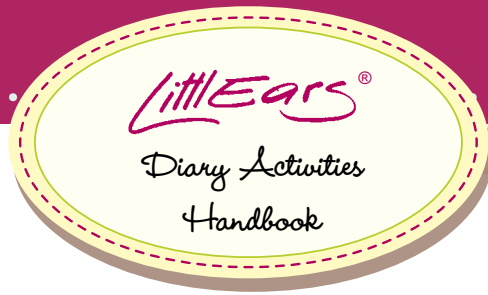


LittleEars[®]

*Diary Activities
Handbook*





INTRODUCTION

This booklet aims to provide you with some information about using the LittleEARS® Diary Activities.

The LittleEARS® Diary and Activities were evaluated with a group of therapists. The results showed that training professionals and caregivers by means of tools helped both, children and parents, to interact more effectively.¹ These activities are a result of this study.

The following pages describe how to use the activities, together with the LittleEARS Diary.

I hope that these activities and guidelines, designed to supplement the LittleEARS Diary, will be of practical use to both therapists and caregivers of young children with hearing loss. I hope that the suggestions lead to more effective and fun adult child interaction.

Julie Kosaner

¹Kosaner J, Kilinc A, Aktas S, Toktay L, Kosaner M


Evaluation of the LittleEARS® Diary and Activities to Supplement the LittleEARS® Diary as a Basis for Early Parent Guidance, 2009, 7th Asia Pacific Symposium on Cochlear Implants and Related Sciences – APSCI, Singapore

My LittleEARS® Diary

The LittleEARS Diary² covers the first 28 weeks of child development after early fitting of a cochlear implant. It provides caregivers and therapists with valuable information on stages of early child development and promotion of communication, listening and language skills. The Diary promotes careful observation of child behavior and allows for progress to be documented. The Diary may form a basis for early parent guidance sessions; however, it is also useful for carers to enhance their interaction skills by practicing interacting with their child in front of a therapist. 28 activities were designed to supplement the Diary. These activities are for parents and young children to share while being observed by a therapist during parent guidance sessions. The activity suggested for each week is in keeping with the advice given in each week's Diary entry and should provide the parent with an opportunity to put into practice behavior discussed in the Diary.

Observational parent guidance sessions

After going through the Diary entry with the parent, the therapist should introduce the suggested activity for the week. The therapist's role is to: explain the activity to the parent; carefully observe parent-child interaction during the activity, offer encouragement by praising communication enhancing behavior, point out progress in both the child and parent and identify one or two useful communication enhancing techniques to work on. If, for example, the adult is too direct or interfering, resulting in the child preferring to play by herself, the therapist may work with the adult on allowing the child to lead. If the parent does not watch the child carefully enough and misses the meaning the child is trying to share, resulting in no or a misinterpreted parental response, the therapist may work on having the parent focus on watching and listening to the child more intently.



Type of activity

For the parent and child to be able to interact, the child first needs to be interested and involved in an activity. The activity in itself is not important; however, if the activity does not catch and sustain the child's attention, there will be no shared activity on which to build a conversation.

Many therapists are not familiar with working with very young children and their families and require support and guidance. These recommended activities are proven and age appropriate. Having such a reference enables the therapist to be well prepared, and ensures that activities are not repeated over sessions and that a wide variety of activities are demonstrated for parents. Educational programs like the LittleEARS Diary with supplementary activities can also help to maintain the quality of guidance across professionals and widespread geographical locations.

The clinic environment

Ideally parent guidance should be done in the home setting by an itinerant teacher/therapist. In many countries this is not feasible. The room where parent guidance is carried out in the clinic or rehabilitation center should be as 'home like' as possible with soft furnishings (couch, cushions and bed), kitchen unit, sink and small fridge. The people who spend the most time with the child should be involved in guidance sessions. This is often the mother, but it may also be a father or caregiver. If the child has a sibling who is usually at home, then they should be included in sessions, too.

