

How Much Therapy Should My Child Get?

Over the years many parents have asked me how much therapy their child should be getting to gain good auditory and speech skills. This question can be answered in a very simplistic and straight forward manner. We all know that every child is different and there is no one size fits all plan for any child, but with this said I feel a very comprehensive program can be laid out which will provide an excellent therapeutic schedule for most oral deaf children. While trying to determine the proper amount of therapy for a deaf child a parent must look at many different factors and come to a conclusion based on standard Auditory Oral / AVT guidelines. The different factors which must be considered to determine the proper amount of therapy are: The child's age, the age of implantation, and the child's current receptive and expressive language skills. To get a little more defined on the language skills the AusPlan book should be referenced and a determination of where the child fits on the language hierarchies can be made by using this book as a guide.

As I have stated many times previously, teaching oral language to deaf children with proper amplification is a hierarchical process. There is a very specific starting point and a very specific ending point in this process, these two points and every procedure in between is highlighted in the AusPlan manual. So once a child's language skills have been determined, that child can be plotted on the AusPlan hierarchy and a procedural roadmap or game plan can be established. The preceding explanation is useful to determine where a child is on their oral language journey, but this still does not answer the amount of therapy that is needed at every step in this process.

To discuss the actual amount of therapy that is needed on a weekly basis to provide above average receptive and expressive language skills I would like to use an example of a young infant who has been diagnosed at birth. Many children are diagnosed later in life and a minor adjustment would need to be made to fit into the foregoing example. In addition to the time frames given below, an extensive discussion of therapy times and frequencies can also be found in Chapter 6 of *A Father's Love* located at www.deafchildrenspeak.com

When a child is diagnosed as being deaf or hard of hearing at birth an emotional devastation may set in and a sense of helplessness may prevail. It is good to know that with proper education and an unmatched desire to provide everything necessary to your deaf child an excellent language rich outcome should prevail. The first three to six months of this young child's life will be filled with many doctor appointments, hearing tests and professional consultations. One appointment that will be a tell all of the severity of hearing loss will be the ABR testing. This test is usually done under anesthesia and will determine the child's extent of hearing loss. Once the initial diagnosis has been made and confirmed, the parents can then look proactively at the best course for treatment. At this point and time the local Special Education Department or Early Start program(s) in your state should be contacted to discuss initial parent and child training of oral

education procedures. Please look below at the designated time frames for therapy and do keep in mind that a minor variance of two or three months in either direction should not be detrimental. Keep in mind that I am not a doctor, I am not a speech therapist and I am not a licensed educator. I am a parent who has succeeded at the oral process with the best outcome I could possibly imagine and now I would like to provide that knowledge to you.

The time frames given are a direct reflection of one of the best Oral school programs in the United States. This particular school is a very well respected OPTION school located in the state of California. These overall guidelines in my opinion are complete and fully comprehensive when coupled with the at home auditory procedures provided on my web site and my fourteen page guide titled *How to Teach Auditory Skills to Oral Deaf Children*. By combining the time frames listed below with the procedures just stated and using the AusPlan book as a guide, any parent can be in full control of their child's language journey.

Child's Age	AVT / Auditory Oral Therapy Frequency
1 month – 5 months	Diagnosis and Parent Education
6 months – 12 months	One Hour Per Week
12 months – 24 months	Two Hours Per Week
24 months – 36 months	Three Hours Per Week / Plus 6 hours per week of a self- contained oral class with approximately 5 students.
36 months – 48 months	Four Hours Per Week / Plus 12 hours per week of a self- contained oral class with approximately 5 students.
48 months – 60 months	Five Hours Per Week / Plus 15 hours per week of a self- contained oral class with approximately 5 students. (Mainstream pre-school classes can be substituted for oral therapy classes if appropriate, please read below.)

Note: A two to three week summer school program should be in place for each school year. The above time frames are derived from one of the best oral schools in the U.S. I do realize that public school programs may not provide such an extensive schedule, but a parent can always add additional therapy as needed through insurance or private pay options.

I would like to mention that extensive parent education should take place from the very beginning and should continue until the parent is fully conversant on all aspects of Oral education. My recommendation is to read between 45 minutes to one hour per day on subjects that will help your child succeed in the Oral process. Having your child in as many play groups as possible with hearing children would also help a great deal.

During the time frame of 48 – 60 months, if receptive and expressive language goals are on par, then the parent should consider whether to keep their child in a full Oral program five days per week, or possibly scaling back and going into a mainstream class for one or two days per week. In our case during this time frame we pulled back on the Oral classes to three days per week and put our daughter into a mainstream preschool twice per week. The reasons behind this decision were based on giving our child more real world classroom exposure to get ready for a mainstream Kindergarten. (An assistive listening device such as an FM system or SoundField system could be very beneficial in the mainstream setting.)

This concludes my discussion on therapy time frames. Please keep in mind that what I am writing here and in every other document you may read is based on what is medically necessary so a young child can obtain excellent hearing and speech. Many cases may have had positive outcomes with less therapy, but I have always felt that more is better than less. By providing more all of the time, you will never look back and wonder if you had done enough. You will know in your heart that you have provided everything humanly possible to help your young child hear and speak.

Many parents will also hear the recommendations of the “professional” community. These recommendations may suggest less time per week or less therapy on an ongoing basis. Sometimes government programs cannot provide the absolute best, or what is medically needed, so it is up to us as well educated parents to know what our children need and make these strong articulate suggestions in every IFSP / IEP meeting we go to.

Good luck on your Oral Journey!

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