

THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report composed by

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2009 Churchill Fellow

The Bob and June Prickett Churchill Fellowship to study examine management and therapy strategies for children experiencing hearing loss - U.K., Italy, USA, Canada.

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Signed

Lynda Close

Date

17 September 2010

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INTRODUCTION

Since graduation from the University Of Queensland (UQ) with my Bachelor of Speech Pathology in 2004, I have worked for the Hear and Say Centre, Auchenflower, Brisbane. Working with Children with Hearing Loss and their families using the Auditory-Verbal Approach has become a passion, not just a job. This passion drove me to study for an extra certification in Listening and Spoken Language (LSLS Cert AVT) through the Alexander Graham Bell Academy, USA. Similarly this passion motivated me to apply for a Churchill Fellowship to further improve our services at Hear and Say for Queensland children with hearing loss and their families.

Statistics indicate that 1 in 1000 children are born with hearing loss making it the most common disability in neonates. A further 3 in 1000 will be diagnosed with post natal hearing loss – therefore hearing loss affects approximately 4 in 1000 children before they enter school. With modern technology and appropriate early intervention, these children are able to listen and speak like their hearing peers, attend mainstream schools and achieve their dreams.

In Queensland, Australia, Universal Newborn Hearing Screening (UNHS) has allowed identification of hearing loss at an early age. Families then choose an early intervention program, entering these programs earlier than ever before. Auditory-Verbal Therapy is one of the early intervention choices for parents, and the Hear and Say Centre is the only programme in Queensland which offers families the Auditory-Verbal approach.

The Auditory-Verbal approach was pioneered in the USA/Canada and was introduced in Queensland by Mrs Dimity Dornan when she founded the Hear and Say Centre in 1992. Auditory-Verbal Therapy uses a set of governing principles for working with Children with all degrees of hearing impairment and their families to teach their children to listen and speak. Hearing impaired children in today's society can learn to listen and speak just like their hearing peers by wearing modern hearing technology (hearings aids or cochlear implants) all waking hours coupled with early intervention (Auditory-Verbal Therapy).

I would like to thank Mr Bob Prickett for this once in a life time opportunity. I am eternally grateful for his generosity and passion towards improving the health of Queenslanders. I am so grateful to have be given this opportunity to travel to UK, Italy, Canada and USA to gain information on the latest techniques and research at 2 international conferences and 5 leading Auditory-Verbal centres for Children with Hearing Loss so that I can improve the Services provided to the families and Children through Hear and Say and other like centres in Australia.

I would also like to thank my colleagues at Hear and Say for their support and encouragement through the application and planning process of my fellowship. I would also like to acknowledge my two referees – Mrs Dimity Dornan, and Mrs Jane Black.

I would like to dedicate this report to all of the amazing people I met on my travels. Their wisdom, knowledge and generosity have allowed me to gain a wealth of information to bring home to further improve our services at the Hear and Say Centre for Queensland children with hearing loss and their families.

EXECUTIVE SUMMARY

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The Bob and June Prickett Fellowship to study examine management and therapy strategies for children experiencing hearing loss - U.K., Italy, USA, Canada.

Programme Highlights

- Attending the Biennial AGBell Conference in Orlando, Florida.
- Attending the Jean Weingarten Oral Peninsula School for the Deaf summer school program.
- Attendance and observation at the Children's Hospital of Eastern Ontario, including the work they conduct with Inuit families who live great distance from services.

Conclusions and Recommendations

- Development of theory of mind is essential for children with hearing loss. Strategies will be implemented to encourage theory of mind for children with hearing loss at Hear and Say Centre.
- Implement a take home notes sheet with goals and ideas for parents/caregivers to take home and utilised to assist their children to develop listening and spoken language and reach their potential.
- Discuss continuer vs. terminator responses with Therapy and Audiology staff at the Hear and Say Centre on parent counselling strategies when communicating with families.
- Investigate the possibility of Occupational Therapy, Physiotherapy and Social Work support at the Hear and Say Centre.
- Implement strategies to ensure Home visit are done regularly throughout the year for young children in the Hear and Say Program to enhance to opportunities to utilise the natural language environment for children with hearing loss and their families.
- Discuss the importance of adult learning styles and their possible impact on a Therapist-Parent relationship so therapists at Hear and Say are able to adjust their information giving style to suit each family.
- Implement cognitive learning strategies where applicable during playgroup and Auditory-Verbal Therapy lessons to enhance communication opportunities and conversation skills for children with hearing loss at the Hear and Say Centre.

