! Okay so are you in private practice now or working in the schools or what are you doing?

**Erin**: I am. I just opened my own private practice in January. I've worked in early intervention, preschools, outpatient rehab, private practice, and now I've just opened my own. So, private practice is definitely my forte. I really, really love it.

**Carrie**: Fantastic. Okay, so as we are going along today if you are watching with us live, we encourage you to type in questions. If you have any questions about the deaf or hard-of-hearing community or any of the things we're talking about, go ahead and type those into the comment section. And go ahead and type in right now what age group you are working with so we can make sure that we're getting you the information you want. So, if you're watching with us live go ahead and type in the comments what age group you're working with and we're going to jump in here today with five tips that will help you get started with treating a student who is deaf or hard-of-hearing. So, the first thing we want to talk about is our background information. Obviously, that's always where we start as a speech-language pathologist. So, let's talk about what that looks like for a student who is deaf or hard-of-hearing. What’ve you got Erin?

**Erin**: Okay, so when you know that you have a child that is deaf or hard-of-hearing on your caseload you want to do some research before jumping into therapy. We want to do this with all of our kids, but in particular with the deaf and hard-of-hearing kids. There's a lot of information that you need to know beforehand. You want to know the age of the child you're working with, you want to know the age of onset of the hearing loss, was the hearing loss identified it first, was it a late diagnosis. These are going to be really important when it comes to the therapeutic process. You want to know the degree of the hearing loss. Is it a mild loss, a moderate, a severe or a profound? And that's going to indicate what type of amplification they're going to be using. Because children with cochlear implants have to be severe to profound. Hearing aids are likely mild to moderate, around that degree. You want to know the type of hearing loss. So, one of the types is called conductive and that's when sound waves can't or have difficulty passing through the outer or middle ear. There's no damage in the middle ear and this can be caused by infection of the outer ear otitis externa. Or one of the common ones we hear about all the time with our kids and our client's otitis media that good old-fashioned ear infection. Other things can cause a conductive loss such as a hole in the eardrum or the tympanic membrane. Trauma such as damage, pressure in the ear, ear surgery, ear infection, all of these can cause a conductive hearing loss. And then another type is the sensory neural hearing loss and that is damage to the inner ear or the cochlea where all of the nerve paths go from the inner ear and travel to the brain to that auditory nerve. Sometimes there's damage to the hair cells in the cochlea. Sometimes there's a missing auditory nerve. And it's very important to find this out. I've had some stories where a speech therapist didn't know that there was no auditory nerve in a child. So, it's very important to check that information.

**Carrie**: That's helpful! Helpful to know.

**Erin**: It happens you know. And then there's mixed hearing loss where there's a combination of conductive and sensorineural. And then the last thing to think about when gathering all the background information is the age of the child when the hearing aids, cochlear implant, the Baja's, were first used. I have a particular kiddo who was diagnosed at Birth but he wasn't amplified until 2 years old. So, he missed those first two imperative years for language acquisition. So, it's important to get all of that information.

**Carrie**: Perfect. So, you get all that information and you're making sure you have all the information so that you can make decisions about what treatment will look like and what communication will look like for that student. Okay, I'm going to back up for a sec. So, we have a couple of people chiming in with what ages are working with. We've got a 2-13 and Elementary age. so, kind of a broad range there. If you guys want to type in what other ages you are working with that will help us make sure we're getting you the right information today. If you're just joining us we're talking about children who are deaf and hard-of-hearing and giving you some tips on getting you started with those. So, once we have the background information the next thing that we need to look at is how is this child going to communicate with the world around him. So, what can we do in terms of making sure the families are involved in this process, especially if we're the first ones to start treatment with a child?

