

When You Thought I Wasn't Looking

When you thought I wasn't looking, I saw you hang up my first painting on the refrigerator, and I wanted to paint another one.

When you thought I wasn't looking, I saw you feed a stray cat, and I thought it was good to be kind to animals.

When you thought I wasn't looking, I saw you make my favorite cake for me, and I knew that little things are special things.

When you thought I wasn't looking, I heard you say a prayer, and I believed there is a God I could always talk to.

When you thought I wasn't looking, I felt you kiss me goodnight, and I felt loved.

When you thought I wasn't looking, I saw that you cared, and I wanted to be everything that I could be.

When you thought I wasn't looking, I LOOKED...and wanted to say thanks for all the things I saw when you thought I wasn't looking.

~~unknown

The Swain Center  
The Listening Center  
The Listening Clinic  
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# Listen Up!

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## What is Auditory Processing ?

By Dr. Lucker, Ed.D., CCC-A/SLP, FAAA

### So What Is Auditory Processing?

The key to understanding APD is first to understand what the words mean. Disorder means a problem; something is not normal. The importance in recognizing this definition is that the determination of "normal" varies. For example, some school districts consider children identified with APD as not normal and provide services for them. Other school districts feel APD is not accepted as a disorder at all. Furthermore, in school districts that accept APD as a disorder, the degree of disorder or how the disorder directly leads to educational problems needs to be determined in order for the child to receive services including accommodations. However, suffice it to say, disorder means a problem, something is not normal. In APD what is not normal is how the child processes auditory information.

So, what is auditory? Those who hold to the "C" in APD would say auditory relates to the auditory channel or central auditory pathways. However, let's consider the following. One type of auditory processing disorder often identified is a problem with auditory memory. Problems with auditory memory have to do mainly with deficits in the memory capacities of the central nervous system or what we would call the brain. Anatomical and physiological research shows absolutely no memory connections within the auditory pathways from the ear to the brain. Actually, memory is not part of the auditory system at all. Thus, problems with memory that are due to memory deficits (as opposed, for example, being due to problems with attention or language) in some ways involve the memory system of the brain that is housed in a part of the brain known as the limbic system. The auditory pathways make no connections with the limbic system. It is only through associative pathways (what occurs after the auditory information is processed) that connections are made with the memory system. Thus, so-called auditory memory deficits are not related to any abnormal functioning in the auditory pathways and, thus, have nothing to do with the "C" in CAPD. This is one

example of why the term APD is much more appropriate. Additionally, this example explains that holding to auditory meaning the auditory pathways or auditory system is not appropriate in discussing auditory processing disorders.

This professional presents an alternate view of auditory in APD. In Lucker's model or approach to APD, the auditory factor relates to information that has been received via the auditory system. Thus, the "A" relates to problems with hearing such as seen in children who are hard-of-hearing or deaf as well as problems beyond the hearing mechanisms themselves. It is well established that all children with hearing losses (hard-of-hearing and deaf) have problems processing what they receive through their auditory systems because of the hearing deficits they have. The treatment for hearing losses is usually the provision of access to sound. That is, amplify the auditory messages so the child can hear what is said. The most common method for amplification is the use of hearing aids. In some cases, hearing aids are not appropriate, so we need to stimulate the auditory nerve bypassing the cochlea or inner ear. In these cases, cochlear implants are used.

So, disorder means not normal and auditory means gathering the information through the auditory sense. The key to understanding auditory processing is the "P" word: processing. And the question arises....

What is Processing?

Processing is really a cognitive function. It involves decision making, alertness to sensory stimuli, holding the sensory stimuli in a buffer until sufficient information has been taken in and placed in the buffer so that a decision can be made. In the area of auditory processing, then, the person takes in the auditory message and eventually gets that message, piece by piece, put together until a unified whole is identified or until the decision maker in the brain (a cognitive process not specific to the auditory system) determines that sufficient information has been gathered and the decision

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## Kid's Camp: This Summer at The Swain Center

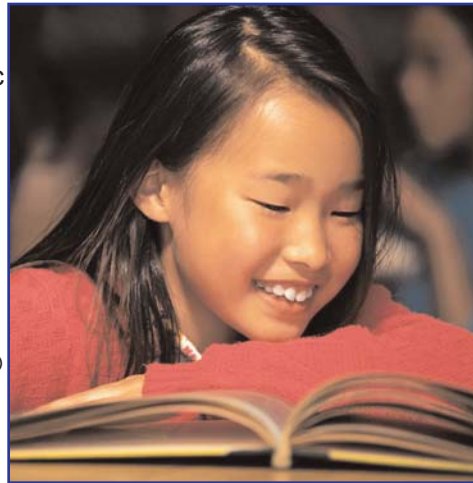
Have you been thinking of enrolling your child in a remediation program but haven't been able to fit it into the busy school year? This summer, in order to get a head start on building your child's skills, we are offering accelerated versions of the following research-based programs:

