

Sound Matters

NCIP

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Northern Cochlear Implant Programme

Introducing Alexandra Crosbie, Manager Habilitation



Alexandra Crosbie

Alexandra Crosbie is the Habilitation Manager at The Hearing House. She first specialised as a Teacher of the Deaf in 1996 and became a LSLS Certified, Auditory-Verbal Therapist in 2003. For the past 15 years, she has been teaching hearing impaired children aged 0-6 years. Alexandra enjoys seeing the positive results that can be achieved through a family-centred AVT approach, which ensures parents and caregivers are given the necessary skills to work with their children so they develop the ability to listen and have natural sounding speech

Funding for Processor Upgrades

Each year the programme is reliant on the Northern Cochlear Implant Trust, who are the fundholders, to release funds which are used for processor upgrades. The amount varies each year and is divided between the adult and paediatric programmes. Due to the limited funding available the audiology teams are required to allocate processor upgrades on a clinical priority basis.

Who's on the NCIP Audiological Team?

ADULT

Ellen Giles - CI Rehabilitationist
Caroline Selvaratnam - Audiologist
Derek Hadfield - Audiologist

PAEDIATRIC

Leigh Martelli - Audiologist
Ruth Lin - Audiologist
Claire Spence - Audiologist
Laura Le Roux - Audiologist
Megan Levi - Audiology Assistant

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Paediatric & Adult Programme Updates

UPDATE ON PAEDIATRIC NUMBERS

Age (years)	Implants received in the past 4 months (01/01/15 -1/4/2015)			
	Public	Private	Re-implant	Total
0-2	8	0	0	8
3-5	5	0	0	5
6-12	2	0	0	2
13-19	0	0	0	0

From January 2015 until the publication of this issue of Sound Matters, nine children have received cochlear implants. Of the total (15) cochlear implants, twelve were provided to six children who underwent simultaneous bilateral cochlear implantation. This is a notably smaller number of children receiving implants than the last issue, which is likely due to a shorter period of time between the two publications, as well as fewer assessments being carried out during the Christmas break.

One child under the age of six received a 'second side' implant (in the non-implanted, contralateral ear) under the Ministry of Health funding for bilateral implants, and one child was implanted bilaterally following an urgent assessment after contracting meningitis.

There are currently 14 children in assessment for candidacy and two children are awaiting surgery.

UPDATE ON ADULT NUMBERS

The financial year commenced (July 2014) with 20 implants being allocated for the year. Progress to-date is detailed below: In March 2015 funding for an extra 8 adults was released. Progress to date is detailed below:

Implants completed 01/07/2014 - 30/03/2015	
Number of adults implanted with full funding	28
Number of adults scheduled for surgery with full funding	25
Still to allocate surgery date	3

Please note that the subsidised cochlear implants scheme is no longer being offered.

Adult numbers 2014-2015 year (as of 30/03/2015)	
Number of adults in assessment	16
Number of adults referred but not yet ready to start the assessment (referred to Hearing Therapists in the local area for further testing)	10
Number of adults on eligibility list	71
Number of adults 'on review' - not yet in criteria but close to meeting the criteria	29

The new adult referral template continues to work well; we appreciate receiving the complete diagnostic information with the referral included the Real-Ear Measurements (REMs) so we can schedule adults for assessment within a few weeks of the completed referral being received. The **referral rate** for June 2014 to March 2015 was an average of 7 adults per month; this is in line with our usual rate of 7 per month (in 2013-2014 year)

ADULTS WITH COCHLEAR IMPLANTS

Young people transfer to the adult programme from the paediatric programme at age 19 years; 12 young adults with CIs are anticipated to join the adult programme in this financial year. Last year, 11 children transferred across to the adult programme. A total of 343 publically funded adults are being supported by the programme as of 30/03/2015.

The Importance of Paediatric Habilitation: A Hearing House Perspective

These days, all babies should have their hearing tested within a few days of birth under the New Born Hearing Screening Programme. This is a non-invasive hearing screen that measures whether a child's brain is responding to sound. For children with hearing loss to reach their potential, it is critical they be identified early, ideally by one month, audiology assessment be completed by three months, and the start of appropriate audiological and educational intervention before six months of age. These are the core goals of the programme, and are described as '1-3-6' goals. These goals are based on international programme measures established in the United Kingdom, the United States, Canada, Australia and a growing number of other countries throughout the world.

Families who attend The Hearing House want a listening spoken outcome for their child, with the very best listening language, social, and speech skills they can achieve. The Hearing House goal is to help every family achieve this goal for their child.

