

# Unlocking Hidden Communication and Cognitive Potential

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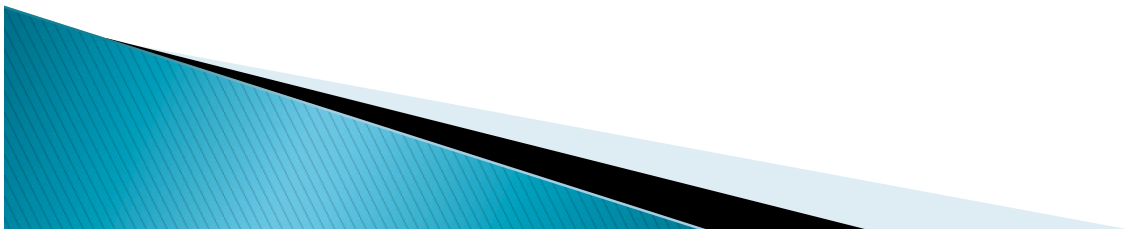
# Multiply Involved Children

- ▶ Are cochlear implant candidates
- ▶ Our role is to help these children to achieve their full potential
- ▶ Expanded resources and expertise needed to serve these children well
- ▶ Improvement in language, cognition & QOL are important outcomes
- ▶ Outcomes research and new measures are needed



# Alex

- ▶ Intrauterine drug & alcohol exposure
- ▶ Intra-ventricular bleed at birth
- ▶ Congenital heart disease
- ▶ Sensory integration, fine and gross motor delays
- ▶ Oral motor dysfunction
- ▶ Under-fit amplification
- ▶ Habilitation – sign only



# Alex Age 9 Years, 6 years post CI (implanted age 2 years, 9 months)

- ▶ Video not yet available for website
- ▶ Austin was developed open-set word recognition after 18 months of implant use
- ▶ Development of spoken language was slow and articulation ability complicated by his oral motor issues
- ▶ He is enrolled in a total communication program
- ▶ His main mode of communication at home is spoken language





# Ethan: CHARGE Syndrome

## Implanted Age 36 Months

- ▶ Tracheotomy
  - ▶ Developmental Delay
  - ▶ Visually impaired
  - ▶ Receptive language
    - Exposure to sign and augmentative communication
  - ▶ Expressive language
    - Natural gesture
- ▶ Word recognition
    - Closed-set: 24 months
    - Open-set: 36 months
  - ▶ Receptive language
    - Oral with sign support
  - ▶ Expressive language
    - Sign
    - Augmentative communication
    - Spoken language (post decannulation)

Pre-implant

Post-implant

# Ethan: Age 8, 5 Years Post CI (implanted age 36 months)

- ▶ Video no available yet for the web
- ▶ Ethan uses an augmentative communication device – he types a word on a touch screen and then activates the device to voice the word
- ▶ Ethan main mode of receptive communication is spoken language
- ▶ He is currently enrolled in a special education classroom rather than a TC program and has an aid that signs.