Video recordings

It is useful to record adult-child interaction from time to time to keep a video record of progress and better evaluate interaction. The Family Interaction Rating Scale is best completed after watching a video clip of parent child interaction several times. It is very useful for a parent to watch and evaluate their own interaction with their child.

Basic principles of adult-young child interaction

Young children under three years of age and especially two years old may be easily distracted, unable to complete a structured activity and unable to follow the actions of others for very long. Because of this, the recommended 28 activities are unstructured.

The following basic principles should be kept in mind by the adult when interacting with an infant, whatever the activity:

1. The adult should not become too absorbed with the toys as this may prevent the parent from closely observing the child.
2. The adult should watch and listen to the child very carefully so that s/he clearly understands, the child's intentions. In the early days of learning to talk, a child can only begin to understand what an adult says when words and phrases used by the adult are related to the child's thoughts and actions.
3. The young child should be given free access to toys and objects. Young children do not like "just watching," they prefer to be active themselves. If a child is interested, involved, thinking and active, s/he will have ideas to share, and therefore a need to communicate.
4. Toys and objects should be presented in related sets so that the young child can do something with the toy or object. For example a toy cat should be presented along with a bowl, milk, a cushion and a ribbon with a bell to tie around the cat's neck. The child will then have the opportunity to feed the cat, put it to sleep and listen to the bell as they make the cat move around. This activity gives the adult the opportunity to talk in phrases about what is happening.
5. The adult should follow the interests of the young child. A young child is only able to fleetingly follow the interests of others. This means that the adult needs to 'play' like the child wants to play. At the very least, the adult can do what the child is doing. This is called parallel play. However, the aim should be to play together. The adult will need to get herself involved in the child's play! A young child is more accepting of an adult who helps them achieve what they want (facilitating play) rather than one who tries to direct the play. The adult may help the child, for example, by opening a box or pushing a shape through a hole. However, the adult should allow the child to try several times first and only intervene by invitation.

6. The adult should not try to get the toddler to participate in a pre-determined play, because it generally does not interest the young child.
7. Young children often repeat the same actions over and over. For example they may put 1 or 2 balls in a container then tip them out, then put them in again, then take them out again, and so on. Young children rarely continue to a logical end, e.g. place all the balls in the container, then take out all the balls. Adults should be patient, and as long as the young child is interested in this repetitive activity they should facilitate the play and provide the necessary repetitive language input.
8. Adults can model some play to expand a child's repertoire. For example they could show how to wipe dolly's mouth after an imaginary drink. However, this has to be done at the right moment, when the child is receptive, e.g. when a child has lost interest in an activity and is ready to begin another.
9. The young child should be kept as busy as possible and be allowed to try and open things, pour things, etc. However, this does not mean the child has license to behave badly or inappropriately during the session. For instance, to empty a whole packet of detergent into the washing machine or splash water all over, deliberately, while 'helping' with the washing up. The adult should make it very clear to the child that this kind of behavior is unacceptable by clearly saying, 'No!' If the child continues, the adult should stop paying attention to the child, stop the activity and put play materials away.
10. Adults should try to build on actions started by the child to try to develop short, repeatable play routines. Perhaps a young child puts 'mommy' on the train and the adult puts 'daddy' on the train. The adult encourages the child to push the train along saying, "choo choo!" The adult puts 'daddy' near a 'box' house and says "goodbye," hiding him under the box. If the child is willing, the train could be taken back for more 'people'! However, it is probable that the young child will not continue this routine but will immediately take 'mommy' out again. As long as the child is usefully busy and happy the adult should not try to 'force' the child to play like the adult wants them to.

Management of toys

The child should have free access to certain toys so that s/he can choose when and what to play with. These toys can be kept in a basket at floor level. Toys should be kept clean and broken toys should be thrown away. The child should be praised for handling toys properly. Items kept in the basket need to be changed from time to time to prevent boredom. Special toys should be stored out of the child's reach and brought out only for play sessions. If a child misbehaves or deliberately damages these 'special' toys they should be stored away immediately. A child usually wants to play with unfamiliar toys so keeping these for adult-child play times should mean the child is more willing to interact with the adult to get to play with the toys.

