## Lesson Kits for Babies ONE TO THREE YEARS 02 MESS



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We'd like these kits to help as many people as possible, so the *MED-EL Lesson Kits for Babies* may be shared openly for fair usage. However, MED-EL retains full rights to the material, so the content may not be altered, rebranded, or repurposed for commercial use.

# Learn About The MED-EL Lesson Kits for Babies

### 1. WHAT ARE THE MED-EL LESSON KITS FOR BABIES?

The *MED-EL Lesson Kits for Babies* contain key strategies, lesson plans, therapist notes, and printable resources. Therapists can use these resources to deliver intervention with a focus on developing the listening and spoken language skills of babies using hearing technology. They can also be used to increase caregivers'\* knowledge and skills. The *MED-EL Lesson Kits for Babies* were developed for use with young children aged one to three years who are in the first 12 – 24 months following the fitting of hearing devices. They may be used to support individual or group intervention, or in telepractice. For more information about providing rehabilitation to older children using hearing technology or providing telepractice, see the *MED-EL Lesson Kits*<sup>1</sup> and *MED-EL Remote Lesson Kits*.<sup>2</sup> For more information about providing rehabilitation to families of young children with hearing loss waiting for cochlear implant(s), see *MED-EL Ready, Steady, Go! For Professionals*.<sup>3</sup>

#### 2. WHAT ARE THE KEY STRATEGIES LISTED IN THE LESSON KIT?

The Key Strategies refer to techniques used to help children with hearing loss develop their listening and spoken communication skills. Therapists are encouraged to explain and model these strategies, then hand over to caregivers to learn and practice during lessons. Therapists are then encouraged to provide feedback to the caregiver on their use of strategies to develop the caregiver's knowledge, skills, and confidence. The strategies are listed and described on the following pages and are demonstrated in the <u>MED-EL Rehab at Home</u><sup>4</sup> videos.

#### 3. HOW DO THE LESSON PLANS WORK?

The Lesson Plans contain suggestions for caregiver education, as well as examples of listening, language, speech, cognition, play, pragmatic, and literacy goals for children using hearing technology. Lessons with families of young children have a strong focus on guiding and coaching caregivers to use strategies in meaningful interactions, play, and daily routines. Caregiver education is the central focus. Goals for the child's skills are secondary and are listed in the Lesson Plan as a guide.

Therapists must use their clinical judgement and ongoing diagnostic assessment to establish the level at which the child is functioning and identify appropriate, individualized goals and activities that are one step ahead of the child's current skills. MED-EL has several resources such as *A Child's Journey Developmental Milestones (Birth – 6 Years)*<sup>5</sup> that can be used as a guide for goal selection. For further information about this and other resources, contact your local <u>MED-EL representative</u>.

The activities outlined in the Lesson Plan focus on caregiver education and guidance for meaningful daily interaction. They may be used in both face-to-face and telepractice sessions with minimal adaption. Further information for telepractice can be found in the <u>MED-EL Remote Lesson Kits</u><sup>2</sup>.

Children under the age of 24 months have short attention spans. Prepare activities that allow caregivers repetition of practice of the same strategies with their child. To keep their child interested have multiple toys or activities available (e.g., if practicing the use of suprasegments with the phrase *around and around*, have several different toys that spin and present these to the child one at a time). Remember, it is the caregivers' interactions that will hold their child's attention. With appropriate guidance and feedback, it is also caregivers' interactions with their child that will foster the development of knowledge and skills in the caregiver and promote further positive caregiver-child interaction.

<sup>\*</sup>The term "caregiver" is used to refer to the child's significant carer/s. This could be a parent, grandparent, or family member.

### 4. WHY ARE THERE SO MANY MENTIONS OF "GUIDE AND COACH THE CAREGIVER" IN THE THERAPIST NOTES?

Research demonstrates that a high level of caregiver involvement in rehabilitation leads to positive outcomes for children with hearing loss.<sup>6</sup> Caregiver coaching aims to support caregivers to become competent and confident in their skills and abilities to communicate with their child, act as an advocate for their child, and support their child's communication development. By guiding and coaching caregivers, therapists

- convey information,
- provide numerous and varied opportunities for caregivers to practice facilitative strategies to support their child's communication development and to promote their competence and confidence,<sup>7</sup>
- provide feedback, praise, and guidance on their use and effectiveness of communication strategies,
- highlight caregivers' positive behaviors, knowledge, and skills, and how these benefit their child to strengthen caregivers' confidence,<sup>8</sup>
- support carryover and practice of learned skills in meaningful situations in the home and in daily routines, and
- facilitate collaborative discussion, problem-solving, and decision making.

Guiding and coaching caregivers develops their skills through practice and feedback, so that they have the knowledge, skills, and confidence to continue to target their child's communication goals everyday.

### 5. WHAT IS 'CAREGIVER EDUCATION' LISTED IN THE LESSON PLAN?

'Caregiver education' is listed in the Lesson Plan to highlight to therapists, the information, strategies, and opportunities for practice that may be provided to caregivers in the included activities to develop their knowledge, skills, and confidence to support their child's communication development. This differs from the suggested communication goals for children, as the suggestions for caregivers' education include strategies for the caregiver to learn about and practice. The goals for the child are specific, expected outcomes of intervention.

