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LINGUISTIC AND COMMUNICATIVE REHABILITATION IN INFANTS WITH COCHLEAR IMPLANTS

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BACKGROUND: This presentation aims to explore effective strategies for promoting linguistic and communicative development in infants under 18 months of age who have undergone cochlear implantation. Early identification and intervention are widely recognized as critical factors in maximizing auditory and language outcomes in children with hearing loss. However, the success of rehabilitation depends on more than just early access to sound—it requires a holistic, child-centered, and family-inclusive therapeutic approach.
The stimulation of language and auditory skills in infants with cochlear implants involves a range of interdependent factors. These include the child's own developmental profile (e.g., cognitive level, motor coordination, attention span), the family's communicative and emotional responsiveness, and the therapist's ability to design and implement individualized intervention strategies. A one-size-fits-all model is insufficient; instead, therapy must be tailored to each child's pace, preferences, and personality.
Infants with cochlear implants benefit most from multisensory, engaging, and consistent auditory-linguistic input. This includes the use of materials that are visually and tactilely appropriate (considering size, color, and texture), and the use of speech marked by exaggerated intonation, slower pace, and emotional warmth—features that facilitate auditory attention and support early word learning. Interactive routines, songs, and daily-life language experiences serve as powerful tools for language exposure and communicative intent development.
OBJECTIVE: It was pretended to understand who we can help babies acquire and develop their language ads communication.
PLACE OF APPLICATION: The data was colected in ULS coimbra, envolving ababies users of cochlear implant.
DESIGN: Analyzing the existing literature and the records of babies about language and communicative development.

POPULATION: This work concerns babies under the age of 18 months who use cochlear implants, and were implanted in ULS Coimbra.
METHOD: This paper was prepared by analyzing the existing literature and the records of babies implanted at the ULS Coimbra since 2015.
RESULTS: A crucial element in the rehabilitation process is the active participation of the family. Parents and caregivers are not passive observers but co-therapists in the child's development. They are the infant's primary communication partners and the ones who provide the richest and most frequent linguistic input throughout the day. Therefore, guiding and empowering families to

recognize and take advantage of everyday communicative opportunities is essential. This includes training in responsive interaction techniques, auditory-verbal strategies, and ways to encourage turn-taking, joint attention, and early word use in natural contexts.
Importantly, the acquisition of spoken language in this population should be encouraged through meaningful, emotionally rich, and playful interactions. The therapeutic environment must promote spontaneous communication rather than rely solely on structured or directive tasks. Respect for the child's developmental rhythm and natural communication style ensures a more functional and sustainable acquisition of language skills.
CONCLUSIONS: After the linguistic and communicative rehabilitation of infants with cochlear implants must go beyond device activation and auditory training. It requires an integrative, dynamic, and responsive framework that places the child and family at the center of the intervention. Only through such a comprehensive approach can we ensure that these children not only hear but also learn to communicate, connect, and thrive.