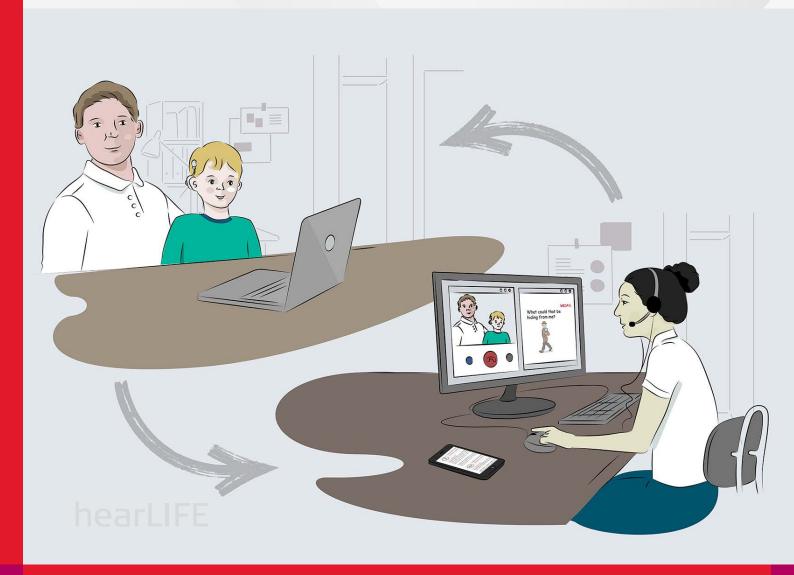


Remote Lesson Kit 2

FOR USE IN TELEPRACTICE





Learn About the MED-EL Remote Lesson Kits

1. What is a MED-EL Remote Lesson Kit?

The MED-EL Lesson Kits contain descriptive information, lesson plans, instructions, therapist notes, and resources. You will find them here: https://blog.medel.pro/. Therapists can use these free resources to deliver lessons with a focus on developing the listening and spoken language skills of children using hearing technology. The MED-EL Remote Lesson Kits are activities selected from the Lesson Kits and put together with information and a multi-level lesson plan that therapists can use to deliver lessons over the internet. The Remote Lesson Kits are useful for providing telepractice support to rural or remote families or families who find it difficult to come into a clinic for lessons.

2. What do families need?

Families need to be able to connect to the therapist over the internet on a device. Preferably they need access to email and a printer, but resources can be printed in the clinic and posted ahead of the lesson time. Families will need scissors, tape, and a stapler. The parents/caregivers read the preparation notes ahead of the lesson to understand how to do each activity.

3. Do both the therapist and the family need copies of the resources?

Yes. The goal is for therapists to guide and coach the parents/caregivers to develop their skills to work with their children at home. Therapists can help to keep children engaged in the activities by sharing, via their camera, that they have the same materials.

4. How do the multi-level lesson plans work?

The lesson plans contain suggestions for listening, spoken language, cognition, and Theory of Mind goals. In each learning domain several goals are identified. Therapists use ongoing diagnostic assessment to establish the level at which children are functioning and select goals one step ahead. For more detailed lists of skills and goals, refer to MED-EL's *A Child's Journey*.

5. What age- and skill-level are the Remote Lesson Kits suitable for?

The goals in each domain are roughly equivalent to the three levels of goals identified in the MED-EL Lesson Kits. See more information in "Learn About the Levels" on page 6. The therapist notes are written assuming the child is able to sit with the parent/caregiver and engage in semi-structured play-based activities. If not possible, the parent/caregiver can be coached without the child and later deliver the activities away from the screen. Children up to 10 to 12 years of age continue to enjoy these activities. Suggestions for modifying the listening and spoken language levels are included in the therapist notes.

6. What are the KEY STRATEGIES listed on the lesson plan?

The Key Strategies refer to the method used to help children achieve the goals. Therapists are encouraged to explain and model the strategies for parents/caregivers to try during the remote lesson. Therapists then provide feedback to the family on the use of the strategy and any suggestions for improvement. The strategies are listed and described on the following pages. Each remote lesson will focus on a limited number of strategies to facilitate family focus. Videos of families demonstrating many of the strategies can be found by following the link to "Rehab at Home" https://blog.medel.com/tips-and-tricks/.

7. Why are there so many mentions of "coach the parent/caregiver" in the therapist notes?

Research demonstrates that children progress faster if their parents/caregivers have a high level of involvement in therapy. By coaching parents/caregivers, therapists can convey knowledge, give direction on strategies, feedback on the effectiveness of strategies and activities, and suggest modifications if necessary. In this way the parents or caregivers develop the confidence to use these strategies in their everyday life.

8. How can we use them?

Slide decks are simply animated PowerPoint files made using the images and text from the story or song books. Each remote kit contains one. Therapists may like to use screen sharing to control the rate of content delivery. Alternately, families can load the slide deck onto a tablet or phone. Animations can be viewed using PowerPoint (on Windows computers and Android devices) or keynote (on Apple devices). If using other applications, choose the "no animations" version. Therapists working with families using languages other than English are able to customize the resource by selecting "edit anyway" and translating the text.



Getting Started with Remote Therapy (Telepractice)

Basic Preparations

1. Conduct a review of the type of technology you and the family will be using.

Basic requirements for the family:

- Computer (or tablet/phone if computer is not available)
- Web camera + microphone (built-in or separate)
- High-speed internet connection

Basic requirements for the therapist in addition to the above:

- Headset with attached microphone
- 2. Review video conferencing tools and determine which is preferred.
- 3. Identify a person to assist you in solving any technology issues.