PROGRAMME

Date	Time	Place
15 - 22 May 2010	3 days at Auditory-Verbal UK (AVUK)	Oxfordshire, UK
6 - 13 June 2010	4 day NHS 2010 conference	Cernobbio, Italy
13 - 20 June 2010	5 days at Children's Hospital of Eastern Ontario (CHEO)	Ottawa, Canada
20 - 24 June 2010	3 days at Bolesta Center	Tampa, Florida
24 - 30 June 2010	5 day AGBell Convention	Orlando, Florida
30 June – 5 July 2010	3 days at New York Eye and Ear Infirmary (NYEE)	New York City, New York
5 July – 11 July 2010	4 days at Jean Weingarten Peninsula Oral School for the Deaf (JWPOS)	Redwood City, California

MAIN BODY

Listening and Spoken Language for Children are deaf/hard of hearing is a growing area due to Newborn Hearing Screening and early detection of hearing loss. Research suggests that 95% of children with a hearing loss are born into families with normal hearing – therefore many of these families choose a listening and spoken language approach for their child.

After amplification, with the best hearing technology available for the child's hearing loss, children begin their listening journey. Fitting a child with hearing aids, does not fix the problem and make the child hear immediately. Children who have a hearing loss must learn to listen, and integrate their listening skills to learn spoken language and communication. The Hear and Say centre assists families to help their children along the path to spoken language using the Auditory-Verbal Approach.

As in any field, it is vital to stay abreast of latest techniques, recent research, and best practices so that the most thorough and effective service can be provided to our clients. In the case of the Hear and Say Centre, we aim to provide the best service for families and children with hearing loss so they may reach their potential in listening and spoken language. Centres in the UK, Canada and America were specifically chosen so that best practices in several clinical settings could be investigated. Two conferences providing information on hearing loss in a Paediatric population were chosen to examine current research findings and practices around the world. Below, each centre and conference is outlined and my conclusions from each experience are also noted.

Auditory-Verbal UK (AV^{uk})

AV^{uk} (www.avuk.org) is a not for profit organisation located in the small country area of Chesterton in Oxfordshire in England. It was established 6 years ago by Jacqueline stokes. AV^{uk} provides Auditory-Verbal Therapy services to approximately 60 children with severe-profound hearing impairments and their families. Children are seen on a fortnightly basis, and often by different or rotating therapists. Families have to travel to the centre for lessons as AV^{uk} do not currently run an outreach service, so some families travel for many hours to reach this service. Children are seen for Auditory-Verbal Therapy lessons from Monday to Wednesday and Thursday/Friday are utilised for administration time, professional development and listening and spoken language training to graduate students.

Auditory-Verbal services are not offered as an early intervention option automatically after newborn hearing screening in the UK. Other professionals are in place from the time of diagnosis but parents are often unaware of the other education options that are available. It takes family initiative and

motivation for them to seek out Auditory-Verbal Therapy as an early intervention option for their child. We are very fortunate that in Australia, Auditory-Verbal is one of the educational options given to parents when making a choice on early intervention for their child after newborn hearing screening.

An obvious difference in the population of children attending AV^{uk} and Hear and Say was the age of the children. General observation indicated that AV^{uk} are not seeing children until they are quite a way post diagnosis, hearing aid fitting and cochlear implantation. Some children do not reach Auditory-Verbal Therapy services until 3-4 years. Most newly diagnosed families who chose Auditory-Verbal Therapy for their child in Queensland are enrolled in the Hear and Say program from the day their hearing aids are fitted (sometimes as young as 4 weeks of age).

It was noted that parents are very involved in determining lesson goals at AV^{uk}. Therapists at the centre pre-plan activities however there is a great emphasis on the integration of parent initiated goals in each session. It was very evident that addressing the current needs and concerns of the family at the time they attended for therapy was a great way to assist the family to implement strategies for their child that are practical rather than purely focussing on the developmental steps.

Sessions also focus on developing social reasoning and communication skills to encourage the development of theory of mind. Theory of mind can be defined as the ability to attribute beliefs, intents, desires, pretending, knowledge to oneself and others and to understand that others have beliefs, desires and intentions that are different from their own. Theory of mind has been an area of interest in the hearing impaired population in recent times. Language sabotage, problem solving, analogies and discussion were utilised throughout activities to create circumstances for children to utilise their theory of mind skills, giving them practice. Encouraging the development of theory of mind from the time that children enter therapy allows them to gain these skills and generalize them into everyday situations. Theory of mind development is not currently considered during goal planning at the Hear and Say Centre. Implementation of the strategies listed above in therapy will assist families to encourage their children to develop theory of mind skills.