The Hearing House follows an Auditory-Verbal Therapy approach which firstly teaches a hearing impaired child how to listen, and then how to speak. Its aim is to help even profoundly deaf children to listen and develop natural sounding speech so they can fully participate in the hearing world through the use of hearing aids and cochlear implants. Obviously, the earlier a child is identified, assessed, and begins intervention, the better the outcome they will achieve

Immediate Auditory-Verbal Therapy is very important, even before the child has received appropriate amplification. This critical learning coaches and teaches the parent/s how to work with their child, to enable the child, once appropriate amplification is achieved, to accelerate their language development. This includes getting into the routine of attending Auditory-Verbal Therapy sessions and implementing the goals and strategies in the home. Strong parental engagement — with a commitment to working with the child to develop their listening and speaking — is critical for optimal listening and spoken outcomes to be achieved. A team focus is needed to ensure parents are guided, and their concerns addressed as they arise.

The Importance of Adult Habilitation

When a cochlear implant is activated – the goal of the technology is to provide greater access to sound. The cochlear implant recipient then needs to begin to learn to de-code and make sense of the sound information. For adults that have had very little access to sounds this re-learning process often requires a structured and supported approach.

Post implant speech perception abilities a week after device activation vary from patient to patient. An adult with a long period of auditory deprivation pre-implant may hear but not recognise any words after the first few days; whereas, a recently deafened adult with some residual speech recognition pre-implant may be able to accurately repeat back phrases within 24 hours or less.

Therefore, the key objectives of an aural rehabilitation programme must be to set goals and draw up an intervention plan that identifies the skills the patient will be required to have to meet their goals. This plan enables the patient and therapist to focus the auditory training in a considered and hierarchical way, and include device management and communication therapy.

In the book *Wired for Sound* (1998), Beverly Biderman writes of her experience of rehabilitation with an implant, "Rehabilitative work helped me to really see how much I could do and made me feel very good about what I could hear and understand ...and the formal structured rehabilitation with a therapist reminded me repeatedly and irrefutably of my successes, large and small."

Cochlear Implant Recipients



DANIELLE COOPER

Hi, my name is Danielle Cooper and I'm 13 years old. I had my first CI last August, and the second in November. After switch-on, I was hearing sonic kind of sounds, but later on that day, I was chatting with my parents. Habilitation started straight away and I worked really hard at it. It was a rollercoaster ride: ups and downs, as what I heard would change from hour to hour. I became pretty frustrated and tearful because it wasn't consistent, but my brain slowly adjusted and is still doing so.

I just can't even describe how exhausted I felt, all the time. The first ten minutes of hab had me nearly braindead, but I managed longer with practice. At home, we tried lots of apps for listening, but they weren't very clear and real voices are better. As I've progressed, I am picking up sounds from Jayne's (my habilitationist) apps better and scoring in the 90s and 100s compared to 20s that I began with.

Mapping is a bit of a challenge with habilitation. You just get used to a new map, and start doing ok at hab, and then, BAM! Your map is changed, and it is like starting all over again. After my left implant, hab was more of me pushing myself and concentrating on what I need to do, than having to be guided like the first time. I'm still working on both ears with Jayne every two weeks, but the exhaustion has dropped a bit and I'm pretty happy with the results I'm getting. We did a speech perception test for my right ear on 23 October (switch on was 8 September), and I got 88% which we were all absolutely rapt with. My test with my hearing aids prior to my implant was 12%.

I think that compared to my HAs, the CIs provide way more sound; there are so many things that I had never heard before my implants. I'm still finding the enormous amount of sound is overwhelming, and I take my implants off to rest my brain more than I did with my aids. I'm sure I will adapt to having this volume of noise in my life, but it is still tiring me out.



MARGARET REYNOLDS

I never really classed myself as being deaf, but according to all my family and friends, they all thought differently. According to them, I'd always been deaf since a child.

I started to take advantage of all the free trials of hearing aids. In fact I tried and purchased 5 sets during my life time. I guessed a lot, clapped when everyone clapped and laughed when everyone laughed. Until one day I snapped... I HAD TO GET TO THE BOTTOM OF MY HEARING PROBLEM!!!!

That was the day my life changed, and I haven't looked back since.

My journey started a few years ago with the CI Team. In May 2012, I had a CI implant. Today, I can communicate. It was hard work; I attended many rehab sessions with the Hearing Therapists. Without them, my life would have been different. They taught me another way to hear, the new challenges I had to face, and another way to communicate. It has paid off. I have grown from a zero result and am still improving...

My life is looking good... thank you.

REFERRALS & FEEDBACK

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