**Erin**: Yes, so it's really, really important that this is a discussion with the families. About 95% of children born with a hearing loss are born to hearing parents who may not have the knowledge or education about what are the options for their child. I very much believe in being very forthcoming about all of the options. Whether that the auditory verbal. For the sake of this talk, I'm going to assume that the child is an auditory verbal model. But there is American Sign Language using basic sign language and very quickly some people aren't aware that American Sign Language is its own language. It has its own syntax. It's different than what a lot of people do with their kids signing exact English. So that's important to differentiate. Then there are other manual systems such as cued speech. That's another manual visual system of communication. It's phonemic based and it uses a small number of handshakes known as cues that represent consonant-vowels depending on where the key was placed whether it's close to the mouth, that's a vowel or a little farther out from the face which represents consonant. That's less frequently seen. It's more so sign language or auditory verbal. But then we also can't forget about total communication which is, I've quite a few kids doing this which I love, they're taking an auditory verbal or auditory-oral approach but they're also incorporating sign language. And sometimes it's a matter of parents wanting their child to feel also part of the deaf community, not just a hearing world. So, I love sign language. All the research backed up that it's really great to use even for kids with typical hearing. But these are all systems of communications to discuss with the family. Definitely not something that you assume. Definitely, open conversation from beginning to end.

**Carrie**: Absolutely! And just so that people are familiar, auditory verbal would be where it's just spoken speech and there is no extra visual.

**Erin**: Yep. Listening and speaking.

**Carrie**: Okay so I like the idea of working with the families because you don't want to like she said assume, will they probably just want to use auditory-verbal because they're not you know in the deaf community. And then completely discount sign language when maybe that family is saying but we really would like to incorporate some of the sign languages. In the same way if you try and direct a child towards sign language and the family isn't willing to learn it there's no point in doing that if it's not going to be across environments.

**Erin**: Absolutely because then the only exposure they're getting to sign language is either at school or wherever you're seeing them for therapy. And when you're learning a language you need to be engrossed in the language, as we all know.

**Carrie**: Absolutely. So, you've got the background information, sat down with the parents and you've talked about how is this child going to communicate. How are we going to communicate with him? Once you have all that decided then we have the devices to deal with. So obviously we are not the ones fitting the child with devices, that should be an audiologist roll. But what is our role when it comes to helping manage these devices?

**Erin**: So, for a speech language pathologist you should be aware of what kind of amplification the child's using. Whether it is a hearing aid, unilateral or bilateral. Whether it's unilateral or bilateral Cochlear implants, a bone anchored hearing aid we abbreviate to the Baja. And things that you should know or how to check the batteries, checking the lights on the devices because lights differ from device to device. Sometimes a green light indicates that the hearing aid is working and sometimes an orange light indicates that it’s working. So, you need to know what lights mean what because sometimes kids aren't so great at identifying if their amplification is not working. Some kids are just distracted and some don't care, and some haven't learned yet. So, it's important for us to keep our eyes open to during all of this troubleshooting of the devices. Another thing to look for are debris and earwax in the tubing. Things like that when you visually inspect the device you can see if everything is clean or not. And another big thing is if there are any missing pieces. If you noticed that your child has the hearing aid over their ear but the tubing is cracked or something's missing they're not having that full Auditory access that they need. So, for speech-language pathologists who don't have a lot of experience troubleshooting devices I highly recommend finding a hearing support teacher. They typically walk around with their little kits of all the trouble shooting equipment. And a lot of times families have them, too. So, I would try and familiarize yourself with the little tools. There's tiny little brushes, brushes that I've never seen that small in my life. Little pics to get earwax out. You know all of these things that you need to know how to use because of the amplification isn't working your therapy is not going to be productive.

**Carrie**: Yes excellent. So, one of the rules of thumb that I usually use is just every time you see that child the first thing you do is check their device. Is that generally what you recommend?

**Erin**: Absolutely! As soon as you see them if they're walking down the hallway check to make sure those devices are on. They might just be in their backpack, they might be at home, or wherever. You need to know that they are on.

**Carrie**: Yes. And you can always train teachers, as well to do that once you figured out how to do it yourself if you're in the school setting. Teach those teachers had to do an equipment check first thing in the morning so that they are definitely benefiting from the education. Because if they can't hear the teacher we’re losing some good time there.

