



Appendix A:

SACIG Guidelines for Speech-Language Therapists working with Children with Cochlear Implants

The Speech and Language Therapist (Re/Habilitation Practitioner)

The Re/Habilitation Practitioner must have a degree in Speech Therapy, Audiology or be a qualified Teacher of the Deaf. Speech-Language Therapists and/or Audiologists must hold professional registration with the Health Professions Council of South Africa. The Re/Habilitation Practitioner should have experience in working with children who are deaf or hard-of-hearing, and should have knowledge and skills in therapy approaches that promote listening and spoken language in this population.

It is recommended that the Re/Habilitation Practitioner obtain certification in Auditory Verbal Therapy or training in promoting listening and spoken language skills from an accredited, or SACIG approved training program. This additional specialisation supports optimal outcomes for the children on their caseload. Certification or training opportunities may be sought through -

1. LSLS Cert AVT / LSLS certAVEd through the AGBell Association
2. Auditory Verbal UK Advanced Auditory Principles in Everyday Practice
3. Auditory Verbal UK Foundation Course;

or any other accredited institute.

Should this not be possible within the context of the cochlear implant programme, the SLT should then consult on a regular basis with a LSLS-certified AVT or therapist who has additional training in LSLS principles.

It is recommended that the Re/Habilitation Practitioner is a member of, or maintains very close contact with a Cochlear Implant Team, and engages in regular communication with the child's MAPping audiologist, as well as participating in team meetings and patient discussions. Should the Practitioner not be a member of a Cochlear Implant team, it is essential that she/he consult on

a regular basis with an experienced Speech and Language Therapist /Audiologist who is a member of a Cochlear Implant Team, and working in the field of Habilitation of children with hearing loss.

The Practitioner is expected to provide ongoing, intensive therapy to the child, with active involvement of the primary caregiver in the therapy, as far as possible. Listening checks of all devices worn to ensure optimal hearing throughout the frequency range, should be conducted prior to every therapy session. The Re/Habilitation Practitioner will need to work in close collaboration with the MAPping audiologist in order to ensure optimal access to sound. The Re/Habilitation Practitioner should liaise regularly with the family, school and other stakeholders working with the child. This is particularly important in the case of children with additional difficulties, challenges or other diagnoses, where close communication and joint goal setting with the team and family are essential. The Re/Habilitation Practitioner is expected to identify possible red flags (Please refer to Appendix K) in the children with whom she/he is working, and to communicate concerns to the team on an ongoing basis.

In the case of a child not making expected progress, it is particularly important that the LSLS / AV specialist Re/Habilitation practitioner and the managing audiologist be consulted

In addition, the Re/Habilitation Practitioner is expected to participate actively in continued professional development in the field of cochlear implants and in promoting listening and spoken language in children who are deaf or hard-of-hearing.

SACIG Guidelines for Speech-Language Therapists working with children in the field of cochlear implants should be adhered to.

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