One Week Before Scheduled Start

- 1. Confirm that the family has the appropriate technology and understanding of the chosen video conferencing tool.
- 2. Prepare the therapy room.

Basic requirements for the therapy room:

- · Quiet private room
- · Position the table and camera for best lighting on your face
- Minimize visual distractions in the background (plain painted wall preferred)
- 3. Email the lesson plan and any other paper resources for printing (or print and post if the family requires).
- 4. Conduct a test call to confirm that the technology is ready and the family has the required resources (both paper and other resources listed on the lesson plan).
- 5. Determine a suitable appointment time for the lesson.

The Day Before

- 1. Contact the family to confirm the appointment, check they have all the materials prepared for the lesson, and ask if they have any questions. Parents/caregivers are encouraged to read the preparation instructions before the lesson to understand what to do in each activity.
- 2. Prepare all the resources required for the lesson. (Most activities work best when both the therapist and family have the same or similar resources.)
- 3. Confirm that your technology support person is available.

The Lesson

- 1. Make the call to the family.
- 2. Take some time to establish rapport and check if the audio and visual connection is good..
- 3. Guide and coach the family through the activities on the lesson plan.

Basic principles of remote therapy:

- · Explain the goals of the activity
- · Model strategies and explain how and why you do them (remember to look at the camera)
- · Encourage the family to take a turn and make careful observations so you can coach them
 - · Identify what they did well
 - · Talk about how the child responded
 - · Suggest improvements (if any)
- 4. Conclude with a summary and discussion.
- 5. Seek feedback from the family about any technological issues.



Key Strategies for Developing Listening Skills

ON AIR ALL WAKING HOURS

The child's hearing device(s) are on and working all the hours the child is awake. A functional listening check (Ling Sound Test) is performed on each device daily to ensure they are working optimally.

COME CLOSE TO ME

The talker makes a conscious effort to move close to the child's audio processor to ensure the auditory signal is clear. The optimal distance is between 30 and 50 cm for a beginning listener.

WHAT ARE KEY STRATEGIES?

The strategies described on the following pages are used to enhance the child's ability to develop listening and subsequently, spoken language skills using hearing device(s). Therapists and teachers are encouraged to model a variety of strategies in each lesson and coach caregivers in using these strategies in the home environment to help the child integrate listening and spoken language into all aspects of life.

AUDITORY HOOKS

Exciting words such as *Look!*, *Wow!*, *Uh-oh!* are used with emphasis to capture the child's auditory attention. The words stimulate the auditory area of the brain to be ready to listen to what is said next.

TALK, TALK, TALK

Abundant language models are provided for the child to learn from and eventually copy. Talkers make a conscious effort to speak about what they are doing, seeing, hearing, and thinking (self-talk) and to speak about what the child is looking at, doing, most likely listening to, and thinking about (parallel talk).

THE SAME THINKING PLACE

The talker makes a conscious effort to identify what the child is thinking about and provides comments to put those thoughts into words. An example is if the child is looking outside, the talker could comment, "I think you want to play outside. But...Oh Dear! It's raining."

ACOUSTIC HIGHLIGHTING

A number of techniques are used by the talker to make spoken language more interesting to listen to. These techniques include using Child Directed Speech or Parentese which has more pitch variation (sing-song like sound), a slightly slower rate, deliberate use of pauses, and emphasis on important words by putting them at the end of a phrase or saying them a different way.

LISTENING FIRST

Listening to spoken words comes before the child is given other information through vision or touch to ensure the auditory area of the brain receives stimulation from sounds and voice. This strategy facilitates the child's ability to attend to and eventually, understand spoken language. An example is hiding a toy in a soft bag and talking about it before showing it to the child.

SIGNAL-TO-NOISE RATIO—LISTENING ENVIRONMENT

Elements in the environment are deliberately and conscientiously manipulated to ensure the background noise is significantly softer than the talker's voice. For example, windows are closed to reduce the impact of traffic noise and TVs and music are turned off. In optimal listening conditions the talker's voice will be 15 to 25 dB louder than background noise.

WAIT, WAIT & WAIT SOME MORE

The talker provides abundant language models (TALK, TALK) and then waits with expectation to encourage the child to have a turn in the conversation. Expectation that the child talk is set through waiting in silence, leaning towards the child, smiling, and nodding.



Key Strategies for Developing Listening Skills

SABOTAGE

A problem or challenging situation is created or identified to provide an opportunity for the child to communicate. The expectation is that the child try and talk about the problem or ask for help to solve the problem. An example is putting a favourite toy too high for the child to reach.

EXPANSION & EXTENSION

The child's utterance is repeated with the correct grammatical markers (Expansion) or added to with another piece of information (Extension). For example, if the child says "baby bath," an expansion reply is, "Yes, it's the baby's bath;" an extension reply is, "Yes, let's put the baby in her bath."

THE AUDITORY FFFDBACK LOOP

An expectation is set that the child attempt to copy the model of a sound, a word, or a phrase said by the talker. This strategy gives children the chance to hear the correct production first and then compare how they sound straight after. The expectation that the child attempt to copy the talker is set by providing clear speech and waiting (WAIT, WAIT & WAIT SOME MORE).

MY VOICE MATTERS!

Every small attempt by the child to produce a sound or word is acknowledged and valued. This acknowledgment helps children understand the importance of using their voice and provides motivation to practise talking more. Combine this strategy with EXPANSION & EXTENSION by repeating the word or word approximation clearly.

USE CHOICES

Language models are provided in a choice question for the child to make a decision and then copy. For example, "Do you want an apple or a banana?" or for a more advanced child, "Do you want a big red apple or a little green apple?"