**Erin**: Big problems, yeah. And the thing is, it's very important for not only the teacher to check it before the speech therapist do it, because the battery is could die between arriving at school and two hours later when they're showing up to speech. So, you can't just assume that everything is working and that the teacher checked everything because everything might have been working at 8 a.m. but at 10 a.m., you never know.

**Carrie**: Yeah. Alright so if you're on Facebook Live with us stay tuned. We are going to do some giveaways here in just a moment. But we have 2 more tips for you. So, you are started, you're ready in therapy, you know how things are going to go, but let's talk about what we actually do in therapy to help this child. So, the first thing we want to talk about for that is training them how to listen. Tell us how that looks for you Erin.

**Erin**: So, I think a lot of speech-language pathologists just assume hearing is just part of the deal. You don't have to necessarily address it or work on it too much. You just assume the child is hearing. But with deaf and hard-of-hearing kids you cannot assume that. Something that I really want to emphasize is that listening is hard work. So typically hearing kids have been listening since birth. It's not as much of an effort for them. Whereas deaf and hard-of-hearing children haven't necessarily been hearing since birth. They might not have been amplified since birth. Amplification is getting early and earlier thank goodness for kids and tiny babies, but this is something speech-language pathologists have to be aware of and have to incorporate into therapy. Teaching children to listen. So, there is a listening hierarchy that I always use and every session. Even if it's just a warm-up. The first in the hierarchy is detection. Is the child responding to sound? If there is a fire truck outside or if it is a sound that you're manifesting are they responding by turning their head moving their eyes. Are they reacting? The second step in the hierarchy is discrimination. So, they are detecting sounds and they are responding to sounds, but can they tell if the sounds are different or the same. If you say peach versus pitch, can they discriminate that those are two different words? That's important to know. The next step in the hierarchy is identification. They can detect the sound, they can discriminate whether it's the same or different, but can they identify what that sound is. I hear a fire truck that sounds different than an airplane. Can they identify that as an airplane? That is a car. So that is the identification phase. The last in the hierarchy is comprehension. So, they can detect, they can discriminate, they can identify but do they comprehend what they are hearing? Now, this can be taking form of hearing directions vocabulary reading a book. Are they comprehending and vocabulary and everything that you are saying? It's great if they can detect, discriminate, and identify, but if they cannot comprehend the sounds then that's going to be a problem. And then I encourage all speech-language pathologist to do what we call a listening check. And that is for the Ling 6 sounds. And if you are not familiar with the Ling 6 sounds, these sounds are approximately the sounds ranging from approximately 250 Hertz to 4000 Hertz on an audiogram. And they represent speech in the low mid and high frequencies. And this basically tells you what the child is hearing at that time. It determines the child's auditory access to speech sounds. Are they hiring low sounds? Are they hearing high sounds? And those sounds for the Lang 6 are ooh, ahh, eeh, shh, sss, mmm. And I could just blow them out because I've been doing them for years. But there's lots and lots of visuals online that can help you. And also, I recommend going to cochlear.com, Advanced Bionics.com. These are all brands of Cochlear implants and they have amazing resources for the Ling sounds and incorporating them into therapy. So, I really recommend those websites. They also have therapy ideas too for speech pathologists.

**Carrie**: So where does the Ling 6, where does that exercise fall into the continuum that you were saying? Are you asking them to identify which sounds they hear or just do they hear them?

**Erin**: It depends on the age of the child. If they are really young I just ask them to raise their hand or tell me that they heard a sound. And in order to ensure that they are hearing and they are not watching my face to know that I said something I use what I call an auditory hoop. And you can make these on your, of course. I have one in my home office. It's basically just a sewing hoop and you get whatever fabric you want and it literally takes 30 seconds to make. So, then you just put this just over your mouth so that all you can do is hear me and you can't depend on any visuals. So, for younger kids I just have them raise a hand. I don't necessarily ask them to identify. But for older kids, I would say sometimes 3 and up, I asked them to identify the sounds and repeat back the sound that I said.

