



WELCOME

The Southern Hearing Charitable Trust is delighted to send you the newly formatted newsletter from our programme. We thank the van Asch staff for co-ordinating the newsletter in the past and to Lisa Scott for taking over this role.

In future, the Trust will append a report from the Adult and Paediatric Programmes to our overall update.



On the 18 August 2007 the Trust's Adult Clinic was officially opened by the Hon. Ruth Dyson.

Ruth has been extremely supportive of the Cochlear Implant cause over many years and we appreciate her interest.

The Annual General Meeting of the Trust will be held on Tuesday 11 September, 7.30pm at van Asch Deaf Education Centre (the Resource Room). Anyone interested is welcome to attend.



THANK YOU BAY AUDIOLOGY

The Southern Hearing Charitable Trust would like to give special thanks to Bay Audiology for 10 years service to the Southern Cochlear Implant Programme for Adults. The Adult Programme has changed dramatically over the past 10 years. Bay Audiology has always given the Adults from our Programme the best clinical care, support and service and for this we are very grateful.

As this is our first issue of the newsletter we would appreciate any comments or suggestions regarding the new format and the future issues.

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4th International Adult Aural Rehabilitation Conference

Back in May, I was lucky enough to be sponsored by Med-El to attend the 4th International Adult Aural Rehabilitation Conference which was held in Portland, Maine .

The long term goal of these conferences is to improve the quality and scope of aural rehabilitation programmes offered in the US and internationally.

Geoff Plant who is world renowned for his work in Aural rehabilitation opened the conference and was our compere and host for the 3 days.



Penny Monteath, Ellen Giles and Geoff Plant*

It was a small conference with 40 delegates in attendance representing 8 different countries which enabled us to get to know each other well.

There were 4 invited speakers and a further 20 others who presented papers making for an extremely informative and interesting 3 days.

Nancy Tye-Murray, PhD, is Director of Research at the Central Institute for the Deaf. She is a professor at Washington University in St Louis where she teaches aural rehabilitation. Her presentation was based on research that she was currently involved in which was assessing and predicting the audiovisual discourse comprehension abilities of older adults. Adverse environmental conditions such as background noise and/or poor lighting can compromise everyday face-to-face conversations. In the case of older conversational participants, the success of face-to-face conversation might be diminished by age related hearing and/or vision impairments. In their current research efforts they are interested in comparing the discourse

comprehension of younger and older adults, in both favourable and unfavourable conditions. This was a very interesting presentation and still is work in progress.

Joan Besing, PhD is the Professor and Program Director/Graduate advisor-Audiology at the Montclair State University in New Jersey. Her presentation reviewed what is currently known about how we listen in noise, and presented some approaches that have been used to solve this problem. As Colin Cherry observed in 1953, we have two ears but we hear only one world. She talked about the fact that the problem for listeners with and without hearing loss is to understand one or more conversation partners in the face of competing talkers and background noise in environments where echoes and noise sources abound. These challenges are faced in typical conversational situations but are becoming an important concern for listeners using cell phones or working in distributed environments.

Louise Hickson, PhD, Speech Pathologist, Audiologist, is the Director of CDARC (Communication Disability in Ageing Research Centre) at The University of Queensland as well as being head of Audiology Programs and Post Grad co-ordinator for the School of Health and Rehabilitation Sciences. Louise's presentation was on Evidence about Adult Aural Rehabilitation. Recent evidence indicates that people with hearing impairment benefit significantly from group communication education, group counselling, individualised computer-assisted learning and home based video communication training. The studies done do differ in terms of methods used to evaluate outcomes, the size of treatment effects and the nature of the comparison groups. However, the research points towards significant improvements that can be gained by alternatives to hearing aid fitting.



Her next research step is to investigate the interventions that people with hearing impairment choose in a setting where they are encouraged to make informed choices, different options and how does the intervention benefit them?



