

# Sound Matters

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## Josh's story

“I don’t know what life would be like without a cochlear implant,” says 19-year-old Josh Foreman. Josh, photographed above, is the first-ever graduate from The Hearing House and is studying business and psychology at Auckland University. “Not being able to hear would just be really weird,” he says.

Josh, who received a cochlear implant when he was two and a half, says he has never considered his deafness as a disability. It certainly has not stopped him from achieving all his ambitions, both sporting and academic. Josh’s parents, Bill and Diane Foreman, were instrumental in helping to get The Hearing House established and Josh recalls heading to therapy every Friday morning - something he did for about five years. “We did some activities over and over and over again. But I had to do it because, if I wanted to speak as well as I do now, I had to attend every lesson. I’m really glad I did because it’s come out very well.”

That perseverance stood him well at school. Last year he was a prefect and he says mentoring younger students made him increasingly interested in psychology. “I’ve got a growing interest in how people behave; I was watching my sister the

other day and wondered what made her tick.”

Along with his academic ambitions, Josh has managed to carve out an impressive list of sporting achievements. He was a representative in the 110m hurdles at the North Island athletics championships. Last year he played wing for the King’s College 2nd XV and wore custom-made headgear to protect his implant. Josh says having a cochlear implant has never resulted in him being bullied at school and he says his parents’ belief and drive to help him learn to speak were hugely influential.

Asked if he has any advice for parents whose children are currently learning to listen and speak, Josh says the key thing is to believe in your children. “It’s great that my mum and dad believed in me and gave me the opportunity to have a CI and I really value it in my life. It’s also a huge thanks to The Hearing House.”

Josh says he only finds it difficult to hear if he’s in a crowded situation, such as at a party, but even then he makes a decision to just enjoy himself. His mother has told him that he never complained about all the years of therapy and hard work that were needed to get him speaking fluently. “You don’t just take it for granted,” Josh says. “I’m incredibly lucky to be able to hear.”

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# Update on adult referrals

■ We are pleased to report that the Adult CI team are on track for meeting the volumes for 2009-2010. We have recently received a boost to the funding through the work of the Northern Cochlear Implant Trust with the Ministry of Health. This has resulted in full funding for a total of 10 adults and subsidised funding for 7 adults.

We are delighted with the additional funding and this will be directed to adults at the top of the waiting list who have the highest clinical urgency.

The referrals have been busy this year and the assessment rate was increased in May to meet the rising number of referrals. Once we have all the local information, including a CT scan for an adult, their assessment can be scheduled. The assessment is usually over two days, with the Audiology and Rehabilitation Team at the University of Auckland and the CI surgeon at Gillies Hospital. There can often be a delay whilst the adults wait for their CT scan, which

is undertaken in their local area. Some adults are able to organise a private CT scan to avoid delays.

The referral process is running smoothly for adults and we have very much appreciated the additional information provided by Audiologists (e.g. previous audiograms, speech perception scores and hearing aid details) to assist us with the triage process. We believe we have a robust triage system with the local Hearing Therapist providing a valuable communication needs evaluation and speech perception screen.

We are grateful for the ongoing contact from the

Audiologists and Hearing Therapists regarding clients on the eligibility list. We are open to reviewing adults at any stage if their hearing situation has worsened, especially as this may impact on their position on the eligibility list and the ability to offer a cochlear implant, should additional funding become available.

There are many adults who have been on the eligibility list for some time and to encourage ongoing contact and appropriate support, we will be contacting these clients over the next month to check if their hearing situation has changed since their CI assessment.

## Adult numbers as of June 2010

<b>Number of adults referred and waiting for a local Hearing therapist assessment, a CT scan or other documents</b>	<b>33</b>
<b>Number of adults in assessment</b>	<b>3</b>
<b>Number of adults on eligibility list</b>	<b>67</b>
<b>Number of adults implanted in 2009-2010</b>	<b>15</b>

## University's new CI research

► Many thanks to all who were able to join us for the CI research evening on 30 March, 2010. It was a well supported event with over 30 participants on the night. Thanks go to Dr David Welch and Dr Grant Searchfield for their input and support of the research evening.

We were pleased to report on the outcome of the three CI research projects by the Master of Audiology students from last year.

Anita Patel reported on the Use of LACE as a Rehabilitation Tool for Cochlear Implant Recipients. Verushka Pillay's study was on Sound Localisation in Cochlear Implant Users: Influence of Contralateral Hearing Aids and Emma-Jane Opie met with the adult recipients who were interested in Music & Singing with their Cochlear Implants.

In addition there are 4 new CI research projects for this year with Master of Audiology Students covering the following subjects:

- Kayla Guitar studying mental health and well being of adults waiting for a CI and recipients of a CI
- Aroha Crisp looking into access to CI services for

- Maori and Pacific Island adults
- Ruth Lin researching neural processing of Speech in Cochlear Implant users using cortical evoked potentials
- Evan Lim exploring the benefits and shortcomings of the cochlear implant for recipients and their significant other.

We are looking forward to involving the CI recipients again this year in the research work.

