

Annika: Attends school geared toward young recipients of cochlear implants

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Most speech comes in at about 30 decibels, meaning Annika was growing up in a speechless world. That was reflected in her own nonexistent speech.

"We did everything we possibly could do," Rebecca Wanha said. "She just did not speak."

It was difficult for Rebecca and Allen, parents of three healthy boys, to watch their only daughter struggle — first for life, then with the effects of cerebral palsy. But with her immediate health concerns answered, it was the challenge of hearing loss that made them worry most about their daughter's future.

While doctors tried hearing aids to resolve Annika's hearing problems, the Wanhas prepared for the future, learning sign language and trying to teach it to Annika. Along with working with their daughter, Allen and Rebecca also taught their three sons — Marcus, 14, Daniel, 12, and Jon, 10, — sign language. The family visited the Minnesota State Academy for the Deaf in Faribault, Minn., to explore educational options for Annika.

Try as they might, though, Annika showed little interest in learning sign language.

"After a year, she knew maybe 10 signs," Rebecca said. "She lives in a hearing family. We were different from her and I know she knew it."

Pursuing another option

Near exasperation, the Wanhas learned in November 2003 about another communication option that may be open to Annika — cochlear implants. The technology, first explored about 40 years ago, involves surgical implant of an electronic device to transmit sound directly to a person's auditory nerve.

Though tremendously expensive — a single implant costs about \$100,000 — the Wanhas saw cochlear implants as the most successful potential option for their daughter.

"We tried sign language with her," Rebecca said. "I honestly believe she made the decision (to get cochlear implants). She just wasn't interested in sign language."

The process of cochlear implants began in December 2003, when Annika and her parents underwent a battery of tests to determine her eligibility for the procedure. Hearing tests, screenings by auditory therapists, psychologist evaluations and a visit with a behavioral pediatrician were among the many exams.

"They teased me that I lived down there for three months," Rebecca said. "It was pretty true. At least once a week for about three months, we had to see someone."

In the end, professionals agreed that Annika was a good candidate for implants in both ears.

Though it was a major decision — "Once you do this, you can't go back," Rebecca said — the Wanhas did not debate for long. Seeing their daughter's apparent wish to be like everyone else in their hearing family made the decision easier.

"You've got to know what you want to do," Rebecca said. "You have to have faith."

"When we looked at what we had tried with her and how we felt she was doing, we felt we couldn't lose with it," she said.

A new world of sound

Annika underwent a five-hour implant surgery on March 1, 2004, to install the internal electronics. The operation left her completely deaf until the external microphones — two small, round receivers — were hooked up at the back of her head a few days later. Rebecca remembers her daughter in the days after the surgery walking to the television and pressing her ear to the screen in an attempt to hear.

"She couldn't hear much before (the surgery), but she couldn't hear anything after, and I think it confused her," Rebecca said.

That confusion ended when the microphones were hooked up, and the world of sound was opened to Annika. The initial hookup can be a scary time for children who receive implants, as they go from little or no hearing to the whole world of sound.

"Sometimes, it's too loud, too much all at once," Rebecca said, repeating the warning physicians gave her before they hooked up Annika's implants. "They put them on, and we left (the hospital)."

On their way from the hospital



Cochlear implant

A cochlear implant is a small, complex electronic device that can help provide a sense of sound to a person who is profoundly deaf or severely hard of hearing. The implant is surgically placed under the skin behind the ear. An implant has four basic parts:

◆ A microphone, which picks up sound from the environment.

◆ A speech processor, which selects and arranges sounds picked up by the microphone.

◆ A transmitter and receiver/stimulator, which receive signals from the speech processor and convert them into electric impulses.

◆ And electrodes, which collect the impulses from the stimulator and send them to the brain.

An implant does not restore or create normal hearing. Instead, under the appropriate conditions, it can give a deaf person a useful auditory understanding of the environment and help him or her to understand speech.

The cochlear implant goes around the dead hair cells that can no longer transmit sound, and directly stimulates the auditory nerve, which takes sound signals to the brain.

cochlear implants allow her to hear, she must learn to use those sounds. And without the implants, she is deaf.

Some in the deaf community object to the use of cochlear implants, saying the electronic devices can have a negative impact on deaf children. They prefer American Sign Language be used by deaf people to communicate.

