# From Ears to Brain: 5 Strategies for Communication Development

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## Introduction

Listening and talking doesn't just happen because of early identification/diagnosis, early access to sound with proper amplification or accessibility to trained professionals. In order for children who are deaf and hard of hearing to get a kick start on their communication development, parents, caregivers, and providers can create enriched listening environments with the implementation of auditory verbal strategies. What exactly are these strategies? Which ones do we choose to use?

## Rationale

While exploring these top 5 commonly used auditory-verbal strategies for communication development for children who are Deaf and Hard of Hearing, it became apparent that selection of strategy is based on the professional's own experience, parental-input, and the target objective for the child.

Professionals, such as Speech-Language Pathologists, Teachers of the Deaf or other Listening and Spoken Language Specialists, utilize these strategies within the:
- School setting: pull out/push in model
- Home setting: early intervention
- Clinical setting: hospital, rehab facility,

Whether you're a Speech Pathologist, Teacher of the Deaf, health practitioner, or a parent these strategies can easily be accessible across a variety of settings and personal skill levels, building a toolbox of auditory verbal strategies to help children with hearing loss learn to communicate.

## Content collected from

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|---|---|
| Academic Coursework | Literature Reviews |
| Observations at Option Schools | Hearing First Webinar |

## 5 Strategies to Promote Communication Development

**Wait-time:** This can be implemented by allowing a period of silence after a question to elicit a verbal response, giving the child increased opportunity to derive meaning from the direction or question (Rhoades, 2013).

**Sabotage:** This can be implemented by "accidentally-on-purpose messing something up" and seeing if that child notices (Estabrooks, W., MacIver-Lux, K., & Rhoades, E. A., 2016).

**Modeling**: This can be implemented by saying the exact words or language desired for the child to vocalize (White & Voss, 2015).

**Acoustic highlighting:** This can be implemented by highlighting a sound or word you want to draw attention to using pitch, volume, stress, and duration/timing (Therres, 2015).

**Parallel talk:** This can be implemented by describing what the child is experiencing or doing alongside the parent/caregiver (Hearing First, 2018)

## Examples

Wait-time: After asking a child a question, wait no less than 5-10 seconds, allowing for the child to form a single word, phrase, or sentences.

Sabotage: "Forget" where the books are at bedtime, and wait for the child to react.

Modeling: A child is struggling to open a snack, a model from a caregiver/ provider could be "Help me please! Open it.

Acoustic highlighting: Using stress on target word "big". "Wow. That is a really *big* dinosaur." "That dinosaur is enormous."

Parallel talk: Sharing attention with child while looking at a dog, "You see the dog! Woof woof! I hear the dog! He says woof woof."
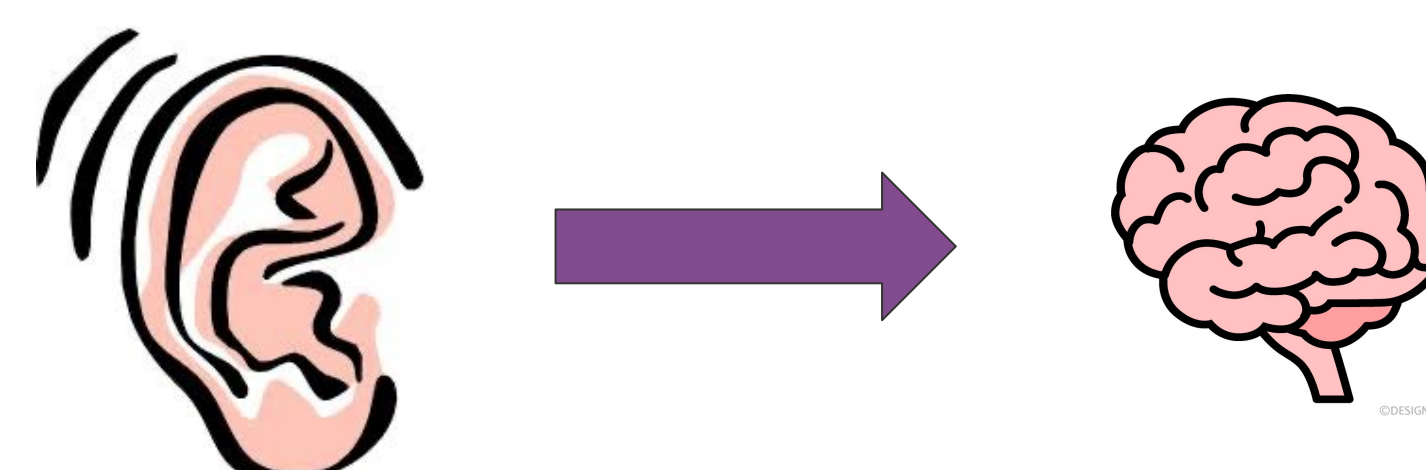
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