### 6. WHAT ADDITIONAL MATERIALS ARE NEEDED TO PROVIDE REHABILITATION TO BABIES USING HEARING TECHNOLOGY?

Babies learn through everyday play and interaction with their caregivers and the safe exploration of their environments. The *MED-EL Lesson Kits for Babies* offer guidance for practical, everyday activities for rehabilitation for young children to allow caregivers to practice strategies in lessons that can easily be carried over to routines and everyday activities at home. As a result, many activities described in the *Lesson Kits for Babies* require simple objects and toys. Toys that may be helpful to have in the clinic may include but are not limited to:

- Brightly colored toy animals and vehicles including a car and bus in which people figurines or toy animals can sit in
- Small people figurines to fit in vehicles
- Plastic doll
- Doll accessories (e.g., comb, hat, shoes)
- Toy tea set
- Small bed or empty shoebox, pillow, and blanket for a doll
- Small containers for hiding and bathing toys
- Plastic bath toys (e.g., ducks, fish, boats)
- Stacking rings
- Blocks
- Balls
- Toys that spin and shake (e.g., rattle, rainmaker, windmill)
- Toy car ramp
- Large inset puzzles
- Cause and effect toys (e.g., hammer and ball toys, shape sorter)
- Toys to push and pull (e.g., balls and a ramp, toys on a string)
- Books: Any type of picture book can be read to young children, but durable board books, books with bright pictures, flaps, or touch and feel pages are most suitable.

This list is offered only as a guide. It is encouraged that therapists use the toys, objects, and routines of the family home so that families are easily able to carry over goals, strategies, and activities in the home environment.

### Key Strategies for Talking and Playing with Young Children with Hearing Devices

### WHAT ARE KEY STRATEGIES?

The following key strategies are used to support the development of early communication, language, listening, speech, literacy, and social skills of children with hearing loss using hearing devices. Therapists are encouraged to model a variety of key strategies in each lesson and coach caregivers in using these strategies in the home environment to help their child integrate listening and spoken language into all aspects of life. These strategies can be used while caregivers are talking to, caring for, and playing with their children every day. The strategies listed can all be used despite what language(s) is spoken in the home.

#### EYES OPEN, EARS ON

Research has shown that hearing technology use is linked to spoken language outcomes of children with hearing loss. It is recommended that children wear their hearing technology all waking hours. Acknowledge to caregivers that keeping hearing technology in young children's ears can be challenging. Share tips and tricks to support them to keep hearing technology on all waking hours. Suggest audiological/medical tape, retention lines, and bonnets. Discuss further options with the family and their audiologist. Facilitate problem-solving to increase hearing technology use by discussing with caregivers their child's current hearing device use, current awake time, and daily routines.

A functional listening check (Ling Six Sound Test) is performed on each device daily to ensure they are working optimally.

#### COME CLOSE TO ME

The caregiver makes a conscious effort to move close to the child's hearing technology to ensure the auditory signal is clear. Staying close is something that caregivers are likely already doing while they feed, change, and care for their young children. Praise them and highlight the importance of this. By staying close, caregivers are providing their child the best auditory signal they can. As babies grow and begin to crawl and move around, it becomes more difficult for caregivers to stay close. Move down to their level as they play. The optimal distance is between 30 and 50 cm from their hearing technology. Moving closer provides a stronger and clearer auditory signal. Increasing the volume of one's voice deteriorates auditory information. It is better to move closer than to increase the volume of your voice.

#### 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. Caregivers 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, and thinking about (parallel talk).

#### THE SAME THINKING PLACE

The caregiver makes a conscious effort to identify what the child is thinking about or feeling and provides comments to put those thoughts into words to encourage joint attention and language learning. An example is if the child yawns, the caregiver could comment, *Ohhh, that was a big yawn! Are you tired? Yes, you might be tired. Yawn!* 

#### ACOUSTIC HIGHLIGHTING

Several techniques are used by the caregiver to make spoken language more interesting to listen to and to emphasize key words. These techniques include using child-directed speech or parentese which has more pitch variation (sing-song voice), 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. Encourage the use of facial expressions and natural gestures with young children.

#### 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 under a blanket and talking about it before showing it to the child.

#### SIGNAL-TO-NOISE RATIO

Elements in the environment are deliberately and conscientiously manipulated to ensure the background noise is significantly softer than the caregivers' 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 caregivers' voice will be 15 to 25 dB louder than background noise.

#### WAIT, WAIT & WAIT SOME MORE

The caregivers provide abundant language models (TALK, TALK, TALK) and then wait with expectation to encourage the child to have a turn in the conversation. A young child may take that turn by making a noise, smiling, or using a gesture (e.g., pointing or using eye gaze). An expectation that the child makes a communication attempt is set through waiting in silence, leaning towards the child, smiling, and nodding.

#### 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 attempts to talk about the problem or asks for help to solve the problem. An example is putting a favorite toy too high for the child to reach so the child must request help.

#### 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*.

#### **MY VOICE MATTERS!**

Every small attempt by the child to produce a sound, word, or make a communication attempt is acknowledged and valued with a comment, praise, or smile. This acknowledgment helps children understand the importance of using their voice, back and forth communication, and provides motivation to practice talking more. Combine this strategy with EXPANSION & EXTENSION by repeating the word or word approximation.