BUILD AUDITORY MEMORY

As the child's skills develop, a conscious effort is made to extend how many pieces of information the child can listen to and remember. Over years of listening experience there is a gradual increase from one critical piece of information at the end of a sentence, eventually to four or more pieces of information embedded in a sentence or sentences. An example of a Level 1 Auditory Memory task is, "Find the dog." An example of a Level 4 Auditory Memory task is, "Hide Daddy's keys under the book."

AUDITORY CLOSURE

A familiar song, phrase, or sentence is used as an opportunity for children to demonstrate that they can recognize it and can join in. The talker begins the song, phrase, or sentence and stops before the end and waits for the child to complete the words. An example is if the talker sang, "Twinkle, Twinkle, Iittle...."

MUSIC, MUSIC, MUSIC

A conscious effort is made to expose the child to music and singing, particularly in the form of simple children's songs and rhymes. Singing is a natural form of ACOUSTIC HIGHLIGHTING, stimulating multiple areas of the brain. The repetition in children's songs makes new vocabulary and sentence structures easier to learn.

BOOKS, BOOKS, BOOKS

Joint book reading, the process through which an adult encourages the child to interact during story reading, is used to extend the child's vocabulary and sentence structures, general knowledge, and understanding of the thoughts, feelings, and beliefs of others, as well as to develop literacy skills. An example of a joint book reading strategy is for the talker to make one or two comments on a page and then WAIT for the child to have a turn. Book sharing is encouraged on a regular basis.



Learn About the Levels



Indicates listening goals



Indicates spoken language goals



Indicates cognition and Theory of Mind goals

HOW TO CHOOSE A LEVEL







EVEL 1

The child is learning to listen, attend to, and understand 1 unit of information. Spoken language is presented to the child in simple short sentences and Acoustic Highlighting techniques are utilized to enable the child to attend to new information.

The child is using single words, has a vocabulary of up to 200 words, and may be starting to combine words into 2-word combinations. The child begins to use a variety of vowels and consonants.

EVEL 2

The child is learning to listen to, attend to, understand, and remember 2 units of information. Spoken language is presented in longer sentences and Acoustic Highlighting techniques are utilized to encourage the child to attend to all the information in the sentence.

The child is producing 2- to 3-word combinations, has a vocabulary of 200 to 2000 words, and is beginning to use some grammatical markers. The child uses all vowels and early developing consonants.

EVEL 3

The child is a proficient listener learning to attend to, understand, and remember 3 units of information. Spoken language is presented in a variety of complex sentences and Acoustic Highlighting techniques are utilized to encourage the child to attend to grammatical elements in the sentence.

The child is producing 4- to 5-word sentences and questions, has a vocabulary of more than 2000 words, and is using a variety of grammatical markers. The child develops mastery of later-developing consonants.

Cognition refers to how we learn and gain knowledge and understanding about our world. Pragmatics is the social use of language and is heavily aligned to interactional communication. It incorporates Theory of Mind (ToM). ToM refers to the thinking skills we develop over time to explain and predict our own and others' behaviour. Some cognition and ToM skills are developmental; they develop as the child grows older. Furthermore, the relationship between many cognitive, ToM, and language skills is complex, with each contributing to the other in varying degrees over the child's early years. Older children working at Level 1 may already have more advanced cognitive and ToM skills and need stronger language skills to express themselves. Conversely, younger children working at Level 3 may not be developmentally ready to think through some of the ToM goals.

REMOTE LESSON KIT 2 LESSON PLAN



				Date:			
Name:					Age:		H.A:
ACTIVITY	GOA	LS					
6 sounds:	left right	ah ah	00	ee ee	sh sh	S	m m
				(
RESOURCES • My House A1		·side ·1	s back top butside rts of a	· cut · stick · fold • Combines · verb + o · preposit	truction verbs:	see diff	rands that people erent things from at angles
RESOURCES • My House A2	USE?	• Attends to 1 the following • person or		· person · place · verb • Combines · person -		not the	rands <i>same</i> and <i>same</i> es emotions of given a scenario
WHERE DOES IT GO RESOURCES • My House A3	0?	 Identifies 1 ir Object or p Identifies loc objects in th Identifies an a function 	olace ations for e house	within cat things ir places ir Identifies	tes vocabulary egories: n a house n a house and describes ips between	•	rands the tion between an and a place
RESOURCES • My House A4		 Attends to o short senten Attends to a phrase within Attends to a answers que 	short n a sentence book and		to repeat one ords from each		conversation wn house



ACTIVITY

1. Build a House

PREPARATION

Print all resources onto lightweight card.

Using the printed doors and windows as templates for size, cut and fold flaps in the sides of the box to match the shapes below.





RESOURCES

- A cardboard box
- My House A1
- Glue and scissors
- · Craft knife

INSTRUCTIONS

The parents/caregivers and their children are going to make a house using the cardboard box and the printed resources. The therapist will coach the parents/caregivers in using the strategies below. The therapist may like to make a house ahead of time.

- 1. Stick the doors and windows onto the cut and folded flaps.
- 2. Stick the curtains on the inside of each window.
- 3. Assemble the chimney by following folds in order, 1, 2, 3, and glue the base together.
- 4. Stick the chimney to the top of the box.

KEY STRATEGIES

TALK, TALK: In Remote Lesson Kit 1 therapists were encouraged to guide and coach parents/ caregivers to use more spoken language whilst interacting with their children. Start this lesson with a reminder of the effectiveness of Talking More with prompts to talk about the parts of the house during cutting, choosing, sticking, and finally once more when admiring the finished house.