## Severe Hearing Loss Clinic

► The University of Auckland Hearing and Tinnitus Clinic now offers a specialised service for those with severe to profound hearing impairment. This service was created to support clients to ensure they are getting the most out of their hearing aids and maximising any residual hearing. This service operates as an additional referral option for those who may benefit from the experience the team brings to supporting this group of clients. **For more details please contact: [b.raymond@auckland.ac.nz](mailto:b.raymond@auckland.ac.nz) or Ph: AKL. 64 9 923 9234**



Kelly Silvey and her two year old daughter Nikita

# Lollipops and language



■ “As long as she could say ‘Mum’, that was all that mattered to me and we got that within six weeks: ‘mum, mum, mum, mum, mum.’” Hamilton mum Kelly Silvey says she is blown away every day by what her two-year-old daughter Nikita is able to say. Nikita was diagnosed as profoundly deaf within weeks of being born at Waikato Hospital as she was one of the earliest group of children tested under the newborn hearing screening programme.

Nikita – a lively blonde preschooler – received her cochlear implant at the age of eight months and her mum brings her to The Hearing House in Auckland each week for auditory-verbal therapy. Kelly says she has never been deterred by the need to constantly talk to her daughter and encourage her to talk in a bid to close the gap in Nikita’s language acquisition. “I’m a talker anyway so it doesn’t faze me. She’s like a parrot now.”

“I want a lollipop” was Nikita’s recent response when her mum asked why she had pulled a chair to a row of cupboards in their kitchen. Nikita is one of a new group of children to have benefitted from newborn hearing screening, which is due to be rolled out across all the country’s district health boards over the next few months.

The Hearing House’s clinical director Cheryl Dickson says children like Nikita are great examples of the value of early diagnosis of hearing loss. “The quicker you can get kids with a device and they have access to the speech spectrum, the less delay they have to make up in terms of developing language. It’s all about stimulating the auditory cortex and the quicker that happens, the better.”

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tex is not developed by anything other than meaningful sound. Ideally children with a significant hearing loss should have hearing aids within two months of birth. Parents of children with a profound loss, who want their child to learn to talk and listen, will ideally have their child fitted with a cochlear implant before they turn one – even six months of age.

That early diagnosis and intervention means that often children, like Nikita, have age-appropriate language by the time

they are 18 months – much earlier than previous years when children were on average diagnosed as having a hearing loss at 35 months.

Kelly says Nikita is putting words into sentences and has started at kindy a couple of days a week where having a cochlear implant is not proving any barrier. Kelly says she has found it easier to help Nikita develop language by talking about everyday things; car rides are full of discussions about cars and trains, for example. And some of the kindy mums say they can understand Nikita better than children who have normal hearing. “Nobody is going to look at her now like deaf used to speak years ago – they’re going to know her for who she is not what she is.”

While Kelly knows there’s more hard work ahead in terms of continuing to encourage Nikita to listen and speak, she says she is very positive about Nikita’s amazing achievements and her future. “I think she was a gift to slow me down and make me take notice of more things. To stop and smell the roses – and then explain what roses are; get that language in there buddy!”

# Cochlear's new Nucleus device

▶ Cochlear Ltd launched its Nucleus 5 device late last year after a five-year development phase. Its CEO Dr Chris Roberts says the device was developed in collaboration with professionals, cochlear implant candidates and recipients from around the world.

The new device is only 3.9mm deep and 40% slimmer than Cochlear's previous generation implant, which makes it the world's thinnest cochlear implant. Not only that, the titanium-based implant is two-and-a-half times more impact resistant and has been tested to withstand the most active lifestyle.

"This is a system that has been designed for peoples' evolving lifestyles," Dr Roberts says. "It has been ergonomically designed to comfortably and discreetly fit ears of all sizes, and its low profile and added features make it an excellent solution for recipients of all ages."

It is also water-resistant and robust with easy, seamless connectivity to mobile phones and MP3 players, and allows recipients to control the functions and settings of one or two sound

processors simultaneously (bilaterals) with a simple push of a button on its remote control.

## Key features of the Nucleus 5 include:

- New automatic phone detection automatically recognises speech signals to optimise hearing over the phone
- Two in-built microphones to capture sound from all directions
- The processor comes in a range of colours, and there is a range of coloured sound processor covers
- There is a range of battery modules (rechargeable and disposable) and flexible wearing options for the sound processor
- The CR110 Remote Assistant is bi-directional, and recipients have the option to change settings with the remote assistant or via the buttons on the sound processor



**The Cochlear Nucleus 5 device is operated by a remote control**

## New Clinical Coordinator role

■ The Adult CI programme based at the University of Auckland now has a new Clinical Coordinator: Silvia Rosioru. Silvia's knowledge of the programme and her relationship with colleagues and clients means she will be able to provide a very positive contribution in this new role. Silvia will also continue in her previous role as technical support for the adults; organising the ordering of new equipment and the repair of clients' equipment.

To allow Silvia the time to undertake these roles, we have recruited Trish Tremain to the position of Cochlear Implant Administrator. Trish is with us in a part-time capacity to respond to enquiries and to look after appointment scheduling and daily requests for batteries and spare parts.

Please direct all queries regarding referrals and audiology services for adults to Silvia Rosioru, Cochlear Implant Coordinator. Her contact details are at the bottom of this page

The paediatric programme also has a new clinical coordinator. Michelle Hartnett started work at The Hearing House on June 22, replacing Gurdeep Singh who has taken up a new role as fundraising and events coordinator at The Hearing House. Michelle was most recently working at St Marks Breast Clinic in Remuera and will work four days a week, Tuesday to Friday.

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**Silvia Rosioru**



**Trish Tremain**

### REFERRALS AND FEEDBACK

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