

"With the success of cochlear implants, are speech and language therapists still needed?"

As Specialist Speech and Language therapists working in the field of deafness, this is a question we get asked quite frequently. Are we still needed? What things do we do in therapy sessions? And do we need to adapt our practice? I have had the opportunity to work with many deaf children over the years. Some having only just received their first implants in their teenage years whilst others have had their implants since they were much younger and more recently those with bilateral implants. The outcomes of cochlear implants in relation to speech and language skills have been well documented and at times, I am still in awe at how intelligible deaf children's speech can be. So, if children with implants can now speak clearly and can achieve age appropriate language skills, are we still needed? In writing this article I posed this question to a number of speech and language therapists in the field in order to make sure I represented other professional's opinions too. The result of this was a clear "YES!" In fact, some speech therapists' believe that we are needed now more than ever before.

There are three main reasons for this. Firstly children with cochlear implants are now able to reach an even greater potential in their listening, speech and language development than ever before. Our expectations are higher and therefore we also expect greater outcomes. As a result we have to teach deaf pupils skills we would not have previously taught. A good example of this is telephone training. Even 10 years ago, teaching a deaf child to use the telephone would not have been a priority and probably deemed bottom of the priority list. However with the development of technology, using the telephone or mobile to make and receive calls is now a reality for many deaf children. This skill needs to be trained and practiced. As speech and language therapists, part of our role is to provide this listening training as we want to ensure that a deaf child gets the most out of their implant in order to maximize their language potential.

Secondly, there are still many children with cochlear implants whose speech and language skills are delayed. There are many reasons for this. It is important to remember that children are implanted at 9 months of age at the very earliest and therefore miss out on nearly a year of listening and speech and language development. This means that they will need speech therapy in order to switch their "auditory brain on" and start developing their listening skills as well as start developing their speech as they would have missed out on the "practice" phase of babbling. Children with cochlear implants still have a mild hearing loss but because they are doing so well with their implants people and teachers can "forget" that they are deaf. Children with cochlear implants do not have access to speech at distance – and therefore do not overhear people, affecting their incidental language learning and their ability to understand relationships between others, this impacts on Theory of Mind. They need therapy to help them to develop the subtle skills of understanding their feelings and those of others.

Thirdly there are many more children receiving implants that have additional difficulties or diagnoses such as Auditory Processing Disorder or Auditory Neuropathy Spectrum Disorder which means that they are not “fixed” by having a Cochlear Implant and need our support with all areas of their communication. There are many deaf children with cochlear implants that have significantly delayed language, i.e. more than five years behind their chronological age. These children often have additional difficulties over and above their hearing loss which impacts on their language development. These children need specialist speech and language therapy input on a regular basis (and not just a programme given to school) to help them make progress. As more children with additional difficulties (and now more complex difficulties) are being implanted, it would seem that for the foreseeable future there will remain a need for speech and language therapists to see deaf children who have been implanted.

As speech and language therapists, we are proud of the work we do with deaf children and look forward to continuing our work in ensuring that all deaf children reach their full communicative potential.

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