AV^{uk} use a take home messages/notes sheet written with parents at the end of each session. The take home notes sheet is for families to write down the things they have learnt throughout the session to take home and pin up somewhere accessible. This acts as a reminder parents on what to do at home until the next session. Parents are guided through this process by their therapist to ensure they formulate relevant, realistic goals to carry on at home. Hear and Say families will benefit from the implementation of something similar to this take home notes sheet.

NHS 2010

The Newborn Hearing Screening Symposium 2010 in Cernobbio, Italy brought 550 delegates together from 60 different countries. This international conference has been running since 2000 and addresses the many different areas of Newborn hearing screening and working with children with hearing loss. It is a well renowned conference for its quality and the amazing location on the northern Lake Como in Italy. Outlined below are some of the interesting topics discussed throughout the conference.

Anu Sharma (USA) was the key note speaker at this conference. She presented her latest research on cortical evoked potentials for children who are bilaterally implanted at different ages considering the critical period between the age of the first and second implant. Her findings indicate that bilateral implantation at an earlier age allows the brain to act in a manner that is close to the brain of a normally hearing child (ie the auditory cortex's are stimulated bilaterally). Her research indicates the importance of cochlear implantation, bilaterally at a young age with a suggested critical period of <18months of age. Her research also confirms that the age of implantation of the first CI (in sequential implantation) determines the success of the bilateral implant. This information reinforces what is occurring in Queensland. Eligible children requiring a cochlear implant in Queensland receive bilateral simultaneous or sequential implant as young as possible (<12mths).

Anne Fulcher from the Shepherd Centre in Sydney presented her research findings on Managing the mess for families in an Auditory-Verbal program. She highlighted the importance of accommodating each family's needs, and assisting them to managing all of the different areas of their lives which impact on their ability to assist their child through the process of learning to listen and speak. Considering every family situation and the strains that they experience is very important to providing an effective therapy service to that family. Her presentation highlighted that sometimes the child's hearing loss is not the top priority for that family at that time, and therapists must work with them to assist them to manage their mess so they can help their child reach his/her potential.

Kris English (USA) discussed parent counselling strategies when working with families and counselling them about hearing loss. She discussed the importance of being conscious that parent statements or questions may provide you with more information than it may first appear. She discussed the use of terminator phrases vs. continuer phrases. A terminator phrase answers a question directly but does not allow more information to be gained from the conversation. Continuer phrases prompt the parent to give more information often allowing the professional to gain extra information about their patient. Terminator responses have been found to be overused in

therapeutic contexts and do not provide parents with the opportunity to fully divulge their concerns or ask the questions they might really want to ask. By using continuer responses audiologists and therapists working with a family can delve further into the underlying reason for the enquiry and become more affective in counselling the family at that particular time. This is something for Audiologists and Auditory-Verbal Therapists at the Hear and Say Centre to consider and implement into their everyday interactions with families to ensure they gain all of the information from families to optimise the information and coaching provided to each family.

Children's Hospital of Eastern Ontario (CHEO)

CHEO has a long established Auditory-Verbal Program as a part of their Ear, Nose and Throat Clinic. The therapy staff consists very experienced LSLS Cert-AVTs and gave me a wonderful opportunity to observe and pick up therapy techniques and ideas. There are approximately 70 children receiving an A-V Service from this clinic.

Hear and Say doesn't have the diverse multidisciplinary team that CHEO have. As CHEO is a hospital, every member of the medical team is available for parents and children to access including: Ear, Nose and Throat Surgeon, Infant diagnostic Audiologists, Cochlear Implant Audiologists, Hearing Aid Audiologists, Psychologists, Physiotherapists, Occupational Therapists and LSLS Certified Auditory-Verbal Therapists. There are many advantages to having all of the members of the hearing health team present for families to access. At Hear and Say, we have cochlear implant audiologists and Auditory-Verbal Therapists, however if hearing aid, FM system, physical development or medical concerns arise, our children are required to access services external to Hear and Say which sometimes requires families to wait months for appointments. It would be ideal to be able to provide more extensive services to our children on site. Engaging an Occupational Therapist, Physiotherapist and Social Worker or Psychologist has been discussed in the past, however seeing the advantages for families at CHEO raises the importance of looking into this option once more for families at the Hear and Say Centre.