### Lindamood-Bell® Programs:

**LiPS®** Lindamood Phoneme Sequencing Program  
For reading, spelling, and phonemic awareness

**SI™** Seeing Stars®: Symbol Imagery  
For phonemic awareness, sight word recognition, spelling, and reading fluency

**V/V®** Visualizing and Verbalizing®  
For reading and language comprehension and critical thinking



**OCN™** On Cloud Nine®  
For math: Integrates concept imagery with language

**PACE®**  
For strengthening underlying learning skills: attention, working memory, auditory processing, visual processing, reasoning

**Master The Code®**  
For remediation of reading and spelling skills. Master The Code® is used in conjunction with PACE®

**Interactive Metronome®**  
For attention, motor planning, and Sequencing

See Camp page 3

## Looking for Support?

By Lisa Ackerman

Thanks to the Listening Center - Talk About Curing Autism (TACA) has found a home with a new location to provide help to families affected by Autism in the Santa Rosa / Northern California area.

Since our inception and over the past five years TACA has made great strides. In November of 2000, the first TACA meeting was held in a small Huntington Beach living room and reached only 10 families. Since then TACA has grown to help over 1,800 families at 7 different locations in California. TACA provides much needed education, support and community building efforts in helping families affected by autism. 95% of TACA's mission and services are provided to California families at no charge.

TACA also offers a web site to help families better navigate their autism journey at [www.tacanow.org](http://www.tacanow.org). The website has grown from a family run page to a professional site that gets over 50,000 hits a month.

What TACA does is unique. First, most of what TACA provides is by families affected by autism reaching out to other families in need. Second, the organization doesn't work on acceptance of a disease but on changing the outcome. We focus on providing education and support with traditional and biomedical therapies that could help children affected by autism and engineer desired outcomes. These parents and family members set high goals for their children at birth and these dreams don't change after an autism diagnosis.

TACA's website banner proclaims, "Some of our families have been told to put their child into an institution. We're hoping for Harvard." These parents are getting their children back the lives that they were promised at birth, one step at a time.

## What is Auditory Processing? *Continued from page 1* Social Skills Checklist *from Page 5*

maker can call on previous memory stores to fill in missing pieces and comprehend the whole.

To better understand, consider the following example. To do this task, it is best to be honest and not read ahead. What does the following message mean? "The... Can't guess? Sure you can. Just knowing the first word is "the" limits the next word. It can't be a verb. However, if the next word is an action word, the word is functioning as an adjective. Thus, if the next word were, "running," you'd say to yourself, it isn't a verb because THE can't run. You'd be looking for the noun.

The second word is "boy." Ah, ha! You found the noun. So, you're looking for the verb. Well, you can limit the verb. It is unlikely that the boy is driving a car unless he is old enough to do so. The third word is "ran." OK, you say to yourself. Where is he running. You expect the next words to be something like, "to the," or "down the," or some similar wording. Well, we'll stop here. I hope you realize that as you decode or extract (Lucker's terminology) each important piece of auditory (or visual in this case) information, your processing involves taking in the correct message (i.e., insuring the auditory system is working correctly), making decisions about the information based on linguistic knowledge (language processing needs to be working correctly and you have to have the linguistic knowledge to do the language processing) and making decisions (cognitive processes need to be functioning properly) and you call upon your previous knowledge and experiences (is your memory short-term and long-term working properly?) in order to put the entire message together to form the whole for comprehension.

Some additional things that occur in processing are what this professional calls mental imagery and many call visual imagery or visualization. This process is one in which we form the mental images of what we are extracting and placing in our memory buffer and then modify the image as new information is brought in and processed or form different images if the new information calls for a change. In the above example, my first image is of a boy standing. Then the boy is running. Knowing that the end of the sentence was "down the crowded street," my third image may be the boy running down a street and the last image is to modify the street and make it crowded. Additionally, my boy's running has changed in the final image to avoid hitting people and things on the crowded street.