Portland, Maine

The questions are: What do people choose, what helps them to make a choice, why do they choose? Kathy Pichora-Fuller, PhD Psychology, BA Linguistics, MSc Audiology. Currently Professor of Psychology at University of Toronto. Kathy's presentation was on Auditory and Cognitive Interactions and the implications for Aural Rehabilitation. She went on to explain that even if there is no significant threshold elevation in the speech range, age related changes in auditory processing increase listening effort, especially in noisy situations. Kathy went on to discuss the research that she had done in this field which was highly interesting and informative.

There were many other presentations given over the 3 days which were diverse in topic but all relating in some way to Aural Rehabilitation.

I also had 9 days prior to the Conference visiting Clinics in LA and San Francisco and meeting with key Researchers, Surgeons, Audiologists and Rehabilitationists but that might have to be another story, another time!

By Penny Monteath

WELCOME

My name is Beth Kempen. I'm the Audiologist now working in the public adult cochlear implant programme, SCIP-A since Fiona left New Zealand in May.



Letitia remains working with the private adults at Bay Audiology.

I have 3 adult sons, and a 13-year-old daughter who helps me to stay in touch with young people and their interests.

I have been an audiologist in New Zealand for 25 years now, so I've met many, many deaf and hearing impaired adults and children.

For 13 years I worked as a paediatric specialist based at van Asch in Christchurch. During this time I worked with children who were cochlear implant wearers, as well as working with children who were hearing aid wearers. My goal then was to help them get the maximum information from their hearing, just as our goal is now. The geographic area that we 'covered' at that time was the same as our Adult Programme's area is now - large with a very spread-out population.

Over the past 5 years I have been working outside the CI field.

I worked for a time at Canterbury University, and then at a private hearing aid clinic in Christchurch where the majority of my clients were funded by ACC to get hearing aids for noise-related hearing loss. These years served to broaden my knowledge and experience, and now I am back working with cochlear implantees again.

I found the equipment, especially CI software and speech processors, changed a lot in the 5 years that I was away from this implant field.

However I find it surprising too how similar the process is for people adapting to listening to sounds they had not heard before, or perhaps not heard for a long time and forgotten - through their new implant - and through hearing aid/s fitted for the first time.

The complaints to the audiologist are nearly exactly the same!

I'm finding it very interesting to meet young adults, who now wear cochlear implants, who I remember from the past as *children or young teenagers*. Some of these people now have children of their own! Some of them, and even their parents, remember me! And of course some of you I have met just recently, and some I have not yet met.

I hope in the near future that we may have another audiologist working on the adult programme, but until that time arrives I find I am very busy.

Best Wishes to You All,

Beth Kempen, MNZAS-CCC



LISTENING AND HEARING

The following concepts will be very familiar for parents and other people working with children who use implants. But maybe some adult users could benefit from another look at listening....

Everybody's goal is to be able to hear well, and especially to hear speech, through their implant.

A person who has not been able to hear anything much for a period of time may expect to "hear" what is being said straight away when their implant is activated. Their family, friends and work colleagues may also expect them to "hear" speech clearly again almost immediately.

But actually there are many steps in the process of listening that have to be mastered before we can "hear". They tend to occur in the order below, with the simplest first and the most complicated last. This is called a hierarchy. However, people may be 'at' a high listening level for some sounds or situations, and 'at' a lower level for others.

The Steps of Listening are:

- Detection** - This is simply being able to tell that a sound is *present*, or *not present*.
- Discrimination** - This is being able to tell whether 2 sounds are the *same*, or *different*.
- Identification** - This is being able to tell which sound [of several] you heard.
- Imitation** - This is being able to identify well enough to *make/repeat back* the sound that you heard.
- Comprehension OR Understanding-**
This is when **your brain** has become so familiar with the sounds that it **knows what those sounds signify**. This is what most of us mean by the word "hear". But actually it's a very high level cognitive process.