Observing the experienced therapists at CHEO highlighted the importance for thorough mentoring and training of therapists to ensure they maximise their skills as an Auditory-Verbal Therapist. It is so important to utilise the experience of therapists with many years of experience in the Auditory-Verbal profession to provide support and guidance to younger/training therapists to ensure they reach their potential. At Hear and Say we have therapy staff with many years of experience that are able to mentor and guide our therapists to build and develop their skills as Auditory-Verbal professionals.

Therapy provision at CHEO for children with multiple disabilities highlighted an Auditory-Verbal Therapists' role in working this population. Children with hearing loss who have other physical and intellectual problems are often seen to be unsuitable candidates for an Auditory-Verbal program. At CHEO, they work by the philosophy of being a prominent part of the child's learning and development. Pam Staecie from CHEO uses the phrase "Auditory Ambassador" to describe an Auditory-Verbal Therapists role with children with severe multiple needs. Often Auditory-Verbal Therapists are the only people focussing on the hearing impairment and listening skills of a child with multiple needs. Whilst spoken language may not be the final goal for these children, Auditory-Verbal Therapists play an important role in assist families to help their children develop listening skills and educating other professionals on how to maximise learning through listening to assist each child to achieve their potential.

Bolesta Center

The Bolesta Center (www.bolestacenter.org), Tampa, Florida is a not for profit organisation who is dedicated to teaching children who are deaf and hard of hearing to learn to listen and speak. The Bolesta Centers' base is in Tampa, however they also have satellite centres in Lakelands and Orlando.

The Bolesta Center is involved in a district program for early intervention children 0-3 called First Steps. The philosophy of the program involves working with young children in their own homes to provide a natural environment and language learning context. This program's effectiveness reinforced the great importance and benefit obtained from visiting children in their own homes. Whilst it would not be time or cost effective for the Hear and Say Centre therapy staff to provide Auditory-Verbal Therapy regularly in the home, it reinforced the importance of ensuring that a visit to the families home setting does occurs soon after enrolment to assist the family to integrate listening and spoken language into their everyday home environment. It is also important to provide ongoing home visits (4 per year) to ensure that parents are able to maximise the natural language environment for their young child with hearing loss.

Bilingual or ESL (English as a Second Language) families were also a big part of the caseload that the Bolesta Center services. Providing support and regular therapy to these families was vital. Staff at the Bolesta Center reported that interpreters were not used in therapy sessions unless there was an important discussion with the family. Through experience, it was found that having an interpreter present in therapy sessions interrupted the flow of the session and distracted the parents from being able to fully focus on the child's needs. Observing therapy with Bilingual and ESL families also confirmed the importance of encouraging the family to use the language which is most comfortable

to them as the primary language for teaching their child. If a parent does not teach their child the language they are most comfortable with, their child may not develop proficiency in one language before learning a second language. These observations confirmed the model that is being used at Hear and Say, lessons for ESL and bilingual families are carried out without an interpreter, parent coaching is carried out in English and the family is encouraged to follow through on the goals for their child in their native language.

AGBell 2010 Biennial Convention

The next conference attended was the Alexander Graham Bell Biennial Convention, held in Orlando, Florida. AGBell (www.agbell.org) are an American based organisation that help families, health care providers and education professionals understand childhood hearing loss and the importance of early diagnosis and intervention. Through advocacy, education, research and financial aid, AG Bell helps to ensure that every child and adult with hearing loss has the opportunity to listen, talk and thrive in mainstream society. With chapters located in the United States and a network of international affiliates, AG Bell supports its mission: Advocating Independence through Listening and Talking.

The AGBell convention is one of the major international conferences for professionals working with children with hearing loss who are using a listening and spoken language approach. The Convention Highlights are outlined below.

Teresa Caraway from Hearts for Hearing in Oklahoma City (www.heartsforhearing.org) facilitated a short course called Adults Aren't Just Big Babies. This course focussed on adult learning styles and catering to the needs of the families when working with children with Hearing loss. It highlighted the differences in adult learning styles and discussed the difficulties in a therapist and family relationship not working due to differences in learning styles. It is important as an Auditory-Verbal Therapist to be sensitive to families learning styles and adjust the way that they give information according to each family's needs. It is important to make parents an integral part of their child's journey and help them to best understand their child's hearing loss and needs so that they can be the primary advocate for their child. This is our aim at the Hear and Say Centre, however there has been little emphasis on the importance of learning styles and how these may affect the parent-therapist relationship. It is important to remember that we all learn differently. Therapists must first discover their own learning style, and then feel confident asking parents about how they best learn so they can use this information when providing information to the family.