The Wanhas confronted the division early on. They had a deaf mentor who met with them about Annika's hearing loss, helping them to understand how having a deaf child could change their lives. When they made the decision to go with implants, Rebecca sent an e-mail to the mentor, somewhat worried what her reaction might be.

"She was like, 'No problem; good for you,'" Rebecca said. "She's still deaf. She will always be deaf. There's nothing I can do about it. Implants are not for everybody. Each family has got to make the decision about what they want to do and is right for them."

School unlocks potential

Once they made the decision, the Wanhas never doubted it was the right one. But hearing Annika's communication skills grow provided solid reinforcement of the decision.

After nearly a year of trying to teach Annika American Sign Language and having her learn about 10 signs, the Wanhas watched as their daughter learned to use 65 to 70 words in the first six months after receiving cochlear implants.

Part of the learning process was finding the right educational environment for Annika. Illustrating their commitment to their daughter joining the hearing world, the Wanhas enrolled her in Northern Voices, a school geared to young recipients of cochlear implants. In February, Annika started attending classes and meeting with a speech therapist one day a week at the Roseville, Minn., school. She now attends class four days a week.

The decision for Annika to attend Northern Voices means special challenges, cost and travel being the most obvious. Tuition is

to a Twin Cities restaurant for a celebration dinner, the Wanhas immediately recognized a change in Annika. Able to hear again, Annika seemed to notice every little sound, but was most intrigued by the sound of her own voice.

"She was babbling so much," Rebecca said, grinning. "The host (of the restaurant) comes by and says, 'Can I offer her a cookie, and maybe she'll be quiet.' We were like...we didn't want her to be quiet. We were enjoying every minute of it."

The family's enjoyment continued after their meal when they went to a nearby mall. As Annika rode in a stroller, she heard music from a speaker and began rolling her hands to the beat.

"The boys saw it and said, 'Mom, she heard the music! Look at her!'" Rebecca said. "It was pretty exciting for them, to see their little sister hear again."

But as the surgeon who installed the implants told the Wanhas shortly after completing the surgery, the hard work was just beginning. Learning the meaning of sounds is difficult work, and helping a toddler learn them is a team effort.

Among the challenges facing the Wanhas was that Annika was a child caught between two worlds — hearing and deaf. Though the

about \$27,000 annually, and though financial aid is available, it does not cover all expenses.

Then there is the travel. The school day starts for the Wanhas when they leave their home at about 6:30 a.m. Rebecca drops her three sons off at Dassel-Cokato schools, then continues to Northern Voices, arriving in time for the start of classes at 9 a.m.

Rebecca waits in a family room with other mothers whose children attend the school while Annika embarks on a busy day of learning.

The classroom looks more like a large playroom, loaded with toys of all sorts. The doll area is Annika's favorite, as she dresses her babies, puts them in the play high chair and feeds them. While it's play, everything Annika does is an oral learning opportunity.

"We want to give them as much as they would get in a typical preschool classroom, but our emphasis is on language," said Angie Schnellman, an early childhood special education teacher who has worked at Northern Voices for six years.

It seems an odd thing to say, but there's a sound for everything. And the children's playtime is about learning and using those sounds.

"We want to bombard them, basically, with as much vocabulary as we can," Schnellman said. "We encourage them to tell us what they want us to do."

Teachers say the word for a shape, or color, or anything, and the students are encouraged to repeat it.

Founded in 1999 by parents of deaf and hard-of-hearing children, Northern Voices' mission is "... to unlock the potential in children who are deaf and hard of hearing by making spoken language a way of life."

The success of the program is a "wonderful tribute to the parents who started this program," said Etta Fisher, director of Northern Voices. "They're the ones who dared to dream that their profoundly deaf children could learn how to talk."

The process isn't always easy, Fisher said. Parents bear a tremendous responsibility in helping their children achieve speech



STAFF PHOTOS BY BRENT SCHACHERER

Angie Schnellman, an early childhood special education teacher at Northern Voices in Roseville, Minn., encourage Annika Wanha, 2, of Litchfield to speak during play time. "We want to bombard them, basically, with as much vocabulary as we can," Schnellman says. The school's mission is "to unlock the potential in children who are deaf and hard of hearing by making spoken language a way of life."

through Northern Voices' programs.