When I am MAPping you, you are asked to use these listening skills:

A. You report when you hear sounds, even at a very soft level. That is **detection**. The very softest sounds that you can detect are called your 'detection thresholds', or auditory thresholds, which we shorten to *'thresholds or -levels'*. When you report that you heard the sound by e.g. clicking a pen for me to hear, then I am **detecting** that sound. So both of us are simultaneously doing different **detection** tasks.

For your implant-aided hearing test, you have to report when you can hear tones made by the audiometer, presented through a speaker at controlled levels. That too is **detection**. The aided audiogram shows the softest intensity that you can detect at 500Hz tone, a 1000Hz tone, etc.

B. When sweeping or balancing across your C levels on your MAP, I ask you to report whether the different tones are the *same loudness*, or *not the same*. That is **discrimination**. If one channel is softer and you can hear that it is, you are **discriminating** a loudness difference.

C. However if I ask you **which** channel is different, then that is **identification** eg "the 3rd one is too loud compared to the others".

[As you will be aware, it is very difficult to keep the notions of **loudness** and **tone or pitch** separate in your head. Lots of people can't do it very well. Yet for a successful MAP, that is ideally what you need to be able to do, using these discrimination/identification tasks. Practice makes perfect!]

D. Sometimes it's easier for a person to understand what they have to listen for if I **imitate** that sound with my voice e.g. to demonstrate the sort of 'wobbly' tone used in an aided test.

Or a client may **imitate** the sound of their tinnitus so that I may understand what it's like for them. [Tinnitus varies - it can sound like tones of all different pitches, like steam hissing, like crickets chirping etc. and of very different loudness levels].

E. Sometimes I wonder if a client can really follow what I am saying, as they appear to be doing, so I may test them by asking them to repeat back something like a number, or a particular speech sound. That is **identification and imitation**. If I give a few clues eg "a number 1-10", it's not too difficult.

But sometimes, I tell them to listen for a question, and answer it. They need **understanding** of the speech content to be able to do that.

Other times I might ask them to repeat back something quite unpredictable, maybe even silly.

Like "fish drive on the footpath". Then their **comprehension** of the phrase may even interfere with their response - they think to themselves "that can't be correct - fish don't drive", and therefore not want to say what they heard. Such a response is quite interesting. But if they **can** imitate such a nonsense phrase, then I know for sure that they **heard** it because there is no way they could predict that a person would normally say something as random as that.

In Summary

*Everybody with a functioning cochlear implant can **detect** a wide range of sounds at quite soft levels. This is the very basis of your ability to learn to listen. Listening is an **active** process.

*Contrary to what some people believe, your hearing is NOT defined by the audiologist 'tweaking' your MAP. It is **You** who defines your MAP, with the audiologist's assistance. Yes MAPping's tiring and draining work - but worth it! If you do this listening work well, then you **detect** a wide range of sounds well using your MAP.

*But listening does not stop there! Making progress beyond mere detection is the key to "hearing" well with your implant. You need to be able to discriminate, identify and eventually to understand sounds. Which requires heaps of practice!

*People who "hear" really well have worked their way up through the hierarchy of listening tasks [at a very individual and unpredictable pace] to a level where they **understand** or **comprehend** the majority of sounds that occur around them.

But always remember that NOBODY HEARS EVERYTHING, even if their hearing is perfect!



PENN'S CORNER (adult rehabilitationist)

LISTENING PRACTICE WEBSITES

If anyone is interested I have a list of websites that are for listening practice which were given to me in the US. They are a great tool for those that like to use their computers! I have only tried a couple but even having had my implant for 5 years found some to be more challenging than I bargained for! For a copy, just email me and I will post them to you:

Pennymonteach_scipa@extra.co.nz

PERSONAL AUDIO CABLES

Just a wee reminder that you must switch off your processor before connecting up your PA cable otherwise the processor does not acknowledge its presence and you will not hear anything! It has caught a few out lately! You don't have to switch off your processor to disconnect it Happy listening.