### PRAGMATIC LANGUAGE CHART

TOPIC	Yes	No
Introduces topic clearly	___	___
Maintains topic across turns	___	___
Changes/shifts topic appropriately	___	___
Chooses appropriate topic for context	___	___
Responds with information on topic	___	___

### TURN TAKING

Waits for a turn to speak	___	___
Uses pauses when speaking	___	___
Uses an appropriate amount of verbiage	___	___
Checks for listener understanding	___	___
Uses responses when listening	___	___
Restates what speaker said	___	___
Asks questions when listening	___	___

### SPEECH FUNCTIONS

Convinces and persuades: no anger	___	___
Accepts peers' opinions: no anger	___	___
Offers and supports own opinions	___	___
Relays pertinent information	___	___
Gathers and requests information	___	___
Gets to the point	___	___

### SPEECH

Uses greetings and farewells	___	___
Uses thank you's and apologies	___	___
Asks permission (asks, not tells)	___	___
Asks for help	___	___
Receives and gives compliments	___	___
Uses phone skills appropriately	___	___

### PEER LANGUAGE SKILLS

Asks to play appropriately	___	___
Expresses feelings	___	___
Joins in to play	___	___
Compromises/negotiates	___	___
Uses cooperative/associative play	___	___
Uses appropriate slang with peers	___	___

### SPEECH STYLE

Uses appropriate volume	___	___
Uses appropriate prosody/tone	___	___
Uses formal or informal context	___	___
Comprehends humor/sarcasm	___	___
Uses appropriate response time	___	___

### NON-VERBAL LANGUAGE

Uses eye contact	___	___
Uses appropriate proximity	___	___
Uses facial expressions	___	___
Uses body language to enhance meaning	___	___
Understands facial and body gestures	___	___

## Making Your Home a Place For Readers

Several tips to help parents of young children promote literacy at home.

- \*Choose a quiet time for reading to your child, as in before a nap, bedtime, or after dinner.
- \*Choose a special place for family reading, like a comfortable chair or pillows piled on the floor.
- \*Let your child select the book for you to read aloud.
- \*Hold the book so that she or he can see the pictures. If possible, also let her or him turn the pages.
- \*Take time to look at and talk about the pictures. Don't just read the story: talk about it. Let your child point out letters, shapes, colors, and animals.
- \*Understand that reading begins at home. Children read their environments, so make your home a print rich environment.
- \*Read! Don't expect reading to be important to your children if they see that it's not important to you.
- \*Invite your child to read to you. If he or she is a pre reader, he'll often interpret his own story using illustrations and his imagination.
- \*Make lists, lots of them. Make them for grocery shopping, books to buy and things to take on trips.
- \*Read aloud to your child every day.

## Book Review: Language Development and Learning to Read

**Language Development and Learning to Read: The Scientific Study of How Language Development Affects Reading Skill** by Diane McGuinness is a wonderful resource for both parents and professionals. The primary focus is on reading predictors and whether or not individual differences influence the ability to learn to read. McGuinness emphasizes the environmental factors more than the biological factors in accounting for individual differences.

After critically evaluating the research on receptive language (Part I) and on expressive language (Part II), she defines and describes the skills related to reading (Part III) as supported by sound research studies. McGuinness highlights the dire need for inductive research to replace old theories and to reinvent methods of teaching and instruction, accordingly. While the details can be dry at times, she provides adequate support for her arguments, albeit controversial, and summarizes in a clear, concise manner. (Language Development and Learning to Read) is a worthwhile reference for professionals and parents wanting to advance their knowledge of the research literature on reading and language development.



**Complimentary  
PACE Screening  
Swain Center  
(707) 575-1468**

**Contact Katie Stone @ The Swain Center**



## Camp

*Continued from page 2*

### Earobics®

Comprehensive phonological awareness and auditory processing training for the remediation of reading, spelling and other language-based learning disabilities

### Fast ForWord®

Scientific Learning's acclaimed program for memory, attention, processing and sequencing

Please contact Katie or Maureen at The Swain Center for more information or to enroll your child.



## Support

*Continued from page 2*

Please join us for a TACA Santa Rosa meeting:

Date: Meets the 2nd Tuesday of every month  
Time: 7:00–8:30 p.m.

Location: The Listening Center  
795 Farmers Lane, Suite 27  
Santa Rosa, CA

Upcoming education & support group meeting dates include:

- Tuesday, March 14th
- Tuesday, April 11th

If you don't live near Santa Rosa, there are other TACA education support group meetings offered. For a complete listing please see:

[http://www.tacanow.com/groups\\_location.htm](http://www.tacanow.com/groups_location.htm)

## Did You Know.....

Babies that do not babble and coo may later have difficulty learning to read

. Singing to your baby can help with language and listening development

.A child's ability to listen is a vital underpinning to language and intellectual development

.Frequent ear infections during infancy and toddlerhood can delay language development and affect listening and learning as the child becomes school aged

.A 2-3 year old child should be able to understand about 900 words and use about 500 words.