ACOUSTIC HIGHLIGHTING: Model a variety of Acoustic Highlighting techniques for parents/caregivers to copy. These techniques help children using hearing technology pick out the important piece or pieces of information. Acoustic Highlighting techniques include using exaggerated intonation, speaking at a slower rate, varying the volume (slightly louder or whispered), placing the important word at the end of a sentence, or pausing just before the word. For a beginning listener, use more Acoustic Highlighting and target one word in a sentence. Here is the door. Knock, knock. Let's put it on the front. As the child's listening skills develop, use Acoustic Highlighting to help the child attend to more than one piece of information. Look, we have a yellow door. For a more advanced child, reduce the highlighting.

KEY STRATEGIES



COME CLOSE TO ME: Listening over the internet provides the child with a degraded speech signal, which is why it is important to coach parents/caregivers to be the primary language models for their children, both in lessons and in life. The strategy Come Close to Me is a useful reminder of the benefits of speaking closer to the child's hearing technology to provide the clearest signal. Optimal distance for beginning listeners is between 30 and 50 cm. This can be achieved by positioning both parent/caregiver and child in front of the box. Suggest the camera is placed to the side so their interaction is still visible.

USE CHOICES: Using the house parts vocabulary in choice questions provides the child with a model of the vocabulary just before they try and say it. This is easier than trying to recall unfamiliar vocabulary. Shall we do a window or a door?... Do you like the yellow door or the blue door?

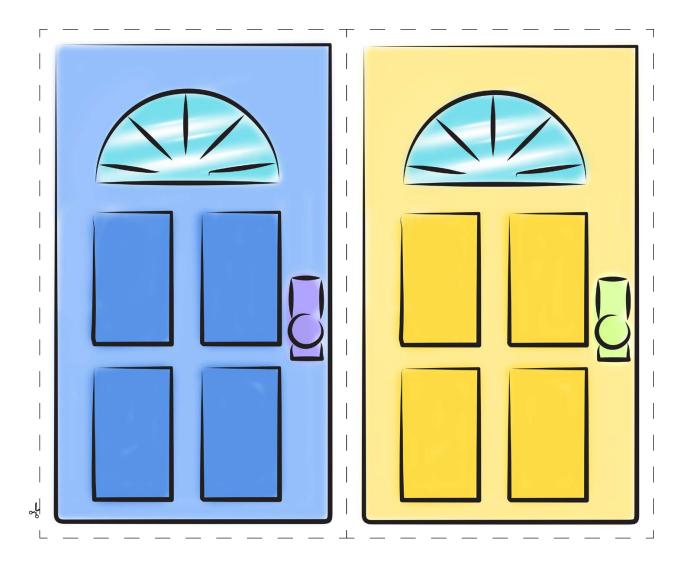
KEY STRATEGY TALK, TALK, TA

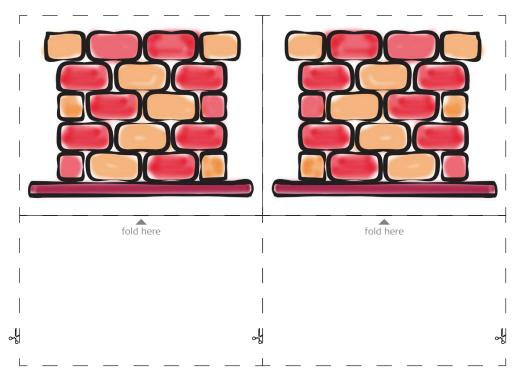


TALK, TALK: Learning that not everybody has access to the same information contributes to children's Theory of Mind development. Make a comment about how you cannot see the child's house and encourage the parent/caregiver to follow it up with more information. Oh, (therapist's name) can't see our house. We need to turn it around. There, that's better... but now we can't see the front.



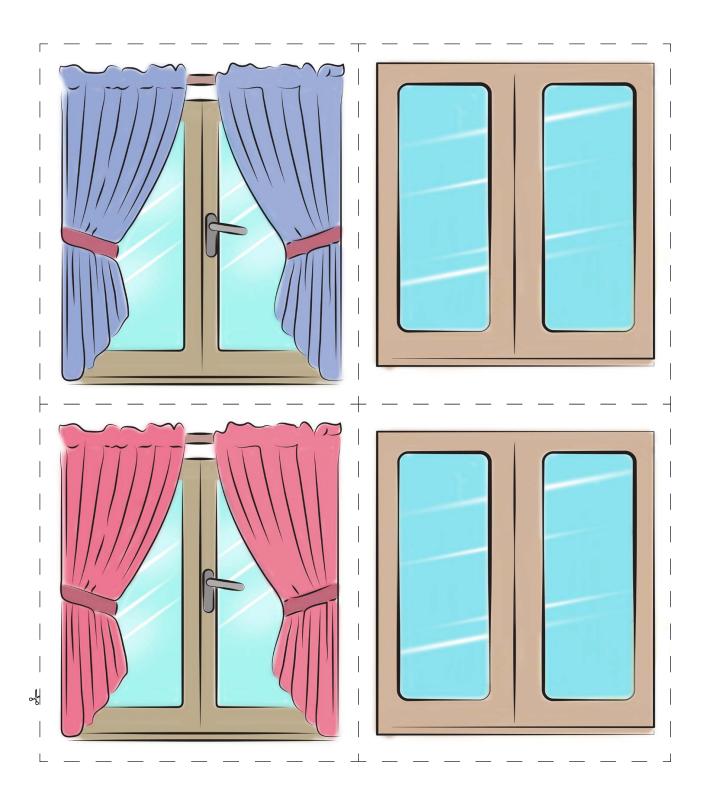
1. Build a House





1. Build a House







RESOURCES

• My House A2

• Sticky tack (reusable

· A book or folder to act

Scissors

adhesive)

as a barrier

ACTIVITY

2. Who's in the House?

PREPARATION

The parent/caregiver will print 2 copies of the resource onto lightweight card and cut out paper people.