#### **USE CHOICES**

Language models are provided in a choice question for the child to make a decision and then imitate. 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.

#### AUDITORY CLOSURE

A familiar song, phrase, or sentence is used as an opportunity for the child to demonstrate that they can recognize it and can join in. The caregiver 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 caregiver sings, "Twinkle, twinkle little....", then pauses to encourage the child's contribution.

#### SONGS

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. Encourage caregivers to add movement such as swaying, rocking, bouncing, or hand motions as they sing to their young child.

#### BOOKS, BOOKS, BOOKS

Reading books provides caregivers another activity in which they can sit close to their child and TALK, TALK. Reading books together is a good practice to get into early. Later, shared book reading can be 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. Book sharing regularly is encouraged.

### Learn About The Lesson Plans



indicates caregiver education

indicates listening and receptive language goals

indicates spoken language and speech goals

indicates cognitive, play, pragmatic, and literacy goals

### How to choose a level

	3	$\bigcirc$		
Level 1	The child is learning to listen and attend to auditory 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 beginning to understand common words and phrases, such as family names and greetings.	The child vocalizes for their wants and needs and may be beginning to imitate Play Sounds.	Cognition refers to how we learn and gain knowledge about our world. Some cognition, play, pragmatic, and literacy skills are developmental; they develop as the child grows older, however, the relationship between cognitive, play, pragmatic, literacy, and language skills are complex, with each contributing to the other in varying degrees over	
Level 2	The child is learning to listen and attend to 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 uses single words, has a vocabulary of up to 200 words, and may be starting to combine words to 2-word combinations. The child begins to use a variety of vowels and early developing consonants.	other in Varying degrees over the child's early years. Depending on the child's age, use clinical judgement to select appropriate cognition, play, pragmatic, and literacy goals for each child. A Child's Journey Developmental Milestones (Birth – 6 Years) <sup>5</sup> may be used as a guide for goal selection.	

### MESS: LEVEL 1 LESSON PLAN

### MED®EL

Jame: Date:								
Age: Hearing Age:								
Attendees:								
Ling Six Sound	s						·····	
left	ah	00		ee	m	sh		5
right	ah	00		ee	m	sh		5
distance		• • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • •	•		
ACTIVITY	GOALS	•••••		••••••	••••••	•••••	•••••	•••••••••••••••••••••••••••••••••••••••
ACTIVITY	GUALS							
	ÊĤ			()	$(\bigcirc)$	)		
LING SIX SOUND TEST	• Caregiver perfo the Ling Six So Test		• Detects or imitates all six Ling sounds					
PLAYDOUGH	Caregiver practices ACOUSTIC HIGHLIGHTING and SAME THINKING PLACE		<ul> <li>Discriminates key words that differ by suprasegmental patterns (duration, intensity, and pitch) by performing an action</li> </ul>		<ul> <li>Imitates         <ul> <li>suprasegmental             patterns (duration,             intensity, and pitch) or             vowels of key words             (e.g., roooll for roll,             eee for squeeze)</li> </ul> </li> </ul>			
PAINTING	• Caregiver practices ACOUSTIC HIGHLIGHTING and WAIT, WAIT & WAIT SOME MORE		• Demonstrates understanding of key words (e.g., eyes, nose, mouth, ears, hair) by performing an action or pointing		• Vocalizes for wants			
<i>MOUSE MAKES A MESS</i> BOOK	Caregiver practices     SAME THINKING     PLACE when reading     the story		G understanding of		<ul> <li>Imitates         <ul> <li>suprasegmental             patterns (duration,             intensity, and pitch) or             vowel sounds of Play             Sounds</li> </ul> </li> </ul>		storie by vo	onds to es being read ocalizing and ng pictures
CLEANING UP	• Caregiver practices WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK		• Demonstrates understanding of key words (e.g., <i>more, all</i> <i>gone, bye</i> ) by performing an action		<ul> <li>Imitates         <ul> <li>suprasegmental             patterns (duration,             intensity, and pitch) or             vowel sounds of key             words (e.g., wash             wash wash for wash,             wiiipe for wipe)</li> </ul> </li> </ul>		wash	tes actions of ing hands and ng with a cloth
DISCUSSION WITH CAREGIVER	<ul> <li>Discuss with the caregiver the gand strategies practiced during session and here they will carry home.</li> </ul>	goals ng the ow						

All goals are included as suggestions. Professionals must use their clinical judgment to identify goals that are individualized to the child and family.

