

VIBRATIONS

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WHAT IS AUDITORY VERBAL THERAPY?

By: Penelope Bacfsalvi, SLP

This is a question that I am frequently asked lately. Working with children and teenagers of all ages who receive cochlear implants I am constantly in a state of learning. One of my learning experiences included attending a week in Toronto at North York General Hospital's Phillips House (Auditory Learning Centre), which is a centre of Auditory Verbal Therapy. After attending their training programme last week, I hope I can bring additional information to light about this dynamic approach to therapy.

As with most approaches to education and training for children who are deaf or hard of hearing, Auditory Verbal Therapy (AVT) is by no means a new approach. The history of deaf education and intervention spans centuries and has been an area fraught with conflict and ideological differences. One of the "grandmothers" of AVT was Doreen Pollack, an educational audiologist and a pioneer in the practice of Auditory-Verbal Therapy and pediatric amplification. She believed in using the residual hearing of the child to capitalize on what he/she could hear. One thing that I learned about this approach, from both my readings and attending many mentoring sessions with seasoned therapists using the AVT approach, is that children with severe hearing losses can learn to access and listen to sounds. Some of these children may require cochlear implants to have functional use of their hearing. But

many of the young hearing-impaired children that I have observed benefited from intensive and on-going intervention from their team of a trained therapist and a care-taker.

I am often asked: How is this approach different from speech-language therapy? The biggest difference is that in typical speech-language therapy most clinicians do not focus on the auditory training aspect. Many S-LPs are not familiar with the hierarchy of auditory learning and how to bridge between these development stages while incorporating their speech and language goals at the same time. For example, in the AVT approach the therapist would emphasize learning through listening. This requires that the parent or primary care-taker of the child is completely involved in the everyday life and education of the child. This allows an environment that focuses on developing language, cognition, and speech through the child's residual hearing.

Just as a hearing child develops these skills primarily through audition, a hearing impaired child must also learn in a similar manner. This does not mean that a child will not require speech-language therapy or support from other specialists. It instead emphasizes that the primary modality for learning language must be through audition. The goal of this approach is that the child be integrated into a life-style that emphasizes learning through audition, and that the primary care-taker

acts as a partner with the therapist in helping to train the child.

The following is the development of hearing perception taken from *Educational Audiology for the Limited-Hearing Infant and Preschooler, Third Edition: The Early Development*

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this year unfolds, I hope you will experience the exhilaration that comes from knowing that you belong to and are part of a vibrant, inspirational, and dynamic group of professionals called BCASLPA.

President, *Yvette Thomson*

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What is Auditory Verbal Therapy?

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of Hearing Perception is accomplished through the following experiences. The AV therapist attempts to recreate these exact experiences with a child who is learning to listen. These strategies and skills are then taught to the primary care takers who create learning in the naturalistic home setting.

1. Awareness of loud and quiet sounds.
2. Learning to attend or listen to a variety of sounds at close range.
3. Learning to listen to sounds at different distances and from different directions.
4. Localizing the sources of these sounds (associating object with sound).
5. Recognizing these sounds (e.g., knowing the meaning of them).
6. Reacting appropriately to them.
7. Imitating or using them.

As with typical speech-language therapy work, the home training activities are similar to the Hanen approach to therapy. Specific activities are incorporated into everyday life routines such as bath time, dinner time, chores, and play time.

Once a child has begun to master these early levels of auditory training, it is important as the therapist to remember the basic principles of acoustics and speech sciences and

how they are linked to what the child is hearing and can hear. In addition, it is important to work closely with your audiologist to ensure that any changes or adjustments to hearing amplification devices are made immediately. This helps the child continue to learn in as constant and naturalistic a manner as possible.

The following ten principles* guide Auditory Verbal Therapy:

1. Promote early diagnosis of hearing impairment in newborns, infants, toddlers, and children, followed by immediate audiologic management and auditory verbal therapy.
2. Recommend immediate assessment and use of appropriate, state-of-the-art hearing technology to obtain maximum benefits of auditory stimulation.
3. Guide and coach parents to help their child use hearing as the primary sensory modality in developing spoken language without the use of sign language or emphasis on lip reading
4. Guide and coach parents to become the primary facilitators of their child's listening and spoken language development through active consistent participation in individualized Auditory-Verbal therapy.
5. Create environments that support listening for the acquisition of spoken language throughout the child's daily activities.
6. Guide and coach parents to help their child integrate listening and spoken language into all aspects of the child's life.
7. Guide and coach parents to use natural developmental patterns of audition, speech, language, cognition, and communication.
8. Guide and coach parents to help their child self-monitor spoken language through listening.

9. Administer ongoing formal and informal diagnostic assessments to develop individualized Auditory-Verbal treatment plans, to monitor progress, and to evaluate the effectiveness of the plans for the child and family.
10. Promote education in regular classrooms with typical hearing peers and with appropriate support services from early childhood onwards.

This is just a brief introduction into the ideas and philosophy of the Auditory Verbal approach to therapy for young children who have hearing loss. For further information, search for "A.G. Bell" and "AVT" on the internet. In addition, two Canadians who have published materials for use with the AVT approach are Warren Estabrooks and David Sindrey. If you have further questions please feel free to contact me at PBacsfalvi@sd47.bc.ca where I work with children with hearing loss and cochlear implants.

**Adapted from Pollack, 1997: In 2005, Auditory-Verbal International, Inc., integrated with the Alexander Graham Bell Association for the Deaf and Hard of Hearing. By permission of AVI.*

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