Open-set Speech Perception: LNT 96%; PBK-50 Word 52%;  
HINT -C, Quiet 33%

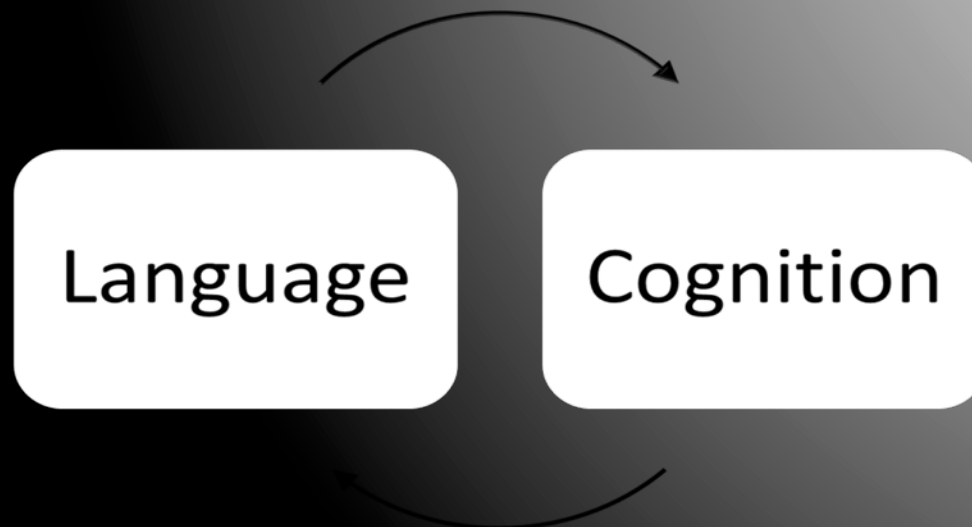


# Deaf “Plus”

- ▶ Estimates of additional disabilities among deaf children range from 20 to 50% (Gallaudet Research Institute; [www.gallaudet.edu](http://www.gallaudet.edu))



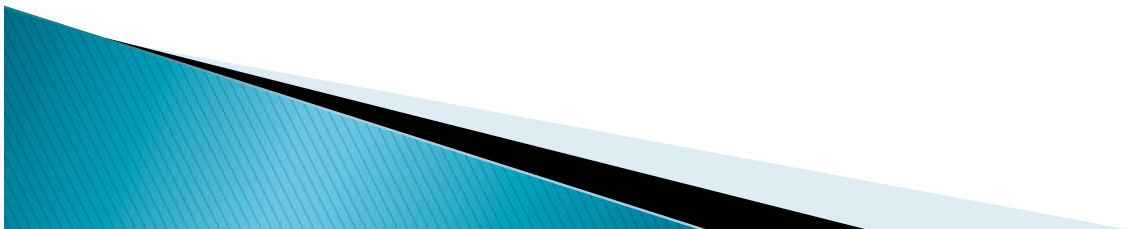
# The Relationship Between Language & Cognition



- ▶ **Children with implants can speak, but can they communicate?** Robbins AM, Svirsky M, Kirk KI.; Otolaryngol Head Neck Surg. 1997 Sep;117(3 Pt. 1):155-60.

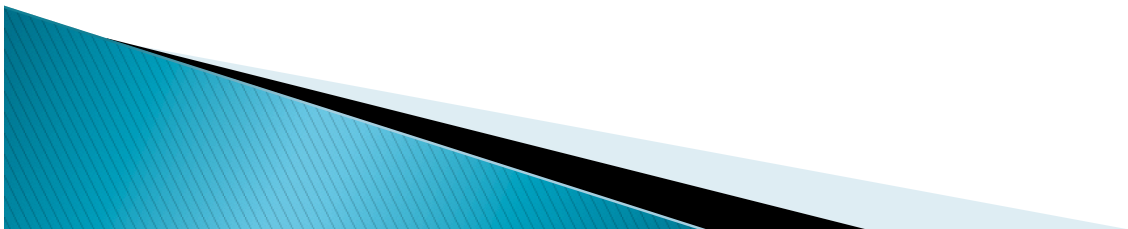
# Evaluation of Children's Cognition & Learning

- ▶ Pre-school intelligence testing has low reliability in typically developing hearing children
- ▶ Deaf children are often language malnourished and therefore their language ability may not reflect their cognitive potential
- ▶ Additional disabilities of vision and motor function may limit or preclude standard tests of reasoning



# Evaluation of Cognition & Learning in Young Deaf Children

- ▶ Language, attention, memory, social responsivity, motor skills, visual spatial skills
- ▶ Snap shot of todays skills & what skills are needed for progress
- ▶ Does not predict progress beyond a year or after intervention with CI