\*Examples of Play Sounds can be found on pages 30-31

### MESS: LEVEL 2 LESSON PLAN

### MED®EL

Name: Date:								
Age: Hearing Age:								
Attendees:								
Ling Six Sound	s							
left	ah	00		ee	m	sh		S
right	ah	00		ee	m	sh		s
distance								
ACTIVITY	GOALS							
			3		$\bigcirc$			
LING SIX SOUND TEST	• Caregiver perfo the Ling Six So Test		• Detects or imitates all six Ling sounds					
PLAYDOUGH	<ul> <li>Caregiver practices</li> <li>ACOUSTIC</li> <li>HIGHLIGHTING and</li> <li>SAME THINKING</li> <li>PLACE</li> </ul>		• Follows instructions with one key word		• Approximates key words in play (e.g., <i>roll, squeeze, cut,</i> <i>push, more</i> )			
PAINTING	• Caregiver practices ACOUSTIC HIGHLIGHTING and WAIT, WAIT & WAIT SOME MORE		• Demonstrates understanding of key words (e.g., eyes, nose, mouth, ears, hair) by performing an action or pointing		<ul> <li>Asks for <i>more</i></li> <li>Approximates key words</li> </ul>		body pictur • Imita	two missing parts to a re tes drawing of izontal line
<i>MOUSE MAKES A MESS</i> BOOK	<ul> <li>Caregiver practices</li> <li>SAME THINKING</li> <li>PLACE when reading the story</li> </ul>		• Demonstrates understanding of animal names by pointing to associated pictures in the story		<ul> <li>Imitates animal sounds or uses spontaneously</li> </ul>		<ul> <li>Independently turns pages one at a time</li> </ul>	
CLEANING UP	• Caregiver practices WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK		• Follows instructions with one-key word		• Approximates key words		<ul> <li>Imitates actions of wiping with a cloth and washing hands</li> </ul>	
DISCUSSION WITH CAREGIVER	<ul> <li>Discuss with the caregiver the goals and strategies practiced during the session and how they will carryover at home.</li> </ul>							

All goals are included as suggestions. Professionals must use their clinical judgment to identify goals that are individualized to the child and family.

### MESS: GROUP LESSON PLAN



Attendees: .....

Date: .....

ACTIVITY	DESCRIPTION
LING SIX SOUND TEST	Caregiver's report their child's response to the Ling Six Sound Test or completes with the therapist in a quiet space.
WELCOME	Hello song and greetings.
CAREGIVER EDUCATION	Therapist to discuss the importance of practicing KEY STRATEGIES in the session and the sharing of ideas for how caregivers can implement the KEY STRATEGIES in daily routines at home. This session is all about practicing how to use KEY STRATEGIES in messy situations.
PLAYDOUGH	<ul> <li>Therapist to explain and demonstrate, then guide and coach caregivers to practice the following strategies in play with playdough.</li> <li>ACOUSTIC HIGHLIGHTING of key words in short phrases and sentences (e.g., <i>roll, squeeze, cut, push, more</i>)</li> <li>SAME THINKING PLACE</li> </ul>
PAINTING	<ul> <li>Therapist to explain and demonstrate, then guide and coach caregivers to practice the following strategies in painting.</li> <li>ACOUSTIC HIGHLIGHTING of key words in short phrases and sentences (e.g., <i>There are the eyes. I see long hair. Uh-oh, it's all gone. We need some more.</i>)</li> <li>WAIT, WAIT &amp; WAIT SOME MORE</li> </ul>
<i>MOUSE MAKES A MESS</i> BOOK	Therapist reads the story while caregivers and children follow along. Caregivers take turns reading a page of the story. Caregivers to practice SAME THINKING PLACE when it's their turn to read the story.
CLEANING UP	Therapist to explain and demonstrate, then guide and coach caregivers to practice the following strategies when cleaning up. • TALK, TALK, TALK
QUESTIONS & DISCUSSION	Allow time for group questions, discussion, and problem-solving, as well as for families to chat.

### MESS: LEVEL 1 THERAPIST NOTES



# 1. Playdough

### RESOURCES

- Playdough
- Playdough rollers, plastic knives, playdough cutters

### PROPOSED GOALS



Caregiver practices ACOUSTIC HIGHLIGHTING and SAME THINKING PLACE



• Discriminates key words that differ by suprasegmental patterns (duration, intensity, and pitch) by performing an action



• Imitates suprasegmental patterns (duration, intensity, and pitch) or vowel sounds of key words (e.g., *roooll for roll, eee for squeeze*)

- 1. Explain the strategy of ACOUSTIC HIGHLIGHTING to the caregiver. Explain that adding ACOUSTIC HIGHLIGHTING to key words will assist the child in identifying the key words of the phrase and in discriminating between them (roooll vs. cut). Demonstrate with the playdough, and then handover to the caregiver to practice. Encourage them to use short phrases with ACOUSTIC HIGHLIGHTING. *Let's open the playdough. Wow, it's green. Let's take it out. Tap, tap, tap. Take it out. Roooll, roooll the playdough.*
- 2. Encourage the caregiver to use key words with ACOUSTIC HIGHLIGHTING and to pause and look expectantly at the child to encourage their imitation or vocalization to request what they want or to request more.
- 3. Guide the caregiver to give directions to the child with ACOUSTIC HIGHLIGHTING of the key words. *Get the knife to cut the playdough, cut, cut, cut.*
- 4. Explain the strategy of SAME THINKING PLACE to the caregiver. Encourage them to talk about what the child is doing, looking at, or interested in. Encourage the caregiver to follow their child's lead and respond to their child's communication attempts, whether they are verbal or non-verbal. You may need to point out to the caregiver, if you notice a subtle communication attempt from their child such as a gesture or glance, so that the caregiver becomes more responsive to their child's communication patterns.
- 5. After some time, highlight to the caregiver what they have done well and how this will support their child's communication development. Talk about how they may use these key strategies at home and in daily routines.