**Carrie**: Perfect, excellent. So, the last thing we're going to talk about today for working with our students who are deaf and hard-of-hearing is the therapy strategies. Erin can you share a couple different therapy strategies that you use when you're working with these students to help them improve their communication skills?

**Erin**: Absolutely. These are really simple strategies that you can incorporate, but it's very important that you do include them in every therapy session. One I recommend is reduce the distance between the child and you. If the child has a unilateral loss, know which ear is the best ear and sit closest to that ear for the best auditory access. Seating that goes along with it. Where is the child sitting and keep that distance short? If there are multiple kids in a room in a group setting make sure that your seating is appropriate to the child with a hearing loss. And also make sure that the child is not sitting in front of a window with a draft or anything like that. Things that you kind of forget about in a therapy room. I also recommend especially with younger kids maybe newly amplified, maybe not, keep your phrases short when it's appropriate. Especially if there are any issues with the comprehension piece of the listening hierarchy. The shorter the phrases the better and the easier and the child is going to help a comprehension. Another one is repeating yourself. And making it settle so if you're giving directions. We're going to play Caribou because we all play Caribou and repeating twice. Find the cupcakes. Find the cupcakes. Just something like that. And then to piggyback on repetition asking the child to repeat back what you just said, what your direction was to ensure active listening. Johnny what did I say? Or what did you hear? To be sure that auditory access is there and they are actively listening. And a couple others are auditory highlighting or acoustic highlighting. Let's say you're working on final consonants and you're talking about cherries in Hi Ho Cherry-O. Cherries, highlighting that “s”. It could be highlighting vocabulary or highlighting specific phonemes, but that acoustic highlighting can be very important and helpful. A closed set vs. an open set. Instead of asking a child with a hearing loss to identify an answer from an open set keep it closed and give them two or three options, that way it's a little easier for them to answer. And then the last one is for some kiddos that need some visual assistance whether it's signs, that's a whole other talk, but for those visual cues that we call auditory sandwiching. Where are you giving the auditory que or the word that you are talking about. Let's say you are practicing cherries. Cherries. So, it's a sandwich and you can do that as needed where it is appropriate throughout therapy sessions. All of these together are just really reinforcing that active listening. Again, going back to listening is hard. And it is a really important part of the therapeutic process for these kids.

**Carrie**: Wonderful. Yeah, I really like the auditory sandwich. Even for children who don't have hearing loss. I use this a lot because a lot of our students need a visual paired with the language to be able to understand it. So, if you give them the auditory first make them think about it okay what did I hear what did we talk about, then give them the visual like oh that's what it was. So, they have a chance to process then they see what it is so they can really understand it and then you say it again to reinforce that language piece. I think this is key for any child with a communication disorder regardless of hearing status.

**Erin**: Oh, absolutely, yeah. And I don't know if the delay emphasized it, maybe too much, but it's just like you do Carrie, you give a nice generous pause between the auditory, visual, and the auditory. All that processing and all that reinforcement is going to help these kids.

**Carrie**: Absolutely, wonderful. Okay we are ready to share some resources and do some giveaways so stay tuned if you're here with us live on Facebook. If you are watching this recording after the fact you don't get to participate today but join us on Monday afternoons on Facebook Live and you can participate in the next one. Alright, so favorite resource. What is your favorite resource for working with children who have hearing loss?

**Erin**: So, I always, always have the speech banana laminated and ready for quick access. Here's the one, I don't know how well you can see it, but I have this from again, Advanced Bionics and it gives common sounds and where they fall on an audiogram. And to pair with this I always, always have the most recent copy of the child's audiogram so that I can see what they are hearing aided and unaided. Whether the application is on or off. So, the speech banana and an updated audiogram and I keep them within very close range.

**Carrie**: Okay and after we get off can you put the link to that speech banana in the comments on Facebook?

**Erin**: Absolutely!

**Carrie**: Okay and if you're watching this recording after the fact, we'll have it in the show notes on [speechandlanguage kids.com](https://www.speechandlanguagekids.com/). Alright so now it's time for giveaways. We are going to do two giveaways today. The first person to answer my question correctly will get Erin's giveaway and the second person will get mine. So, Erin tell us what you are giving away today.