.Research shows that a child whose language delay is identified and intervention is begun early has a significantly better chance of developing necessary pre-reading and academic skills than a child whose delay is not identified early

.The ability to follow directions in a group setting requires an adequate attention span, knowledge of basic concepts, good hearing and memory for spoken language.

.Children who are called "lazy", "forgetful", "daydreamer" or "disorganized" may have an underlying auditory processing problem that has not been identified

## The Listening Center

Founder  
Deborah Ross-Swain, Ed.D., CCC

### Locations

Santa Rosa  
795 Farmers Lane, Suite 27  
Santa Rosa, CA 95405  
(707) 575-1468

Orange County  
2850 Mesa Verde Drive E, Suite O  
Costa Mesa, CA 92626  
(714) 979-1160

Walnut Creek  
1399 Ygnacio Valley Blvd., Suite 21  
Walnut Creek, CA 94598  
(925) 952-4724

Sacramento  
3001 P Street, Suite B  
Sacramento, CA 95816  
(916) 448-1500

Websites  
[www.TheSwainCenter.com](http://www.TheSwainCenter.com)  
[www.TheListeningClinic.net](http://www.TheListeningClinic.net)  
[www.TheListeningCenter.com](http://www.TheListeningCenter.com)

# Chronic Ear Infections: Ways to Help Lower Your Child's Risk

Taken from Parenting Magazine

Chronic ear infections are the most common childhood illness. Between 75% and 95% of all pre-school-aged children are affected by ear infections. There are times when the middle ear can contain fluid that never becomes inflamed -there will be no symptoms. Weeks or months may pass before a parent realizes that the child has an infection or fluid build-up. However, the effects on hearing and listening will be the same. Seemingly more annoying and incontinent than harmful they are considered by many to be a causal factor in delayed language development and listening and learning problems in school aged children. Listening problems, also known as auditory processing problems, are the leading cause of listening and learning problems. Here are some ways to help to reduce your child's risk for ear infections:

## BAN SECONDHAND SMOKE

Babies and children exposed to smoke get more ear infections. Particles in smoke can cause chronic congestion, which makes it harder for the Eustachian tubes to drain fluid. For a truly smoke-free environment, don't let anyone light up anywhere in your home.

## BREASTFEED

Your milk delivers compounds that protect against colds and ear infections. Exclusive breastfeeding for at least six months cuts the chance of developing ear infections in half.



## LIMIT EXPOSURE TO GERMS

While ear infections aren't contagious, the colds that lead to them are. If you work outside the home, keep your child in a small daycare setting (six kids or fewer) until she's at least 18 months, if you can swing it.

Remind toddlers and older kids to wash their hands with soap and water before meals and after they sneeze and cough.

## LIMIT THE PACIFIER

Constant sucking may keep the Eustachian tubes from draining properly. When babies up to six months are given their pacifiers only to fall asleep (rather than all day long) and stop using them entirely by 10 months, ear infections are about a third less common, studies show. If your baby is starting to get ear infections, consider limiting her pacifier, especially during the day.

## CONSIDER CRANIAL THERAPY

If your child has recurrent infections, you may want to seek out an osteopath who is trained in craniosacral manipulation, a gentle physical technique that may help ear fluid drain. Its effectiveness for that purpose is now being studied. To locate an osteopath, send a self-addressed, stamped envelope to the Cranial Academy, 8202 Clearvista Parkway, #90, Indianapolis, IN 46256.

## Know This!

From: Kids Are Great...when you know how they work  
By Diane Bott and Diane Provo

**Words are used to communicate our thoughts, to help make sense of the world, and to store and retrieve information. Children learn words and their meaning by having what they hear paired with what they see (an action/object/event). With enough pairing experiences, the brain creates pictures or images from just hearing words. Our internal images evoke feelings, trigger thoughts and determine our actions.**

**Behavior words such as "clean up" are very difficult to picture because their meaning varies from person to person and situation to situation. In order for a child to understand what behavior you want, you must help them SEE what the word or words mean to you.**