### MESS: LEVEL 2 THERAPIST NOTES



# 1. Playdough

### RESOURCES

- Playdough
- Playdough rollers, plastic knives, playdough cutters

### PROPOSED GOALS





· Follows instructions with one key word



• Approximates single words in play (e.g., roll, squeeze, cut, push, more)

- 1. Explain the strategy of ACOUSTIC HIGHLIGHTING to the caregiver. Explain that adding ACOUSTIC HIGHLIGHTING to key words will assist their child to identify the key words of the phrase and discriminate between them (roooll vs. cut). Demonstrate with the playdough, and then handover to the caregiver to practice. Encourage them to use short phrases with ACOUSTIC HIGHLIGHTING. *Let's open the playdough. Wow, it's green. Let's take it out. Take it out. Let's roll the playdough. Roll your piece of playdough.*
- 2. Encourage the caregiver to use key words with ACOUSTIC HIGHLIGHTING and to pause and look expectantly at the child to encourage their imitation or vocalization to request what they want or to request more. Encourage the caregiver to hold back and wait for a vocalization from the child to request what they want, rather than anticipating the child's wants by offering them tools for play.
- Guide the caregiver to give directions to the child with ACOUSTIC HIGHLIGHTING of the key words. Get the knife to cut the playdough.
   Pause and wait for the child to respond; some children may need a little longer to process the information.
- 4. Explain the strategy of SAME THINKING PLACE to the caregiver. Encourage them to talk about what the child is doing, looking at, or interested in. Encourage the caregiver to follow their child's lead and respond to their child's communication attempts, whether they are verbal or non-verbal.
- 5. After some time, highlight to the caregiver what they have done well and this how will support their child's communication development. Talk about how they may use these key strategies at home and in daily routines.

### MESS: LEVEL 1 THERAPIST NOTES



### ACTIVITY

# 2. Painting

### RESOURCES

- Painting animal templates (pages 16-18)
- Dry watercolor or water-based paint that is easy to clean from hands and clothing
- 1 paintbrush (this will be shared)
- Water
- Painting apron
- Wipes or a cloth for cleaning hands

### PROPOSED GOALS



+ Caregiver practices ACOUSTIC HIGHLIGHTING and WAIT, WAIT & WAIT SOME MORE



• Demonstrates understanding of key words (e.g., *eyes*, *nose*, *mouth*, *ears*, *hair*) by performing an action or pointing



Vocalizes for wants

- 1. Explain to the caregiver that you will talk about the painting templates using ACOUSTIC HIGHLIGHTING, then it will be their turn. Talk about one of the painting templates, highlighting the animal name and associated Play Sound, the parts of the face, and what parts of the face are missing. Then, hand over to the caregiver to talk about the next animal.
- 2. Choose one animal to paint together first.
- 3. Determine if the child understands words for body parts, if not, teach the child the names of the body parts. Encourage the child to point to the body part you name on themselves or on the picture. If they are unsure, teach the child using repetition and ACOUSTIC HIGHLIGHTING by asking the caregiver to point to the body parts you name to show the child. Guide the caregiver to repeat the key words with ACOUSTIC HIGHLIGHTING as they point. *First, we need to add the eyes. Where are your eyes? Here are my eyes. There are your eyes. There are Daddy's eyes. There are the rabbit's eyes.*
- 4. Open the paint, add water to one color (if using a dry watercolor palette), use TALK, TALK, TALK and ACOUSTIC HIGHLIGHTING as you do this. Explain to the caregiver that they will take a turn at following the direction first by painting. Ask the caregiver to *Paint the eyes*.
- 5. Guide the caregiver to give the child the next direction to paint the next body part (e.g., *Paint the nose*). As the child is painting the nose, guide the caregiver to use TALK, TALK, TALK and ACOUSTIC HIGHLIGHTING to talk about what the child is doing. If the child is unsure where to paint, the caregiver may repeat the key word and guide the child to paint the correct body part. Use repetition of the key word and point to the child's same body part (e.g., their nose).
- 6. Explain the strategy of WAIT, WAIT & WAIT SOME MORE to the caregiver. Encourage the caregiver to wait for the child to vocalize for what they want (e.g., the paintbrush, more paint, more water).
- 7. Continue with the other body parts and animals guiding and coaching the caregiver to give the directions using ACOUSTIC HIGHLIGHTING.

### MESS: LEVEL 2 THERAPIST NOTES



### ACTIVITY

## 2. Painting

### RESOURCES

- Painting animal templates (pages 16-18)
- · Watercolor or water-based paint that is easy to clean from hands and clothing
- Painting apron
- Water
- Wipes or a cloth for cleaning hands
- Marker pen to draw on whiskers

### PROPOSED GOALS



• Caregiver practices ACOUSTIC HIGHLIGHTING and WAIT, WAIT & WAIT SOME MORE



• Demonstrates understanding of key words (e.g., eyes, nose, mouth, ears, hair) by performing an action or pointing



• Asks for *more* 

• Approximates key words (e.g., open, no)'