The therapist will print 1 copy of the resource and cut out the people.

INSTRUCTIONS

You are going to make the houses match by putting the people in the same place.

- 1. All players have a copy of the house and people.
- 2. Talk about who each person is. Roll small pieces of sticky tack and put them on the back of each person.
- 3. The therapist begins by asking the parent/caregiver and child to find one of the people. The parent/caregiver repeats the instruction.
- 4. Talk about the rooms of the house, and then direct the parent/caregiver and the child to put the person in a
- 5. Talk about what that person might be doing in the room.
- 6. Compare all the houses to check if they are the same.
- 7. Swap roles so the parent/caregiver and then the child choose a person, and then the room.
- 8. If the above is too easy, try doing it with a barrier between the parent/caregiver house and the child's house so the listener cannot see the speakers' house.
- 9. Increase the complexity for more advanced listeners by giving directions containing the person and the room (and the activity) in one sentence.

KEY STRATEGY



LISTENING FIRST: Coach parents/caregivers to use words every time before pointing or selecting items. This strategy helps the child attend to the auditory input before focusing on the visual information and is beneficial during both, teaching and testing segments of this activity. The teaching segment is when the child learns the name of the people, rooms of the house, and activities during the sticky tack rolling and discussion. The testing segment is when the child is asked to find and position the person. Ongoing diagnostic testing is recommended to check the child's comprehension skills. If the child is able to find the person, increase the difficulty of the request by including the person and a place in the house. If this task is too easy, a more complex task is to make a sentence containing the person, the place, and the activity, and encourage the child to repeat the sentence before completing the task. *Grandpa is watching TV*, sitting on the sofa.

KEY STRATEGIES

ACOUSTIC HIGHLIGHTING and USE CHOICES: Coach parents/caregivers to place emphasis on the key piece or pieces of information. This makes it easier for children to follow the directions. This strategy can be combined with Use Choices to help children formulate their own directions. *Do you want to say Grandpa is on the sofa or Grandpa is in the living room.*

.....

KEY STRATEGY



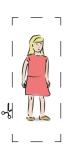
COME CLOSE TO ME: Using a barrier makes this activity more focussed on listening skills development. Even with a barrier in place, maintaining optimal distance between talker and listener remains important. Coach the parent/caregiver to remove the barrier and compare the two houses, commenting on whether they look the same or not. Perhaps these comments will lead to the sharing of information about feelings. Oh, I am so happy, we match. We really listened carefully. Well done!

2. Who's in the House?



2. Who's in the House?



















ACTIVITY

3. Where Does it Go?

PREPARATION

Print the resource onto lightweight card. Cut out the puzzle pieces.

RESOURCES

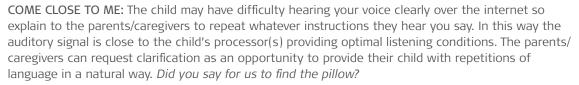
- My House A3
- Scissors

INSTRUCTIONS

You are going to find the puzzle pieces that go together.

- 1. The left side of each card has a picture of a household item. Sort the cards so that the household items are grouped together on the left of the table. Move the right hand pieces of the puzzle, which show the place the item goes, on the right.
- 2. The therapist starts by asking the parent/caregiver and the child to find a specific item (e.g., Find the pillow.)
- 3. The parent/caregiver repeats the instruction and, if needed, guides the child to look at the cards on the left.
- 4. When the card is found, the parent/caregiver says what it is again, talks about where in the house it goes, and what it is used for.
- 5. Both, therapist and family find the picture that best matches the idea and check if the pieces fit together. Hold up to the camera to check.
- 6. If they fit, talk about the relationship between the words (e.g., The pillow goes in the bedroom. It goes on the bed for sleeping.)
- 7. Take turns selecting a card from the group of household items and finding the matching place.

KEY STRATEGIES





LISTENING FIRST: Coach parents/caregivers to label the object before identifying the picture by picking up the card of the household item. It might require gently holding the child's hands back so they can provide words before the child reaches for the cards. If finding the objects is easy, make the task more challenging by giving a clue including a description of the appearance or function of the object. Find the one that you put your head on when you sleep. It's soft and fluffy.

.....

KEY STRATEGIES

USE CHOICES: USE CHOICES: When it is the child's turn to select a picture, coach the parent/caregiver in modelling the language for the child to copy in a choice question. The choice question can be modified for the level of the child. For a child just starting to produce words; *Do you want to pick the soap or the pillow?* For a more advanced talker; *Do you think the soap goes in the bedroom ...or the soap goes in the bathroom?*