## Now Try This!

**To fine-tune a child's brain picture to yours, make sure that you give your child many opportunities to see what your word means (words paired with an action, object or event). For example, "This is what I mean by clean up. Watch me, I'm stacking the blocks; I'm putting the action figures in the basket." This pairing needs to occur many times before kids truly see what clean up means. As one father stated, "Bathtime was a nightmare." His children never gave him the bathtime picture he wanted. After much frustration, he finally realized that he had three different bathtime pictures, all dependent on his adult time schedule. For him, bathtime could mean, a quickie bath (bodies washed-quickly in and out), a medium bath (bodies and hair washed-no delaying tactics), or a long bath (bodies and hair washed with time for toys). He finally shared his three bathtime pictures with his children and bathtime was no longer a soggy event. Remember to give your child as many opportunities to see what your words mean by pairing your words with actions. Before you know it, your words will take on a whole new meaning. They'll get the picture!**

# PACE Processing and Cognitive Enhancement

## The PACE Program Overview

The PACE program (Processing and Cognitive Enhancement) is now being offered at The Swain Center. The PACE program is an intense, proven training method that strengthens underlying cognitive skills. This method trains the entire learning system to function properly by directly targeting a child's weak underlying areas. Traditional help for individuals with learning problems has typically focused on one of four methods: sensory therapy (vision, auditory), motor therapy (speech, occupational), psychotherapy (motivation), and academic remediation (remedial reading, learning disabled programs, tutoring). Although these methods may be effective in correcting a sensory, motor, or very specific academic problem, they have had limited results in significantly improving learning performance. In the last few years, great strides have been made by researchers to expand our understanding of how the brain works. This has allowed for the creation of better learning models and remedial strategies to help those who have difficulty learning. Today, PACE is at the forefront of using this knowledge to make significant improvements in learning skills. PACE is a training program that affects and modifies mental skills, or what we generally refer to as intelligence.

PACE is a method of improving one's ability to process and use sensory information to function well in everyday life. It is scientifically based and asserts that training procedures can change and improve the mind and its mental structure by retraining mental skills and processes. These skills are retrained through a series of tasks that are designed to meet specific goals. The tasks are related, make repetitive demands on a deficient skill,

and progressively increase in difficulty. This is a process-specific approach to training (as opposed to a general stimulation approach).

PACE works to modify mental skills, and there are numerous studies that show this modification is possible. The results not only show tremendous changes in processing skills (a 3.6 year improvement in 10 weeks), but also a significant transfer to higher mental skills (reasoning and logic - a 23-point gain in IQ). PACE consists of 36 one-hour sessions that are provided on a one-on-one basis over twelve weeks. For most of the 60 minutes, the pace is fast and intense. The trainers provide constant feedback as the student progresses through sequenced levels. Each procedure is graded according to difficulty and tasks become progressively more complex. Pace is regulated by mastery, so the number of tasks completed during training differs from student to student. In other words, once the student passes a task, he or she is then allowed to progress to the next challenge (and more difficult task).

If a child is struggling in the areas of reading and spelling, they would be a candidate for the Master the Code program upon completion of the PACE program. Master the Code is a revolutionary 'sound to code' reading program modeled after the process by which spoken language is first learned. This program is designed to integrate with and build upon the PACE program. Studies suggest that as many as 85% of students testing low on reading proficiency also have weak underlying cognitive skills, in particular, auditory processing skills. For a free PACE screening please contact The Swain Center (707) 575-1468. If you are located outside of the area you can contact 1-866-679-1569 to find a PACE provider near you.

PACE Develops:  
Attention  
Auditory Processing  
Comprehension  
Logic & Reasoning  
Memory  
Planning  
Processing Speed

**Social Skills Questionnaire - By Elaine Stevick** The checklist on Pg. 7 is used to identify areas of social pragmatics (non-verbal rules of communication) that may be problematic for your child. Most children who attend groups are 8 years of age or older and come in with an existing diagnosis of Pragmatic Learning Disorder, Nonverbal Learning Disability, or Autistim Spectrum Disorder. Children with these issues tend to have difficulty making friends with others of their own age because they do not find it easy to understand the unspoken rules of communication such as body language, facial expression, and knowing how to initiate and maintain conversations. Since these diagnoses do not manifest in similar ways, the checklist is used in order to pinpoint the specific social challenges your child may have so that they can be well placed in groups with others who have similar or complimentary needs.

If you suspect that your child has a Social Learning Disability, this is usually diagnosed in a team approach involving a Speech Language Pathologist and Psychologist evaluating overall cognitive/emotional/linguistic development.

Delayed pragmatic skills need to be individually assessed and addressed. Various cues can be used to develop each skill. Repetition and consistency are the keys to obtaining social language goals.

See Checklist on Page 7. For additional information and services please contact Speech and Language Services of Marin-Sonoma at (707) 763-6419