Adds two missing body parts to a picture

• Imitates drawing of a horizontal line

- 1. Explain to the caregiver that you will talk about the painting templates using ACOUSTIC HIGHLIGHTING, then it will be their turn. Talk about one of the painting templates, highlighting the animal name, the parts of the face, and what parts of the face are missing. Then, hand over to the caregiver to talk about the next animal.
- 2. Choose one animal to paint together first.
- 3. Determine if the child understands words for body parts, if not, teach the child the names of the body parts. Encourage the child to point to the body part you name on themselves or on the picture. If they are unsure, teach the child using repetition and ACOUSTIC HIGHLIGHTING by asking the caregiver to point to the body parts you name to show the child. Guide the caregiver to repeat the key words with ACOUSTIC HIGHLIGHTING as they point. *First, we need to add the eyes. Where are your eyes? Here are my eyes. There are your eyes. There are Daddy's eyes.*
- 4. Open the paint and add water to one color (if using a dry watercolor palette), use TALK, TALK, TALK and ACOUSTIC HIGHLIGHTING as you do this. Complete part of each step, then pause and encourage the child to imitate key words such as *open, more, pour* for you to complete the task. For example, pour only a drop of water on the paint palette. Then, model *We need more* for the child to copy and for you to pour more water.
- 5. Explain to the caregiver that they will take a turn at following the direction first. Ask the caregiver to, *Paint the eyes*. As the caregiver is painting the eyes, guide them to use TALK, TALK, TALK and ACOUSTIC HIGHLIGHTING.

### MESS: LEVEL 2 THERAPIST NOTES

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- 6. Guide the caregiver to give the child the next direction to paint the next body part (e.g., *Paint the nose*). As the child is painting the nose, guide the caregiver to use TALK, TALK, TALK and ACOUSTIC HIGHLIGHTING to talk about what the child is doing. If the child is unsure where to paint, the caregiver may repeat the key word and guide the child to paint the correct body part. Use repetition of the key word and point to the child's same body part (e.g., their nose).
- 7. Explain the strategy of WAIT, WAIT & WAIT SOME MORE to the caregiver. Encourage the caregiver to wait for the child to vocalize for what they want (e.g., the paintbrush, more paint, more water). The caregiver may model the key word *more* for the child to copy. Encourage the caregiver to wait, rather than anticipating the child's wants in this activity by giving them items. This will encourage the child to vocalize or approximate key words to get what they want.
- 8. Continue with the other body parts and animals guiding and coaching the caregiver to give the directions using ACOUSTIC HIGHLIGHTING.



### 2. Painting Animal Templates Mouse



### 2. Painting Animal Templates

Dog





### 2. Painting Animal Templates Sheep



### MESS: LEVEL 1 THERAPIST NOTES

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### ACTIVITY

## 3. Mouse Makes A Mess Book

### RESOURCES

- Print the *Mouse Makes A Mess* storybook (pages 21-26) cut out the pages, and staple together to make a booklet.
- Small animal toys (mouse, dog, cat, sheep) to represent the animals in the story.

### PROPOSED GOALS





• Demonstrates understanding of animal names by pointing to associated pictures in the story



· Uses animal sounds in imitation or spontaneously



• Independently turns pages one at a time

- 1. Explain the strategy of SAME THINKING PLACE to the caregiver and how it promotes communication development in children. Explain to the caregiver that you will read the first page of the story using SAME THINKING PLACE, then it will be their turn to read the following pages.
- 2. Read the first page of the story using ACOUSTIC HIGHLIGHTING and add the associated Play Sounds (e.g., *Mmmm yum* and *squeak squeak* for the mouse). Demonstrate SAME THINKING PLACE by pausing and waiting for the child to point or look towards something on the page. Talk more about what the child is looking at. Explain what you did to highlight this for the caregiver.
- 3. Hand the book over to the caregiver. Guide them to read the rest of the story using SAME THINKING PLACE.
- 4. Encourage the caregiver to use the Play Sounds, then pause and wait while looking expectantly at the child to encourage them to imitate the Play Sounds.
- 5. On the last page of the story, all of the animals are pictured. Use this page to determine whether the child is able to identify the animals from their associated play sounds. Ask the child to, *Find the dog, woof, woof.* Encourage the child to point or to pick up the associated toy. Use repetition and ACOUSTIC HIGHLIGHTING to teach the child if they are unsure. Model this by asking the caregiver to follow the instruction.

### MESS: LEVEL 2 THERAPIST NOTES

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### ACTIVITY

# 3. *Mouse Makes A Mess* Book

### RESOURCES

- Print the *Mouse Makes A Mess* storybook (pages 21-26) cut out the pages, and staple together to make a booklet.
- Small animal toys (mouse, dog, cat, sheep) to represent the animals in the story.

### PROPOSED GOALS





• Demonstrates understanding of animal names by pointing to associated pictures in the story



· Uses animal sounds in imitation or spontaneously



Independently turns pages one at a time

- 1. Explain the strategy of SAME THINKING PLACE to the caregiver and how it promotes communication development in children. Explain to the caregiver, that you will read the first page of the story using SAME THINKING PLACE, then it will be their turn to read the following pages.
- 2. Read the first page of the story. ACOUSTICALLY HIGHLIGHT key words and animal sounds. Demonstrate SAME THINKING PLACE by pausing and waiting for the child to vocalize, point to, or look towards something on the page. Talk more about what the child is interested in. Explain what you did to highlight this for the caregiver.
- 3. Hand the book over to the caregiver. Guide them to read the rest of the story using SAME THINKING PLACE. Encourage the caregiver to pause and wait for the child to vocalize, point to, or look towards something on the page.
- 4. On the last page of the story, all of the animals are pictured. Use this page to determine whether the child is able to identify the animals from their names. Ask the child to, *Find the dog*. Encourage the child to point or pick up the associated toy. If the child is unable to follow the direction, teach the child by giving the caregiver the same instruction to show the child. Use repetition, ACOUSTIC HIGHLIGHTING, and add the associated animal Play Sounds to assist the child's understanding.
- 5. Hand the book to the child. Encourage them to turn the pages and point to or talk about what is on the pages.