WANTED: CASSETTE WALKMANS

Please ask around family, friends and work colleagues. I am desperately in need of some more to use with talking books. You will be amazed at how many can come out of the woodwork (or wardrobe!!) all donations will be gratefully appreciated. Please forward to me at: SCIPA 417 Madras Street, Christchurch, or bring to your next appointment.

MUSIC APPRECIATION

When in the US earlier this year I treated myself to a pair of BOSE noise cancelling headphones, in my quest to get the ultimate music experience and I am thrilled to say that after searching for 5 years I have finally found nirvana! As you know music appreciation can differ greatly from person to person. For some music can sound fantastic immediately... for others, such as myself, it can take a long time before it starts to make any sense at all. Whatever your experience is the better quality your listening equipment is, the better your experience will be. Unfortunately quality does come at a price. I paid \$US325.00 for these headphones but in NZ they retail for \$550.00. I contacted BOSE in the US to ask if they would ship directly but the short answer is no. If any of you would like to know more details please do not hesitate to contact me. I keep my headphones at work so anyone is more than welcome to come and have a listen to see if they make a difference. If you are a music fan, in my opinion, they are an extremely worthwhile investment. HEARS EARS!!!

If your office is looking and feeling a little grey, take part in

LOUD SHIRT DAY



On Loud Shirt Day, everyone goes to work in their loudest, brightest shirts and makes a donation to support deaf children with a cochlear implant. All donations from individuals and businesses in the Southern region will go directly to the Southern Cochlear Implant Programme, while all donations from the Northern region will go to The Hearing House.

In 2006, Loud Shirt Day raised \$3000 for children in the Southern region. This money was spent entirely on the children's habilitation programme and was used to buy therapy materials, test equipment, toys, and books. Any money raised this year will again go directly in to the children's habilitation programme.

To make Loud Shirt Day a great success and raise heaps of money for children, we need your help to recruit as many schools and companies as possible to take part. To help, you can:

Tell everyone you know about Loud Shirt Day

Ring your local paper to let them know that September 21 is Loud Shirt Day

If you would like to take part in Loud Shirt Day to raise money for the Southern Cochlear Implant Programme, you can:

Hold a Loud Shirt Day morning tea, lunch or dinner

Register your office to take part in Loud Shirt Day

Visit www.loudshirtday.co.nz to register and find out more information.

We are very excited about joining with The Hearing House to hold Loud Shirt Day and raise money for deaf children with cochlear implants. We would be very appreciative of any support you can offer.





Paediatric Programme Update

Neil Heslop, MNZAS-CCC

Audiologist/Manager (Paediatric)



Recipient numbers on the paediatric programme continue to steadily grow. Since March 2003 the number of children implanted in the Southern programme has increased from 55 to its current level of 105. In the last 3 months we have been particularly busy with a number of assessments, surgeries, and subsequent switch-ons. We have seen a number of older children with progressive hearing loss approved as candidates as well as the usual number of candidates with early-identified congenital hearing loss.

From 1 July 2007 the Ministry of Health began rolling out its Universal Newborn Hearing Screening Programme. The roll-out is being started in the Gisborne, Hawkes Bay and Waikato Districts with nationwide coverage expected within 2 years. Gisborne and Hawkes Bay fall within the boundaries of our programme and so we might expect one or two referrals as an outcome of the roll-out. The Ministry of Health is committing additional funds to cater for what might be a "blip" in numbers as children are identified earlier. We as a programme are well equipped to cope with any newly diagnosed and referred neonates.

In October of this year the bi-annual Asia-Pacific Symposium on Cochlear Implants (APSCI) is being held in Sydney, Australia. This is one of the biggest cochlear implant events in the Asia-Pacific region. Donna Sperandio and Neil Heslop will be attending from the paediatric programme. The symposium includes a 3-day conference preceded by 2-days of other manufacturer and/or clinical sessions.

