



Cindy Weston tells a story about farm animals to her son, Kyle. He is then asked to listen and comprehend the story through listening alone and recall specific details when prompted by questions.

Cochlear implants are designed to help people who cannot benefit from hearing aids. Sound is picked up from a microphone in a headpiece and sent by FM radio signal to an implanted receiver/stimulator connected to electrodes that stimulate the nerve fibers that are still functioning in the child's ear.

Auditory-verbal philosophy supports early identification and aggressive (re)habilitation. Learning is quicker and relatively easier for the younger children, who are naturally receptive to recognizing and learning speech through audition.

Cochlear implant surgery is currently approved for children as young as 12 months of age, down from a minimum age of 18 months. "The six-month difference makes an enormous difference in terms of rate of learning," Plank says, "The earlier we identify these children and begin appropriate intervention, the less time these children have to make up."

She says that when children are given the ability to hear sounds with a hearing aid or an implant, they have to begin work to catch up developmentally, especially if they are older and have missed years of exposure to language. Much of Plank's direct patient work includes teaching parents how to provide an ideal auditory environment for their child to acquire language, this includes specific strategies for stimulation of speech, language and cognitive development through auditory growth.

By learning to work with their children intensively throughout their day, parents can help their children to eventually catch up with their hearing peers, ideally by the time they begin school. Caregivers and children attend three hours of therapy each week.

It can be challenging to help a patient who has been communicating through American Sign Language make the transition from signed to spoken language, Plank says. "It can be confusing for them, initially, to learn to process auditory language."

Plank keeps therapy sessions fun with toys and other props. "We try to sneak the work in on them," she says. She and the children's caregivers work in ways to provide auditory stimulation within meaningful contexts. For example, on a basic level, if a child does hear a door slam, the parent may take the child into the hall and slam a door similarly, showing them the object that matches the noise. In this manner, the child learns identify sounds with their meaning.

A-V therapy is a stepwise process, so that children first learn to detect sounds, then to perceive differences in certain sounds (i.e., a door slamming in the hall vs. a telephone ringing), then to identify aspects of sound and finally to understand the meaning and the use of auditory-based spoken language

A-V therapy is a relatively new field, compared with sign language. A certified auditory-verbal therapist can be a speech-language pathologist, and audiologist or a teacher of the hearing impaired, but must possess a working knowledge of all three disciplines. Typically, it takes three to six years of clinical experience and many hours of continuing education training to become certified. There is only one certified auditory-verbal therapist in Virginia, and Plank plans to become the second, possibly later this year.

Plank understands and appreciates her great influence, especially when she hears success stories from the families she serves. "Parents will arrive to sessions and be incredibly eager to tell you how their child spoke their first sound or first word or first sentence," she says. "That is my success." ❧

**For more information:**  
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