Carol Flexer, Denise Wray and Lyn Robertson (USA) presented an excellent concurrent session on Essential Practices for Listening, Speaking and Literacy. The main focus of this session was Literacy development for children with hearing loss. Literacy and Numeracy skills in children with hearing loss have previously been a great area of concern for educators working with this population. Research shows that audition is the first order event for the development of spoken language and literacy. There are many activities which support literacy development including: finger plays, telling and retelling stories, story sequencing, singing songs, musical activities, creating experience books and talking about books just to name a few. It was highlighted here that Auditory-Verbal therapists are not reading teaches, however therapy lays the infrastructure (auditory brain development, language, vocabulary, reading aloud) and environment for reading. This is an important piece of information to remember for therapy planning and implementation at the Hear and Say Centre to encourage literacy outcomes for children in our program.

Another presentation by Katherine Ritter, Natalie Cope and Tanis Howarth (USA) focussed on the Auditory-Verbal Lives of children with Multiple Challenges. They specifically focussed on the decision to progress to Cochlear Implant for children with multiple disabilities. This presentation reinforced findings from CHEO regarding a therapist being an auditory ambassador. It discussed appropriate assessments for children with multiple disabilities and suggested using structured questionnaires rather than traditional standardised assessments. The presentation outlined that the role of an Auditory-Verbal Therapist is to maximise listening to assist children with disabilities to integrate more with their environment and their families. This presentation also highlighted the importance of looking at the child's successes post cochlear implantation differently from children with normal development. It is important to celebrate the small successes and personalise specific goals for these families. This information highlighted the need for a separate assessment protocol and service delivery for families with children with disabilities at the Hear and Say Centre to formalise the therapy path for these families.

New York Eye and Ear Infirmary (NYEE)

NYEE is a branch service of the New York Eye and Ear Hospital. The clinic at NYEE is set up to provide diagnosis, fitting of technology, therapy and medical services for children with hearing loss.

Having hearing aid and cochlear implant Audiologists onsite was a fantastic advantage for families attending NYEE. There were also Doctors, Social work, and Physiotherapy available when required. These onsite services allowed families to attend one centre to receive all of their hearing health needs. As mentioned earlier, it would be ideal to have all hearing health professionals onsite for

Hear and Say Families to access. Families who have children with hearing loss have many varied and complex issues and appointments to deal with, and would greatly benefit from have all hearing health professionals (or as many as possible) to assist families when they need it.

Jean Weingarten Peninsula Oral School for the Deaf (JWPOSD)

JWPOSD located in Redwood California provides Early Intervention, Kindergarten and Preschool services to children with hearing loss depending on their needs (www.deafkidstalk.org). There are small group classes and individual therapy offered to all children. Parents attend with young children and are encouraged to attend for some individual therapy each week.

It was interesting to visit the summer school at JWPOSD. This program caters for children with hearing loss who are learning to listen and speak in small classes with their normally hearing peers. The school day began with a 30 minute music session based on the summer school theme (sea/ocean). Children were also seen throughout their summer school programs for individual therapy. Children are only serviced through JWPOSD until a time when they are within the normal range compared to their hearing peers and entering an integrated setting such as prep or year 1.

The Preschool curriculum and Speech Therapy sessions are conducted using a cognitively-based curriculum focussed on thinking and learning language through problem solving and cognition. This curriculum provided many conversational opportunities for the children, and allowed them to practise and enhance their social skills both in the classroom setting, and during music/group time. Seeing the benefit that the children gained from this educational setting reiterated the importance of encouraging parents to bring their children to playgroup so they can interact with other children with hearing loss, but also encourage them to attend inclusive settings which provide an educational program (such as Kindergarten) so that children learn to socialise and interact with their peers. Although cognition is a developmental area on the St Gabriel's Curriculum we use at Hear and Say, I feel it is an area each therapist could utilise more to promote natural conversational interactions, and develop better thinking and problem solving skills at an earlier age. Cognition is the driving force behind all learning for children, therefore it is essential that this be considered and utilised maximally by therapists and parents to achieve the best possible outcomes for their children.