On a lighter note Shirley Wintersgill is on leave for approximately 4 weeks as she is traveling overseas to get married. She is originally from the UK and her husband-to-be is from Canada. They have decided to have a ceremony in each country. She returns on 17 September 2007 and will thereafter be referred to as Shirley Marshall

On the Friday of her departure we gave her a friendly farewell at our local café. She obligingly sat through lunch wearing a veil prepared by our administrator Pauline. We even had a ceremonial "cutting of the cake", albeit using a raspberry muffin ... we wish Shaun and Shirley all the best on their wedding day (s) ...



The Staff at Write Price

Carol Chappie, grandmother of 21 month old cochlear implantee Jessica Clark and Manager of Write Price, Levin, organized a mufti day at their workplace to raise funds for the Southern Hearing Charitable Trust. The mufti day, held at Write Price Levin on Friday 29 June raised \$204.00. Customers also contributed to the fundraising.

Jessica's implant was switched-on on the 23 July. She is responding well to her new hearing. Carol said the staff at Write Price are keen to see Jessica's progress.

The Southern Hearing Charitable Trust thanks Carol, colleagues and customers at Write Price for their donation.



GABRIEL'S ACHIEVEMENT'S

The following is a Speech written by Gabriel Callaghan, a 13 year old, implantee from Nelson. Gabes entered in the O'Shea Shield, which is competed for by 18 Catholic schools in the Central Region. Gabes entered into the Junior Prepared Speech Section. He had to audition for it and worked hard to memorise and pronounce his words. No other speakers were deaf or hearing impaired. Gabes came 2nd in the competition.

Hello, my name is Gabriel. I am profoundly deaf and I have a cochlear implant. I am going to talk to you about the world of silence.

The first three years of my life were lived in total silence. I did not learn to talk. I could see people moving their mouths, but their words did not reach my ears. Nothing. Silence.

At age 3 I received a cochlear implant and suddenly my world went from total silence to total NOISE. My Mum tells me that when they first switched on my implant, and I heard for the first time, my eyes shot open and I ran

around in circles trying to find the source of each sound.

For a while every time I heard a new sound I would stop, and go looking for the sound.

These days I have got used to my cochlear implant, but other people still take a while to get used to me, because they don't know how to react. They speak too fast, or forget they have to be looking at me as well as talking.

Oh year, I forgot to tell you, my implant is powered by batteries and it is so annoying when they go flat and I have to interrupt my whole class by moving around changing the batteries. (Although just quietly, if I'm a little bored by what is going on around me I don't fess up that the batteries are flat. I feign interest and have a little rest in my silent world.)

You know, when teenagers become teenagers they like to use more stuff with sounds, stuff like i-pods, mp3s and cellphones. Phones are tricky because I can't lip-read them.

And don't ask me about school socials and concerts. Too much noise and clatter all sounds the same to me. Movies are too hard to lip read because actors tilt their heads away or you hear the words without even seeing the speaker! And it is impossible to lipread cartoons because of the way they move their mouths. Hello I'm Bart Simpson.

Being new to the cool teenage world can be rough for a deaf kid, when I ask someone to repeat themselves, I quite often get a "Oh don't worry" which is pretty rude. I like to know what is going on, I'm 13.

Hey you know, some English words you say them differently from how they are spelt. I can't hear your words, I can only say them how I see them. So I am often getting corrected for words like social for soshil unique for you-neek, whistle for wisel, or my personal favourite Thailand for tieland. Sometimes I wonder (wunder) if it would (wood) be easier to stay in my silent world. And, in fact, many do make that choice.

There are over 420,000 New Zealanders who are deaf or hearing impaired. Their hearing loss ranges from mild to profound (like me.) Out of these numbers just over 2000 people use New Zealand Sign Language as their main form of communication. That's a lot of silence. In fact, enough to make NZSL, the third official language of New Zealand.

We recognize this during New Zealand Sign Language week.



