SOUTH AFRICAN COCHLEAR IMPLANT GROUP

SUID - AFRIKAANSE KOGLEERE INPLANTINGSGROEP

Appendix G:

Pre and Post-operative Assessment of Communication Skills of the Child with the Primary Carer(s)

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Pre and post-operative assessment is provided to evaluate a child's communication functioning with their primary carer. This assessment is carried out by a qualified Speech and Language Therapist, with experience in the field of children with hearing loss, Certified Auditory Verbal Practitioner or a qualified practitioner with a specialist training in LSLS AVT. This assessment forms part of a collaborative team evaluation which will include input from the audiologist, medical personnel, family/caregivers and other relevant professionals.

Assessment protocol dictates that each child receives a baseline pre-operative assessment to establish a baseline level of communicative function prior to implantation. A progress report (formal assessment including receptive and expressive language age) is submitted to the Cochlear Implant Team for as long as the child is in a therapy programme. Post-operative assessments should be repeated at 6 monthly intervals for the first 2 years post-implant to monitor progress (or more frequently should the SLT feel it is necessary). Thereafter the child receives an annual assessment.

All data gathered is referenced against typical child development.

It is advised that Speech and Language Therapists within Cochlear Units record the expectations of the family regarding the outcome of cochlear implantation, pre-implant as part of the base-line data. This may form the basis of pre-implant counselling if family expectations are not in-line with those of the implant team.

The child's listening, speech, language, pragmatics and communication skills are assessed using a combination of observation, discussion, developmental checklists as well as formal and informal assessment measures. The exact battery of assessments is unique to each child and may vary from team to team. Video recordings may be used.

Each assessment should include the following information:

A: BACKGROUND INFORMATION

This will include identifying information as well as information pertaining to their degree and type of hearing loss, aetiology as well as type of amplification and hearing age. A thorough case history should include information about the impact of the hearing loss on the family and the level of support which they are currently receiving from relevant professionals.

B: ASSESSMENT FINDINGS AND PROGRESS

All areas are assessed in relation to developmental norms.

1. AUDITION

This will reflect the child's current auditory skills and include functional listening checks, performance in noise and distance. Fine discrimination and any examples of perceptual errors should be included.

2. AUDITORY ATTENTION

This will reflect the child's current auditory alertness, auditory attention, responses to environmental noises, responses to speech without visual cues and if joint attention can be maintained through listening alone.

3. LANGUAGE

3.1 RECEPTIVE LANGUAGE

This will reflect the child's current level of understanding through listening alone. How many verbal repetitions a child requires before understanding. If the child is not acquiring receptive language through listening, this should be noted. .

3.2 EXPRESSIVE LANGUAGE

This will reflect the child's current use of verbal expression, expression through other means such as gestures, signs etc.

4. SPEECH

This will reflect the child's current segmental and suprasegmental aspects of speech, intelligibility as well as voice quality. It should be made clear how much the speech is effected by the audition.

5. PRAGMATICS

This will reflect the functional use of the child's communication, the appropriateness of their conversational turn-taking and how they organise their own message.

6. COGNITION

This will reflect the child's problem solving skills, current play level and include theory of mind

7. PARENT-CHILD INTERACTION

This will reflect the child and carer's current style of interaction with reference to the impact that the hearing loss has on their communicative functioning.

7. OTHER

This will reflect any other observations – including gross motor skills, fine motor skills and any sensory observations

C. CONCLUSION AND RECOMMENDATIONS

This should include a summary of the findings with reference to the pattern of overall progress as well as any further recommendations necessary for management. Assessment results should in the first instance be shared with the family and with the Cochlear Implant Team, Audiologist and other relevant professionals. Permission should be obtained from the parents for sharing of reports. The results obtained will be used to establish patterns of progress, to plan therapy goals and predict any additional challenges the child may present with. These assessment results also serve as early indicators of unexpected or poor performance so that appropriate referral(s) to relevant specialist professionals can be made timeously (see Appendix K – Red Flags).

D: LONG-TERM THERAPY GOALS FOR THE NEXT 6 MONTHS

In the case where the family is living far from an Implant Centre and is seeing a local Speech and Language Therapist, the Unit therapist may act purely as a consultant and therapy goals should ideally be set collaboratively with the local professional.