CONCLUSIONS

Each centre I visited, despite their differences in service delivery or philosophy were all working towards the same goal – Helping children with hearing loss to listen, speak and achieve their potential in all areas of development. It was motivating to meet and spend time with other professionals around the world who were dedicated and passionate towards working with children with hearing loss. Each centre and each conference I attended provided me with many ideas and different perspectives on how the Hear and Say Centre can enhance our services for children with hearing loss and their families in Queensland.

Encouraging theory of mind skills for children with hearing loss throughout early intervention is integral in assisting them to develop their social skills and problem solving abilities. Implementing theory of mind strategies including social reasoning, language sabotage, problem solving, analogies and discussions during lessons at Hear and Say will encourage children with hearing loss to further develop skills in this area.

A vital determiner in the success of an Auditory-Verbal program is the parents' dedication to carry through therapy goals at home between therapy sessions. Implementing a take home notes sheet used by all therapists will allow parents to write their own goals each session to take home and post somewhere they will be able to refer to them. This will assist all family members working with the child to follow through on each goal between Auditory-Verbal Therapy lessons.

Parent counselling is a big part of the Audiological and Auditory-Verbal Therapy services at the Hear and Say Centre. Staff awareness of terminator phrases will allow them to reduce the use of them and implement more continuer phrases to enhance counselling for families in Audiology and Therapy sessions.

Families with hearing loss often have many appointments to attend, some with long waiting lists. If more health services were offered at the Hear and Say Centre, this would greatly assist our families to access these services. Specifically Occupational Therapy, Physiotherapy and Social Work available through the Hear and Say Centre would greatly benefit many families and children in our program.

Children with hearing loss and additional disabilities are a unique population and require adjusted intervention strategies. Hear and Say do provide services to these children, however no established protocols are in place to define the path these children take including assessments, goals and advocacy. Auditory-Verbal Therapy can be successful for families and children with hearing loss

providing the family is aware of the importance of audition in helping the child to interact with their family and their environment.

The importance of natural language environments was highlighted reiterating the great importance and value of home visiting to families in early intervention programs. The model utilised at the Hear and Say Centre has families attend the centre for their therapy lessons. Whilst the activities planned in lessons aim to focus on natural routines and language, it does not always replicate the child's home environment and relies on parents to carry these goals over the home. Therapists aim to complete home visits 4 times per year, however this sometimes does not occur. The opportunities for coaching a parent are plentiful in the home environment and it is important that all families with young children receive a home visit service once per term (4 times a year) to maximise these opportunities.

Adult learning styles MUST be considered when working with parents and relatives throughout the therapy process. It is essential to consider that the therapists' style of teaching may not match the parents/caregivers understanding of the process and this may block the effectiveness of the therapy. Information about adult learning styles will assist therapists at the Hear and Say Centre to look at their therapeutic relationship with each individual family and determine how that family will learn best throughout Auditory-Verbal therapy. It may also allow therapists to examine the possible reasons behind a therapeutic relationship not being successful and make a decision to change the style of information given to that family to best suit their needs.

Utilising a cognitively-based curriculum in Kindergarten and Preschool settings in addition to an educational program allows children with hearing loss extra opportunities to utilise their language and problem solving skills whilst interacting with their peers. It also allows for practise opportunities for the child to generalise skills before entering an integrated settings and sets children up for success at school. Whilst the Hear and Say program does not offer Kindergarten or Preschool programs, the playgroup and social skills programs offered to children can be maximised to include cognitively-based routines and activities to ensure children are developing their verbal problem solving and critical thinking abilities which will help them throughout everyday social situations.

RECOMMENDATIONS

From my experiences and findings, I aim to implement the following:

- Implement theory of mind strategies when planning therapy for children at the Hear and Say Centre.
- Implement a take home notes sheet with goals and ideas for parents/caregivers to take home and use.
- Discuss continuer vs. terminator responses with Therapy and Audiology staff at the Hear and Say Centre to enhance parent counselling strategies.
- Investigate the possibility of Occupational Therapy, Physiotherapy and Social Work support at the Hear and Say Centre.
- Ensure Home visits are done regularly throughout the year for young children in the Hear and Say Program to enhance to opportunities to utilise a natural language environment for children with hearing loss and their families.
- Discuss the importance of adult learning styles and their possible impact on a Therapist-Parent relationship so therapists are able to adjust their information giving to suit each individual family.
- Implement cognitively-based learning throughout Playgroup and Auditory-Verbal Therapy lessons to enhance communication opportunities and conversation skills for children with hearing loss at the Hear and Say Centre.