Gabriel Callaghan achieved 2nd place in the O'Shea Shield, Junior prepared speech section

I was born into silence. Being young and using modern technology, I can just about fit in with my peers. Some people lose their hearing gradually and, over the years, slowly slip into a silent world. In many ways this is harder to deal with. People feel embarrassed and frustrated. They struggle to take part in normal conversation - especially if there is background noise like radio or television. Most of those people are not even here today because, like so many events, this one is aimed at people who can hear! And some of you will have struggled to understand me today because your hearing is failing. Thank you for trying.



Thank you for listening to my experiences of being deaf in a silent world.



Two Adult Implantees tell Their Stories

Gilbert Hadfield of Wainuiomata, Lower Hutt, found out on the 16 July 2007. He Writes:

I was shocked—but it was a joyful surprise. The first day the sound was a blur of loud cars and soft voices. My body took fright. But I made wonderful discoveries: the mall plays music—cash registers and micro-waves beep—the kitchen clock makes a loud tick.

On the second day the sound was clearer. Birds cheep. In drains alongside the footpath water rumbles and drips. I enjoyed my first conversation and understood most of what Penny said.



On day three at Wellington airport I talked with my son, aged 30, for the first time since he was a teenager. I found out that his wife has an American accent.

Six grandchildren, the eldest aged eight, are amazed that I can answer them. At church my pastor shed a tear for answered prayer.

Both at work and home I've enjoyed parties and instant celebrity. I often hear "miracle" mentioned. I feel no longer alone but connected emotionally to the people around me.

And I am deeply thankful for the taxpayer funding, for the behind-the-scenes and hands-on experts, for my personal supporters, and for all who are making hearing possible for me. As I go forward into retirement I hope to be busy using this gift to bless others to the max!

Kay Bee, of Christchurch was switched on on the 11 September 2006. This is her story.

From a very young age I started having hearing problems. I did have a couple of operations to try and rectify those problems, but with no success. I managed quite well without a hearing aid up until my early 30's, which was when I got my first hearing aid. I had a few different hearing aids up until just over 4 and a half years ago when I ended up getting 4 ear infections in both ears over a period of 10 months. Each time I had infections I slowly lost what hearing I had, and the last time I lost it all totally. After that hearing aids were of no use to me at all. I was then asked if I had considered having a cochlear implant. I did not know much about them at that stage so Implant Programme.

I got an appointment at Bay Audiology and it was all explained to me. I was then assessed to see if I was eligible to have the cochlear implant. I was then put on the waiting list to have one.

It is now 12 months since I had my cochlear implant operation and 11 months since I was switched on for sound. It has been an amazing experience. It has certainly made a big difference to my life. I now feel part of society again.

I can take part in having conversations and do various other activities that I have not been able to do for so long. Prior to being switched on my life felt like it was in limbo.

I still had my speech after the loss of my hearing but it deteriorated due to the fact I could not hear myself speak. I have now been told by many people that my speech has improved immensely.

At the start after switch on I found sounds didn't sound the way I remembered except for three things, and they being— The cat meowing—Birds chirping—the indicators in the car going. I can now identify most sounds which is really great. The biggest thrill for me would have to be, being able to converse with the family, especially my two young grand daughters. One other good thing, I don't have to keep a pad and pen with me to get people to write down what they wanted to say to me.

Having a cochlear implant does take a fair bit of perseverance in learning what sounds are, and listening to people talking but well worth the effort. I have found listening to the talking books a tremendous help. I also have a MP3 player with my favorite tunes put on it, I am now able to recognize those tunes.

I feel ever so grateful to have been given the chance to have the Cochlear Implant, as a know there will be some people who never get this chance.

My thanks go to—

Mr Phil Bird (ENT Surgeon) who has done a wonderful job doing my cochlear implant operation.

Letitia Wylie (Bay Audiology) Beth Kempen (SCIPA) the Audiologists for all the time spent doing my mapping.

Penny Monteath (Rehabilitationist) for all her great advice and expertise.

Lisa Scott and Anne Courtney at the Southern Cochlear Implant Programme, for all their help.





Product Update

Cochlear are shortly to introduce a new range of paediatric product options for their Freedom system.