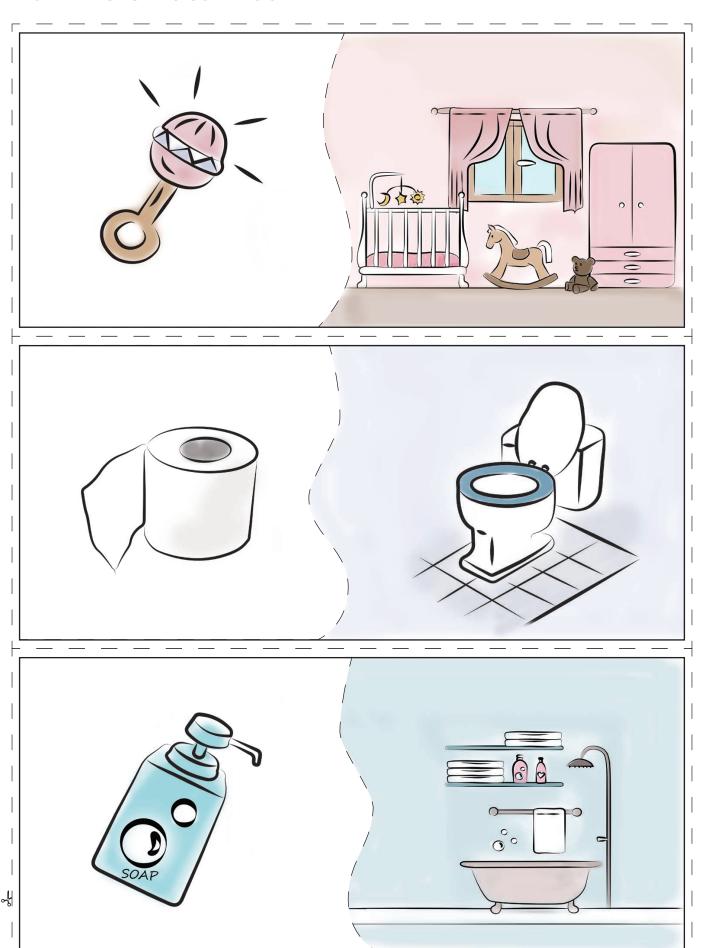


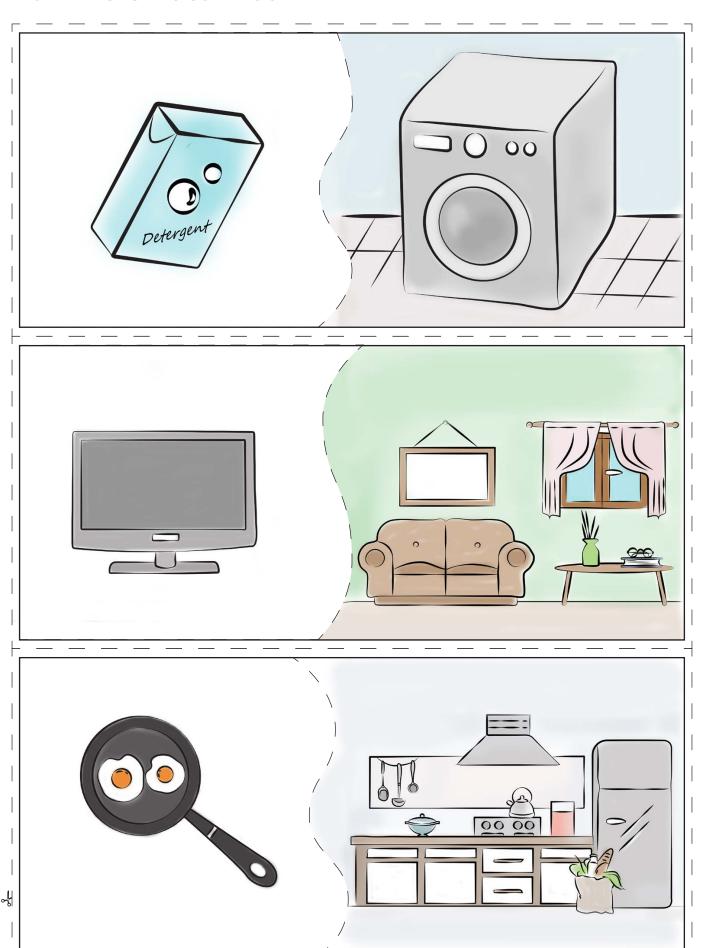
MY VOICE MATTERS: A child's first word attempts are never perfect. The strategy of My Voice Matters is a reminder to celebrate when the child uses their voice to communicate. Coach the parent/caregiver how to acknowledge the importance of these early communicative attempts with excitement and praise, and make the child's utterance meaningful through repetition. Oh great! I heard you say pillow! Let's get the pillow.