**Erin**: So, I always do in between the Ling practice and all the listening checks. I like to practice that active listening every session and I really love this bingo game. It's called Sounds at Home and it really encourages children to be listening to the sound. Now it's a little old-fashioned it has a CD in this game, but I'm sure you could burn it onto your iPod or whatever one's using now. But it's common sounds from the home, from outdoors, and you have to detect, discriminate, identify the sounds. And on the bingo card you have to obviously put the chip on and it just really encourages that engaged active listening. And it's just a fun warm up.

**Carrie**: Perfect and where can people find that if they don't win today's giveaway?

**Erin**: You can get this off of Amazon. Amazon is the best. Just look up sounds at home listening bingo.

**Carrie**: Okay perfect. Can you add the link to that to the comments after as well?

**Erin**: Yep definitely!

**Carrie**: Perfect! Alright, that's the giveaway for Erin. I will be giving away two free months in my membership the Speech Therapy Solution. If you are not familiar with that that is my premium exclusive membership just for speech-language pathologist. When you get in there you will get access to training materials, ready-to-go therapy materials that you can print out and use right away with no prep. We actually set you up with a survival kit full of the no-prep materials so you're ready to go for therapy. We also do monthly webinars. We are doing one this afternoon in fact, for speech therapy with Down Syndrome. All kinds of goodies in there. So, if you would like to check that out go on over to [SpeechandLanguagekids.com/join](https://www.speechandlanguagekids.com/become-a-member/) to get the information. But the second person to answer my question is going to get two free months in that. Alright so here's the question, are you ready Facebook Live-ers? Here it is. For the Ling sound test, how many sounds are in the test? You need to know how many sounds are included in the ling sound test. I didn't say it. I was so sure I was going to say the number hahaha. So, we'll give that a second. It takes a little bit of a delay here on the Facebook Live, but we'll see the first two people. Alright, Fern Alyssa Reynolds says 6. Hooray, you are correct, it is 6. So, Erin how do you want her to contact you to get her give away?

**Erin**: You can email me at speechpathwitherin@gmail.com.

**Carrie**: Perfect. Alright, and let's see the next one is Lindsey Hall had six. Alright, Lindsay, you are going to win the two free months in the Speech Therapy Solution and you can email me at carrie@speechandlanguagekids.com and my assistant, Kena, will get you all set up. We have all kinds of people chiming in. Wonderful! Alright, that's our show for today. We hope that helped you out with your cases for children with hearing loss. If you have more tough cases that you need help with head on over to [SpeechandLanguagekids.com/join](https://www.speechandlanguagekids.com/become-a-member/) to find out more about our membership and Erin where can people find more about you?

**Erin**: They can find more on my website [www.speechpathwitherin.com](http://www.speechpathwitherin.com/) and I am over on Facebook at Your Speech Path LLC.

**Carrie**: Perfect! Alright, well thank you so much for being here today.

**Erin**: Sure, and thanks everyone for listening on Memorial Day!

**Carrie**: Yes! Thank you all for joining us and we will see all of you next Monday on the Speechie Show. I don't remember who's coming on so it will be a surprise. Alright, thanks, everyone and have a great Memorial Day. Bye.

Thanks for joining us today Speechie Show. We hope today's tips have helped you feel a little less stressed and a little more confident about your work. If you’re looking for more stress busters and confidence boosters, we’d love to have you join us in The Speech Therapy Solution, where you’ll get access to a huge library of premium training videos and another library of print and go therapy materials. You can also get help with your tough cases by joining Carrie on the weekly Q&A calls, or by posting in the exclusive Facebook group. Plus, group members can join us for a monthly webinar that can be used for a continuing education credit. Head on over to SpeechandLanguageKids.com/join to check out all the amazing benefits of the speech therapy solution membership. Bye for now.