These include:

A "Babyworn" configuration that provides for use of the BTE controller with cable

A new and better ear-hook for wearing the speech processor over the ear ("snugfit")

Pink and blue speech processor colour options

Microphone cover colour kits (similar to the battery cover colour kits that were available for the Esprit 3G speech processor)



"Snugfit" ear hook



Tamper-proof
battery drawer



"Babyworn"
attachments

These products are due for release on 3 September 2007.

Loaners and Repairs

Could we again please ask that when recipients receive their own device back from repair that they return the clinic loaners as soon as possible. Also, if a piece of equipment fails and we send a loaner, please send the faulty equipment back to us as soon as possible as this will minimize the delay in getting your own device repaired.

Please note that we have a limited number of loan devices available and so any unnecessary delay in getting these back from recipients puts pressure on these stocks.



FM Problems for Freedom Users

Recently we informed people of a problem with the Freedom FM system. Some users report short range (1-2 metres) and / or interference and noise.

Phonak have suggested an alternative Channel set to overcome these problems and to date this has been successful. With this Channel set users achieve approximately 10 metres without noise or interference.

The recommended Channel set is H48, H78, and H79. We will shortly be contacting all our Freedom FM users to make the change-over.

We are told that this is a "temporary" fix while Cochlear and Phonak look at a re-design of the system to reduce interference problems on the standard Channel set.

Please contact the clinic at van Asch if you have any concerns.

Freedom Bayonet Connection

A small number of users have experienced problems with the bayonet connection on the Freedom speech processor. The bayonet connection connects the speech processor to the BTE controller or the cable of the body-worn controller.

In some cases the plastic lugs on the bottom of the Freedom speech processor break off. This results in a loose and often intermittent connection with the BTE or body-worn controller.

This fault can be repaired under warranty but users should be aware of the potential problem and exercise caution when removing or attaching the Freedom speech processor to the BTE or body-worn controller.

Batteries

For children using ear-level processors requiring a supply of the "PowerOne" Implant Plus 675 battery, please contact the clinic at van Asch directly rather than your Adviser on Deaf Children or Itinerant Teacher of the Deaf.

We prefer to supply these batteries to recipients directly as we are required by the Ministry of Health to report on battery and spare part use by individual recipients.

For those wanting batteries from van Asch, please phone 0800 275 7247 or e-mail phaggerty@vanasch.school.nz and we will courier them to you directly within 24 hours.

Please note we will not issue any more than 2 boxes at a time. For most recipients these will last at least 3-4 months.



PAEDATRIC AND ADULT PROGRAMME STAFF



Pauline Cosgrove Haggerty, Donna Sperandio, Jill Mustard, Neil Heslop, Shirley Wintersgill

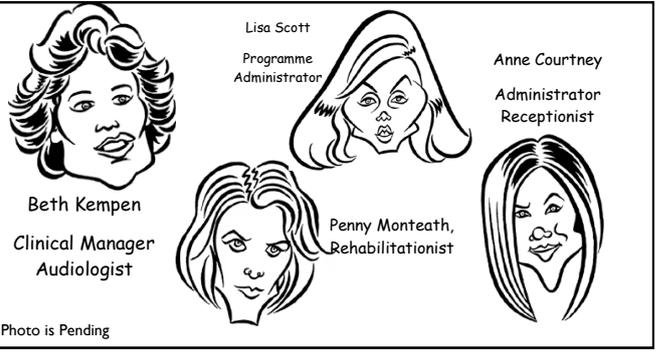


Photo is Pending

The SCIPA Team

Neil Heslop

Audiologist/Manager—Paediatric

Shirley Wintersgill

Audiologist

Jill Mustard

Habilitationist

Donna Sperandio

Habilitationist

Pauline Cosgrove-Haggerty

Administrator

Phil Bird

ENT Surgeon

Daran Murray

ENT Surgeon

Beth Kempen

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Penny Monteath

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