# Why Are These Children Excluded?

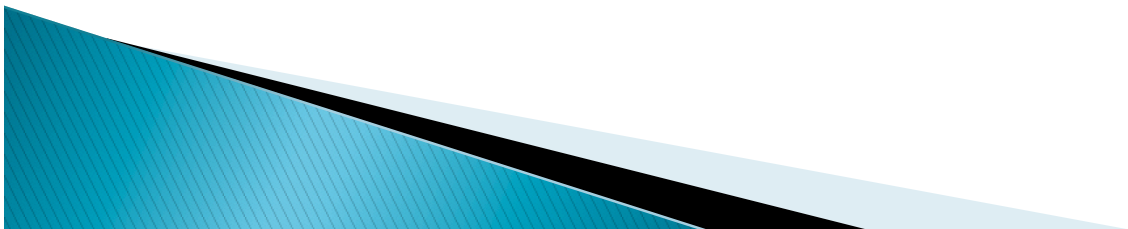
- ▶ Early History of Controversy
  - “Stars” were implanted to prove CI was effective
  - Achieving age appropriate speech, language & mainstreaming defined success





# What is the Meaning of Success?

- ▶ Spoken language?
- ▶ Mainstreaming and academic success?
- ▶ Improved language, spoken or sign?
- ▶ Quality of life?
  - Increased quality and variety of engagement with others



# Why Are These Children Excluded?

- ▶ Professional lack of knowledge & discomfort
- ▶ Resource and time intensive:
  - Audiologic evaluation and programming
  - Care coordination
  - Difficulties identifying therapists & school based services appropriate for CI candidate/recipient
- ▶ Concerns regarding cost & resource allocation
  - family, CI clinic, society



- ▶ Full term, fetal distress
- ▶ Cerebral palsy (spastic diplegia) – guarded prognosis for independent ambulation
- ▶ MR: diffuse brain damage
- ▶ Family pursued auditory verbal therapy
- ▶ Age at first CI: 11 months
- ▶ Age at second CI: 4 years



# John: Age 11, 10 Years Post CI (implanted age 11 months)

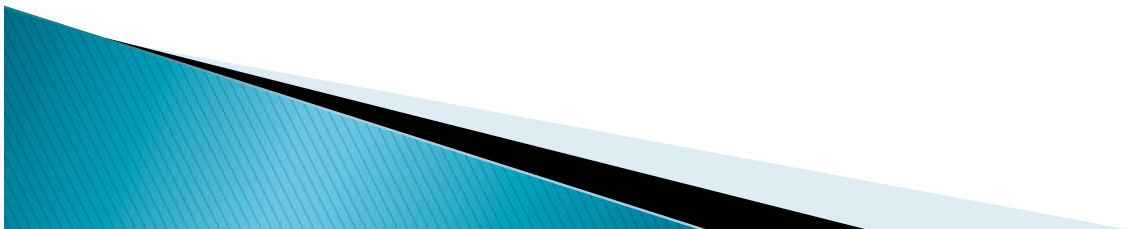
- ▶ Video not available for website yet
- ▶ John rapidly developed open-set speech discrimination and spoken language
- ▶ He has always been mainstreamed at grade level
- ▶ He walks independently and plays many sports



Open-set Speech Perception: CNC 88%  
HINT Quiet 96%, S/N +5 73%

# Jack

- ▶ Micro preemie born at 25 weeks
- ▶ Severe cerebral palsy
- ▶ G- tube
- ▶ Dedicated parents
- ▶ Multiple therapists including AVT
- ▶ 1st CI age 14 months