"When you come to this place, you have to be committed and trust the staff," Fisher said.

"There's so much to learn — all of the verbiage that is needed in deaf education."

While the children learn speech from Northern Voices teachers, parents learn from each other. Many of the students come from outside the metro area so, like Rebecca Wanha, they wait in the family room while their children attend classes. While they fill their time with other personal activities, they also share their experiences of being parents of hearing-impaired children.

Many of their stories are the same. Prior to enrolling their children at Northern Voices, progress was slow, but after beginning

classes, their children have blossomed.

Amy Zins of Mora, Minn., brought her son, Joe, to Northern Voices when he was 2 1/2.

"At the time, Joe wasn't saying words at all, not even 'mama,'" Zins said of her son, now 3. "Now, he does not stop talking. He uses anywhere from three- to six-word phrases."

Zins's story echoes the Wanhas'. The family tried to encourage their son to use sign language, but "he wasn't interested. We were so worried," Zins said. "And then we saw a video (about Northern Voices), and the potential of the children. I knew instantly this was right for him."

Debra Porter's 2-year-old son, Alec, has also shown good progress while at Northern Voices. Porter's first exposure to the school, also via videotape, left her, well, speechless.

"I saw that tape and I about fell out of my chair," she said. "I just kept watching the tape over and over again. Deaf kids talking, to me, was just amazing."

"When you have a child who has a problem, you will go to the ends of the earth to help him," Porter said. "Cochlear is a miracle, but it's only 10 percent of it. The other 90 percent is the software, the relationship with the teachers and the parents and the kids."

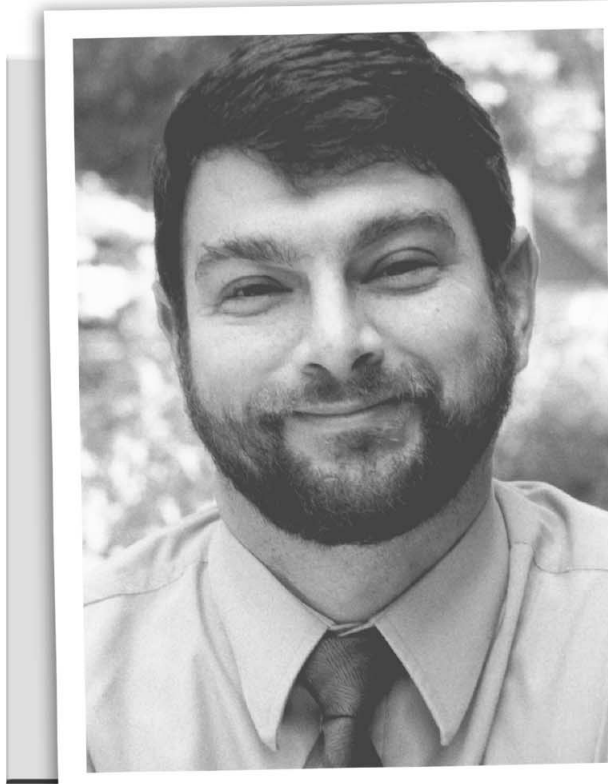
Rebecca Wanha couldn't help but smile as she listened to the other mothers share their stories. She has heard it all before. Actually, she and her family are living it every day. And that's enough to make any parent smile.

"We still have a lot of work to do," she said. "It's not a miracle unless you make it work."



Rebecca and Allen Wanha, and their sons, Jon, 10, Daniel, 12, and Marcus, 14, have made it a team effort to help Annika, 2, learn the meaning of sounds now that she has cochlear implants and can hear.

By looking ahead, he's looking out for you.



Warren Shepard, MD
Internal Medicine

An avid chess player, Dr. Warren Shepard understands the importance of foresight. The ability to see three, four and even five moves ahead inevitably wins the day. Dr. Shepard applies this same strategy to your health care. By looking ahead, he can catch symptoms before they turn into issues. A highly valued addition to our internal medicine department, Dr. Shepard focuses primarily on diabetes, geriatrics and cardiology care. With an impeccable reputation and innovative style, Dr. Shepard would be a welcomed addition to any staff. You'll find him at Meeker County Memorial Hospital and the Allina Medical Clinic. At MCMH, things are changing for the better. Call, make an appointment and see for your health.

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