**MESS:** RESOURCES



### 3. Mouse Makes A Mess Book



















### MESS: LEVEL 1 THERAPIST NOTES



# 4. Cleaning Up

### RESOURCES

- Water and a cloth.
- Small animal toys (mouse, dog, cat, sheep) from the story

### PROPOSED GOALS



• Caregiver practices WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK



• Demonstrates understanding of key words (e.g., more, all gone, bye) by performing an action



• Imitates suprasegmental patterns (duration, intensity, and pitch) or vowel sounds of key words (e.g., *wash wash wash for wash, wiiipe* for *wipe*)



• Imitates actions of washing hands and wiping with a cloth

- 1. Explain to the caregiver that you will use the cleaning up routine to practice the strategies of WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK to encourage the child to follow directions with and imitate key words.
- 2. TALK, TALK, TALK about the mess everyone made while playing with playdough and painting, just like how the mouse made a mess in the story. TALK, TALK, TALK about how you will clean up together.
- 3. ACOUSTICALLY HIGHLIGHT key words and Play Sounds such as more, all gone, wipe.
- 4. Point to some paint or water left on the table and use a short phrase such as *Uh-oh*, *there is more mess*. *We have to wipe it*. *Wipe*, *wipe*. Pause (before you clean it) and look expectantly at the child. Wait to see if they will imitate *wipe*, *wipe*. They may vocalize or approximate the word by imitating the suprasegmental pattern (duration, intensity, and pitch) or vowel sound in the word.
- 5. Point to some more paint or water left on the table and use the phrase, There is more mess! More!
- 6. Add a song to this cleaning up routine. Is there a song the family or the child's care center uses when cleaning up that you and the caregiver could sing during this routine?
- 7. Point to another messy spot on the table, pause, and look expectantly at the child. Encourage them to imitate more or wipe, wipe. If the child doesn't vocalize, encourage the caregiver to jump in and model the key word.
- 8. Tell the child, *The mess is all gone.* We can put the water and cloth away. We can say bye, bye. Pause and wait for the child to respond.
- 9. Discuss with the caregiver their ideas for how they may be able to use WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK in cleaning up routines at home. .

### MESS: LEVEL 2 THERAPIST NOTES



# 4. Cleaning Up

### RESOURCES

- Water and a cloth.
- Small animal toys (mouse, dog, cat, sheep) from the story

### PROPOSED GOALS



• Caregiver practices WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK



• Follows instructions with one key word



• Approximates key words (e.g., more, wash, wipe, all gone)



• Imitates actions of washing hands and wiping with a cloth.

- 1. Explain to the caregiver that you will use the cleaning up routine to practice the strategies of WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK to encourage the child to follow instructions with, and approximate key words.
- 2. TALK, TALK, TALK about the mess everyone made while playing with playdough and painting, just like how the mouse made a mess in the story. TALK, TALK, TALK about how you will clean up together.
- 3. ACOUSTICALLY HIGHLIGHT key words such as more, all gone, wash, wipe.
- 4. Point to some paint or water left on the table and use a short phrase such as *Uh-oh*, *there is more mess*. *We have to wipe it*. *Wipe*, *wipe*. Pause (before you clean it) and look expectantly at the child. Wait to see if they will imitate *wipe*, *wipe*.
- 5. Point to some more paint or water left on the table, point and use the phrase, *There is more mess! More!* Encourage the caregiver to take a turn to model this phrase and the key word *more*.
- 6. Add a song to this cleaning up routine. Is there a song the family or the child's care centrer uses when cleaning up that you and the caregiver could sing during this routine?
- 7. Point to another messy spot on the table, pause, and look expectantly at the child. Encourage them to imitate more or wipe, wipe. If the child doesn't vocalize, encourage the caregiver to jump in and model the key word.
- 8. Tell the child that you will tidy up the animals. Give the child one key word instructions. *Put the dog away. Bye dog.* (This instruction is easier to follow as the key word is repeated and is positioned at the end of the instruction). *Put the sheep in the basket.* (This instruction is slightly more difficult as the key word is positioned in the middle of the instruction).
- 9. Discuss with the caregiver their ideas for how they may be able to use WAIT, WAIT & WAIT SOME MORE and TALK, TALK, TALK in cleaning up routines at home.

## Group Lesson

The Group Lesson Plan along with the activities and Therapist Notes shared above may be used to provide group intervention. Group intervention for this age group focuses on caregiver education, guidance, and coaching.

### **REMEMBER TO:**

- Set and monitor audition and communication goals for each child with the family. Set aside time with each family regularly to discuss the child's progress and monitor their goals. A Child's Journey Developmental Milestones (Birth 6 Years)<sup>5</sup> may be used as a guide for goal selection.
- Monitor each child's access to sounds with the Ling Six Sound Test. The test will need to be performed individually in a quiet space with each family and child.
- Monitor each child's device use. Support the family through collaborative problem-solving and goal setting to increase device use as required.