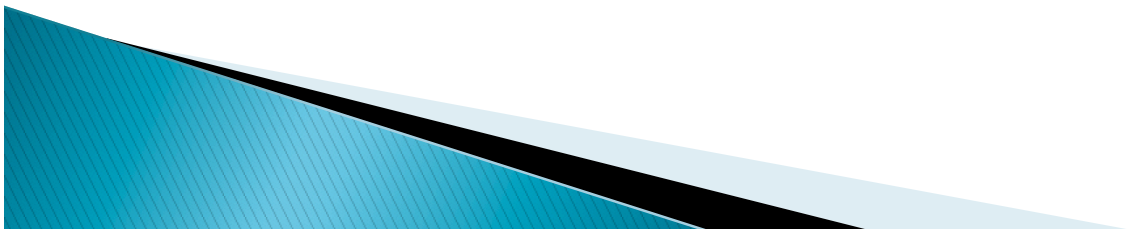
# Jack: 7 Years Post-CI

- ▶ Post implantation diagnoses:
  - Quadriplegia/no motor memory
  - Cortical blindness
- ▶ Detection: 20 – 25dB
- ▶ MAIS 38/40
- ▶ Unable to use augmentative communication systems
- ▶ Word recognition not measurable
- ▶ Social responsivity present
- ▶ Parents report understanding of spoken language and enjoyment of music
- ▶ Hope for future: brain computer interface for mind control of devices

▶ Video not yet available for website

# Conundrum

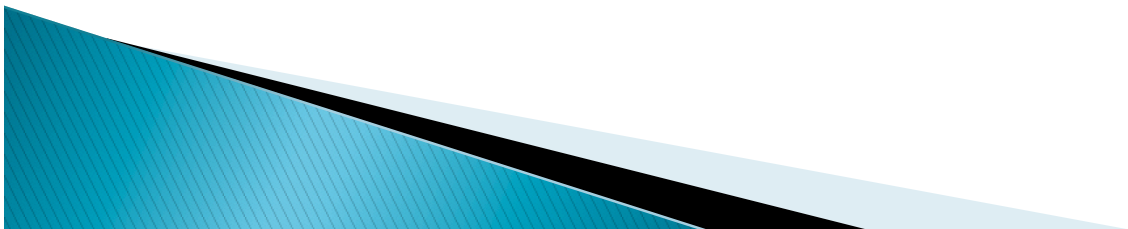
- ▶ No accurate way to determine which infants and young children will be able to develop significant receptive and expressive language
- ▶ Challenged children may benefit and experience improved quality of life in ways not currently measured in our clinics
- ▶ Without CI these children's potential for language and cognition may not be fulfilled