'Special' adult-child play times

A young child's development can be speeded up by increasing the number of one on one interactions s/he experiences. The home environment may be quite noisy, distracting and busy with a lot of people talking at the same time about many different things. Because of this it is useful to devote yourself to just playing with the child in a quiet room, with few distractions, for a short time each day. Such play sessions will be of particular benefit to children who find it difficult to concentrate and pay attention. The adult could try to repeat activities done in parent guidance sessions during these play sessions at home.

Language learning goes on all day, every day

Language learning goes on all day long and parents should try to use every opportunity to talk to their young child in a way that s/he will understand. Young children learn language by interacting with their caregivers over routine activities throughout the day. In time, the more things are done and said the same way each day, the young child learns the meaning of words and phrases and starts to try to 'talk' him/herself.

For this reason some of the 28 recommended activities are routine tasks like getting dressed and preparing food. Interacting over such activities in front of a supportive therapist maximizes the use parents can make of these situations at home.

Description of the Activity Sheet

For each activity there are detailed suggestions about how to go about doing the activity, as well as a list of necessary materials. These activities are the most salient to the same week in the LittleEARS Diary. There is a space to record the date of the session and who participated. There is also a space to record any special situations affecting parent or child behavior, e.g. 'crankiness' in the child due to sickness, or distractedness in the mother because of problems at home.

While the child is being kept amused by a helper, the therapist should show the materials to the adult. The therapist should then go through the activity outline with the adult. The adult may not be able to take in all the information and may need occasional prompting and guidance from the therapist as the interaction unfolds. There should be no strict rules and from time to time the therapist may interact with the child to try to model the desired communicative behavior or technique s/he is encouraging the adult to use.

Certain themes and techniques are woven into each activity. Some of these techniques include gaining the child's attention before presenting materials, allowing the child free access to toys, introducing toys in sets, following the child's interest and encouraging the child to pay attention to sound. Other themes and recommendations are presented in subsequent lessons, e.g. setting up a play scene before the child enters the room, such as week 4: setting up a washing line and hanging washing, and the importance of taking the child on outings as in week 20: play with toy animals.

Other activities have fairly specific themes, such as week 5: saying rhymes, week 23: playing percussion instruments and week 25: looking at books.

Many of the activities are designed to help the parent use routine household tasks for language enhancement e.g. week 17: setting the table and sharing a snack and week 27: putting the shopping away.

By the end of 28 weeks the adult should have acquired some useful techniques in using communication-enhancing behavior and be able to make good use of routine household activities to support their child's language learning.



Description of the Family Interaction Rating Scale

Scoring the adult and child on prevalence of important behaviors should help the therapist focus her advice and guidance.

Each behavior is scored as:

- 0 = Behavior is not observable
- 1 = Behavior occurs occasionally
- 2 = Behavior occurs habitually

The therapist should base her scores on information collected during observational guidance sessions and watching of video recordings of parent child interaction taken during sessions.

Scoring at regular intervals, say monthly, allows a record of progress to be kept. Pointing out progress to a parent raises morale and helps a parent maintain a positive attitude. Poor scores in a certain area may highlight weaknesses so that appropriate action can be taken. An adult who consistently scores poorly on ability to develop play routines could watch the therapist developing play routines and the therapist could talk the adult through several different examples.

By completing the Diary, and being involved in observational guidance where these recommended activities are completed, parents of the child should become more knowledgeable and better able to interact effectively with their child over time. This progress should be reflected through the increasingly higher scores on the Family Interaction Rating Scale. The child's scores should also increase over time. Although each parent and child is unique and develop at varying rates, static or decreasing scores should alert the therapist to make further investigations. Maybe a parent has severe problems to tackle at home, for example they may have another sick child, be depressed, or have an out-of-work partner. Such a parent should be referred to a professional for counseling. Maybe a child whose scores remain static cannot hear sufficiently with his cochlear implant. This could be indicative of an easily solved problem. Maybe there is a faulty processor or inappropriate fitting of the audio processor. The therapist should refer such a child back to their audiologist without delay.



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