Research has highlighted the importance of caregivers making connections with other families of children with hearing loss. Caregivers report that making these connections facilitates their coping and that other caregivers offered the kinds of support that best matched their emotional and practical needs.<sup>7</sup> Specifically, caregivers felt it was important to connect with others who had firsthand experience in raising a child with hearing loss. Caregivers appreciated opportunities to share practical information, knowledge, and resources; to collaboratively think through concerns and face challenges, and to discuss potential solutions and ideas. In addition, the social group contributed to caregivers' sense of belonging and helped to normalize the experience of parenting a child with hearing loss.

### IN GROUP LESSONS, CONSIDER:

- Seating: circle seating on a mat on the floor allows group interaction. Ensure this is accessible for all participants in the session.
- Timing: you may need to allocate more time for families to join the session and settle in, especially with their small child (compared to individual sessions) and opportunities for families to talk and socialize.
- Encourage group discussion, sharing, and problem-solving throughout your sessions to harness the benefits of peer caregiver support.

### Play Sounds

### WHAT ARE PLAY SOUNDS?

A Play Sound is a word or short phrase which carries a high amount of acoustic energy and interest. Many Play Sounds are naturally used all around the world by parents and caregivers when talking with very young children. This is because beginning listeners find these sounds attractive to listen to, easy to remember, and simple to attach meaning to.

### WHY USE PLAY SOUNDS?

Play Sounds are used to gain the attention of the child through the hearing sense and can help begin to build auditory pathways in the brain. Children who receive hearing technology may be in the early stages of building their listening skills and may benefit from being exposed to this first step in listening. In addition, learning how to say Play Sounds is an easy way to start to practice all the different sounds required to speak clearly.

### HOW TO USE PLAY SOUNDS?

Use Play Sounds to build an association between a sound and an object or action. Play Sounds are fun to use. Just follow these general rules:

- 1. Say the Play Sound just before showing the object or doing the action.
- 2. Repeat Play Sounds frequently in different natural contexts.
- 3. Pair the Play Sound with real words to build comprehension skills (e.g., *Beep beep!* Here comes a car!).
- 4. Make your voice interesting to listen to by adding intonation variations.

### SELECTING PLAY SOUNDS IN LANGUAGES OTHER THAN ENGLISH?

On the next page, you will see a list of examples of Play Sounds in English. The allocation of Play Sounds is intended to give the child maximal auditory contrasts. Play Sounds differ in duration, intensity, and pitch to make discriminating these sounds easy. Consideration is also given to targeting a variety of vowels and consonants to facilitate speech production skills. It is not necessary to use the examples, but it is important to choose carefully and be consistent to help children attach meaning to the new sounds they are hearing. When selecting new Play Sounds in English or allocating Play Sounds in languages other than English, consider the acoustic properties of the sounds.

### MESS: LESSON KITS FOR BABIES



PLAY SOUNDS	WHEN AND HOW TO USE IT
Ир ир ир	Picking up the child
Uh-oh	When a mistake has been made (such as dropping something)
Ow	When someone is hurt
Look	Showing something, pointing to something
Oh no	When something goes wrong (e.g., spilling milk)
Yay	When something is achieved (e.g., putting a piece in a puzzle)
Wow	Something unexpected or exciting happens (e.g., a big tractor goes by)
Go	Letting something go (e.g., car down a slope)
Ready, steady Go!	Hold your child at the top of a slide, then let go
Oooh yuck	Mess
No no no	Telling off animals, dolls, etc.
ROUTINES AT HOME	
Shh, go to bed	Going to bed, playing with dolls or teddies
Have a bath	Going for a bath, playing with dolls or teddies
Wake up	Playing with dolls or teddies
Where's Daddy?	Before Daddy comes home from work
Knock knock	Before opening a door
Open	Opening doors, jars, boxes, etc.
Mmmm yum	Food, feeding pets
Hi, hello	Greeting someone
Вуе	When someone leaves

### ACTIVITIES

Jump jump	Jumping from the bottom step to the floor
Hop hop hop	Hopping on one foot
Walk walk	Walking down the path
Sit down	Every time you sit together
Cut cut cut	Cutting fruit with a knife or paper with scissors
Pour	Pouring milk or juice into a cup

### ANIMAL AND VEHICLE SOUNDS:

Aaah	Aeroplane
Brmm brmm	Trucks, cars
Beep beep	Cars
Wee oo wee oo	Ambulances
Woof woof	Dog
Мооо	Cow
Meeow	Cat
Stomp stomp stomp	Elephant
Ssss	Snake
Oo oo ee ee	Monkey

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## NOTES


### **MED-EL Offices Worldwide**

### AMERICAS

Argentina

Canada

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Mexico **United States** 

ASIA PACIFIC Australia

China

Hong Kong office@hk.medel.com India

Indonesia

Japan

office-japan@medel.com

Malaysia

Philippines office@ph.medel.com

Singapore office@sg.medel.com

South Korea Thailand

Vietnam

EMEA

Belgium

office@be.medel.com

office@medel.de Italy

Portugal

Spain

office@es.medel.com

South Africa

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United Kingdom