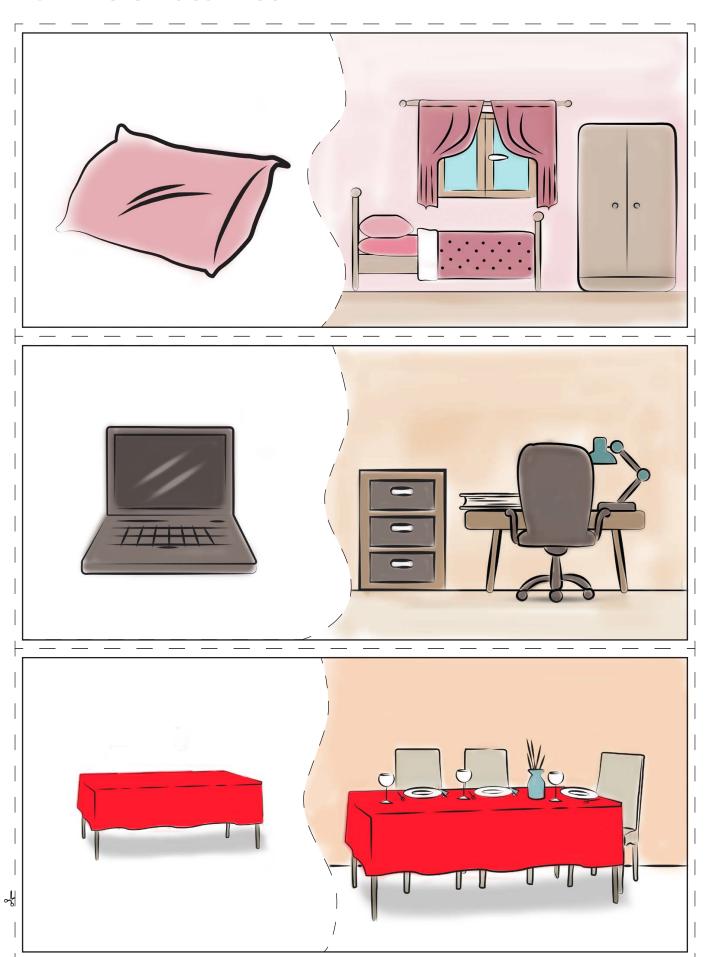
KEY STRATEGY

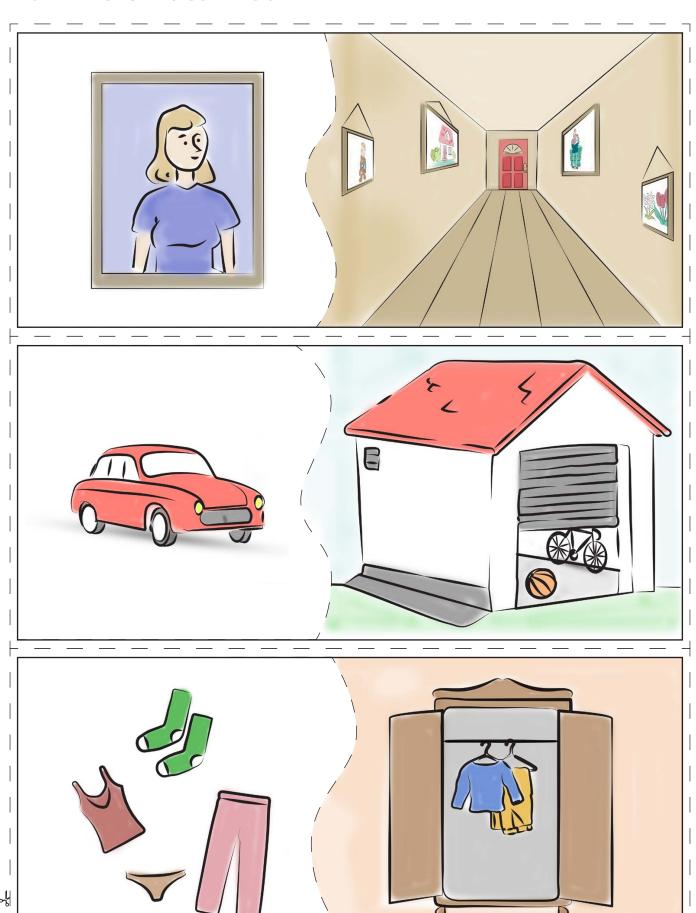


TALK, TALK: Children need to hear words many times to learn the meaning, and to be able to store the words in their memory in a way so they can find them when they need to use them. Building associations between words helps this process. Coach the parent/caregiver in how to help the child understand why words go together by Talking More. This is a big pot. I think it goes in the kitchen. We can cook in the pot. Maybe cook some pasta. Mmm, you love pasta. A big pot of pasta.











ACTIVITY

4. My House

PREPARATION

Print the resources onto paper and make them into a book or install the electronic version on a device.

INSTRUCTIONS

The parent/caregiver leads the activity by independently reading the book with the child. The therapist will watch and, if required, coach the parent/caregiver on the strategies below.

RESOURCES

- My House A4 (print or electronic)
- Stapler if using print version

KFY STRATEGIES



COME CLOSE TO ME: Reading books provides a perfect opportunity for snuggling in close. Before getting started with the book, encourage the parents/caregivers to re-position themselves so both, they and their child, are comfortable and close together to share the book.

ACOUSTIC HIGHLIGHTING: Many books for young children, like this one, use repetitive phrases to help consolidate sentence structure. The words for each set of two pages have a consistent rhythm. Coach parents/caregivers to use Acoustic Highlighting to slightly exaggerate words to enhance the rhythm to help maintain the child's attention. My house has a big front door for knocking on.

KFY STRATEGIES





MY VOICE MATTERS: Coach parents/caregivers to wait at the end of each comment to provide time for the child to contribute to the conversation. To start with, it may be just a single word approximation or sound. The parents/caregivers can acknowledge this as the child's turn at *reading* and turn the page. For a more advanced child, parents/caregivers can listen carefully to their children, repeat and expand on what they said to continue the conversation. Turn-taking in conversation is more important than finishing the book.

KEY STRATEGY

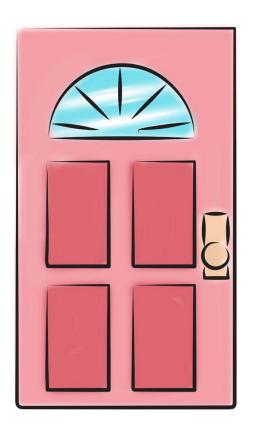


TALK, TALK: Encourage parents/caregivers to take their time on each page of the book and make comments about whether they have that part in their house. Children learn and remember words when they are able to relate the word to something in their experience. We don't have a hall. A long hall like this one. No we don't. But you know Grandma's house. Grandma's house has a hall. You like to run, run fast in the hall. But what does Grandma say...?