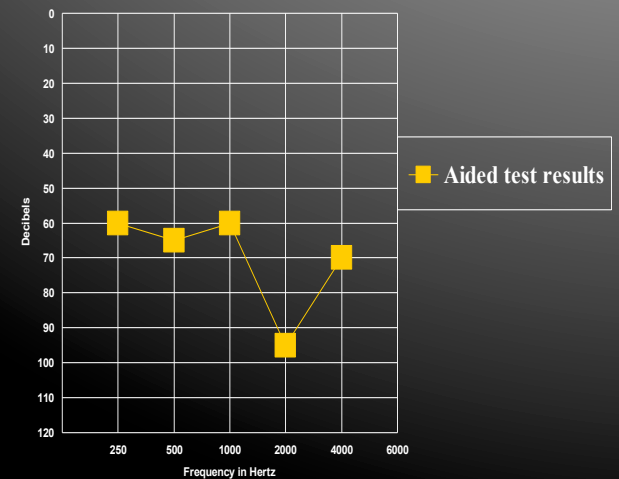
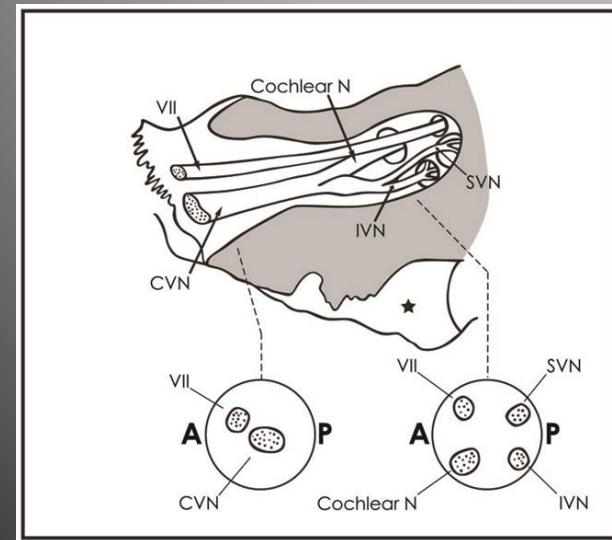
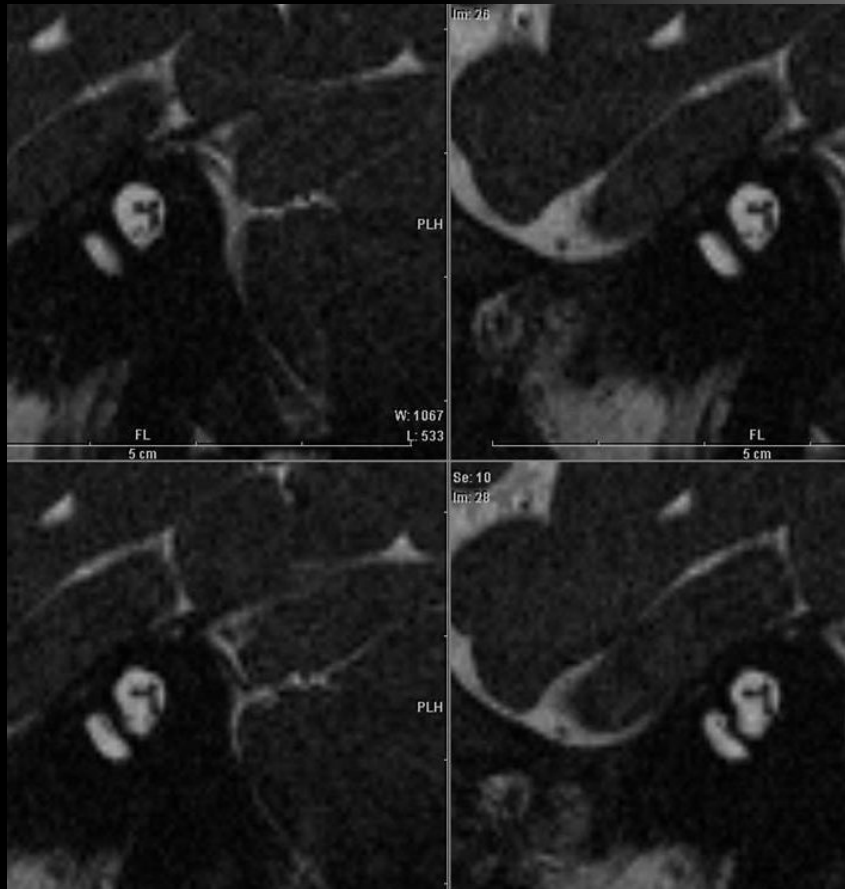


# Rosie

- ▶ Multiple congenital medical problems
  - Hypoparathyroidism, renal tubular acidosis, choanal atresia, developmental delay, cerebral palsy
- ▶ Aided by 12 months of age
- ▶ AVT and sign language



# Rosie: Cochlear Nerve Deficiency



# Rosie: Age 8, 6.5 Years Post CI (implanted age 2 years)

- ▶ Videos not available yet for website
- ▶ Rosie has open-set word recognition and spoken language
- ▶ Her primary mode of communication is spoken language
- ▶ Mainstreamed in school with sign interpreter for support

Open-set Speech Perception: PBK-50 Word 84%; HINT-C Quiet 83%,  
S/N+10 77%

Life is not measured by the  
number of breaths we take,  
but by the moments  
that take our breath away

Anonymous