My House





a big front door



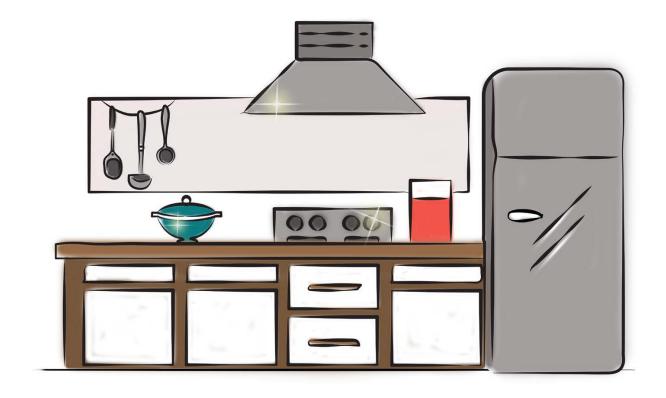
for knocking on.



a long narrow hall



for running through.



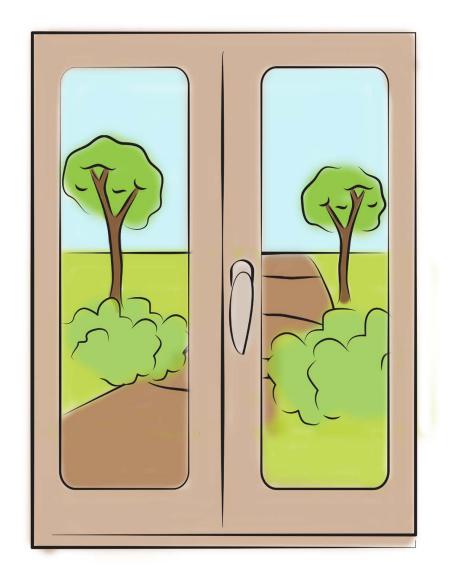
a kitchen filled with shiny things



for cooking with.



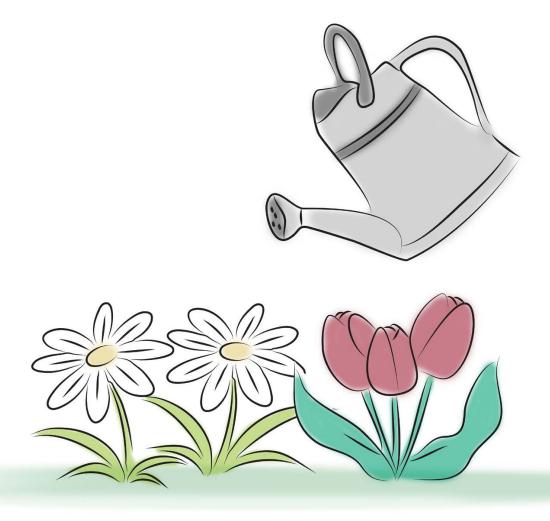
tall, high windows



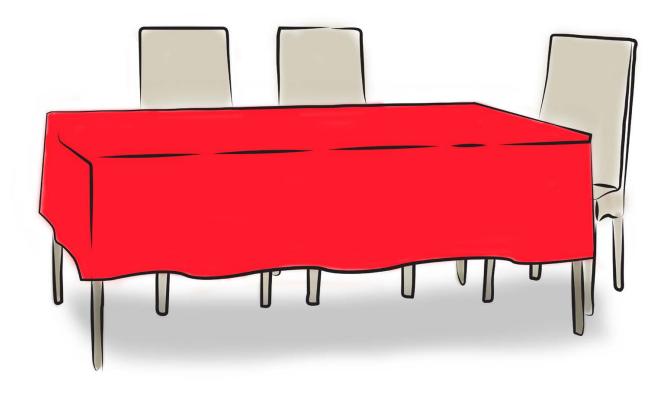
for seeing out.



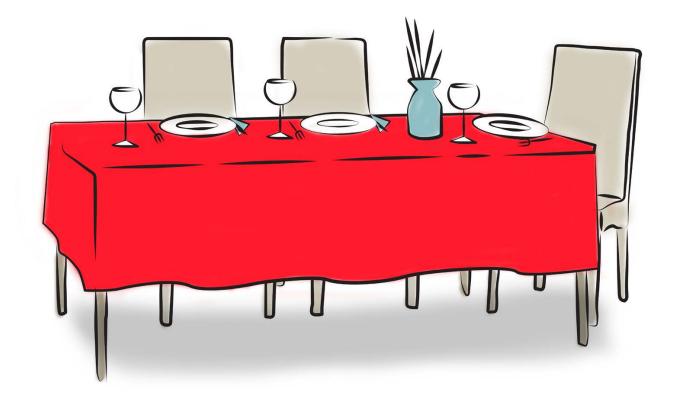
a hot, sunny garden



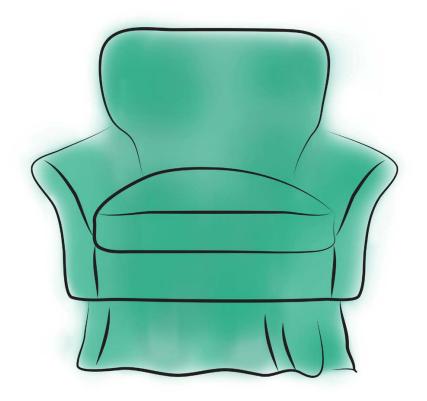
for growing things.



a table with a red cloth



for eating at.



an old arm chair



for reading together.



my favourite bear



for cuddling up.

And my house has



a soft, cosy bed

for sleeping in.



Night night.

MED-EL Offices Worldwide

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