SECOND EDITION

AUDITORY-VERBAL PRACTICE

Family-Centered Early Intervention

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(With 17 Other Contributors)

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Edited by

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and

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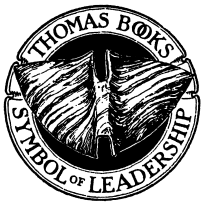

CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

ISBN 978-0-398-09147-7 (paper)
ISBN 978-0-398-09148-4 (ebook)

First Edition, 2010
Second Edition, 2017

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Printed in the United States of America
MM-R-3

Library of Congress Cataloging-in-Publication Data

Names: Rhoades, Ellen A., editor. | Duncan, Jill, 1959– editor.
Title: Auditory-verbal practice : family-centered early intervention / edited by Ellen A. Rhoades, ED.S., LSLS Cert. AVT and Jill Duncan, PH.D., LSLS Cert. AVT.
Description: Second Edition. | Springfield, Illinois : Charles C Thomas, Publisher, Ltd., [2016] | Includes bibliographical references.
Identifiers: LCCN 2016044951 (print) | LCCN 2016045867 (ebook) | ISBN 9780398091477 (paper) | ISBN 9780398091484 (ebook)
Subjects: LCSH: Hearing-impaired children–Treatment. | Deaf children–Family relationships. | Parents of deaf children. | Deaf children–Education.
Classification: LCC HV2500.A95 2016 (print) | LCC HV2500 (ebook) | DDC 362.4/286–dc23
LC record available at https://lccn.loc.gov/2016044951

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PREFACE

Every child, every family.

The first edition of this book, *Auditory-Verbal Practice: Toward a Family-Centered Approach*, was published in 2010 as an introduction to a family-centered perspective for auditory-verbal practitioners. It was designed for graduate-level readers. At that time, degrees of family-centeredness were not considered when designing research studies. Since then, families have changed dramatically across English-speaking nations, and practitioners have been grappling with family challenges. Additionally, more practitioners around the world have been embracing auditory-verbal practices for families and their children with hearing loss.

This second edition is designed to be more reader-friendly for practitioners on a global level. Evidence supporting practices have been increasing across many nations. Cultural issues have broadened the scope of auditory-verbal practice. For auditory-verbal practitioners, transitioning toward family-centered practice is imperative. Because the need for early intervention practitioners to serve families and their children with hearing loss is critical, this edition focuses on how families and their infants and toddlers with hearing loss might best be served.

Due to space constraints, this book does not provide readers with an exhaustive review of the literature in any particular subject. Unless there was a specific reason to do otherwise, authors were purposely steered away from citing data that was published in the twentieth century. This certainly is not intended to disparage the seminal research studies that paved the way for twenty-first century researchers. However, this book purports to provide readers with an evidence-based perspective that has arisen from twenty-first century research findings. The evidence cited in these chapters refers to the most recent citations that enable interested readers to engage in more in-depth independent studies. These interested readers can then quickly read the findings of those researchers from the latter half of the 20th century.

It is the hope of all contributing authors that readers will be stimulated to think in different ways and to be creative in how family needs can be efficiently met, thus improving long-term developmental outcomes for children

with hearing loss.

Nothing worthy is accomplished alone, and we are indebted to many for their help. We extend our deep appreciation to friends and colleagues who found time to read these chapters and make constructive comments. Among those we thank, in alphabetical order, are: Drs. Alliete Alfano, Son-A Chang, Carol Flexer, Danielle Jennings, Ramesh Kaipa, David Kavanagh, and Maria Munoz as well as Michael H. Baum, Rosie Quayle, Donna Sperandio, and Joanne Travers.

E.A.R.
J.D.

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Part I

AUDITORY-VERBAL PRACTICE

Chapter One

INTRODUCTION TO AUDITORY-VERBAL PRACTICE

Jill Duncan & Ellen A. Rhoades

Key Points

- *Auditory-verbal (AV) practice is a parent-mediated intervention for families and their children with hearing loss.*
- *Medical practitioners were among the first to argue for auditory-based learning for children with hearing loss; Jean Itárd, a French physician, proclaimed that children who are deaf could learn to hear in 1802.*
- *John Dutton Wright was an early forerunner of parent-mediated intervention for children with hearing loss.*
- *Helen H. Beebe, Ciwa Griffiths, Doreen Pollack, and Edith Whetnall are the contemporary pioneers of AV practice.*
- *AG Bell Academy for Listening and Spoken Language is the current custodian of AV practice.*

INTRODUCTION

This chapter provides an introduction to auditory-verbal (AV) practice as an intervention approach for families that include children with hearing loss. The first section explains terminology that will assist the reader in understanding AV practice and to contextualize the remainder of this book. Some chapters complement these terms with additional definitions specific to the content. The second section reviews the early history of auditory-based learning for children with hearing loss that led to today's practice. The chapter ends with a contemporary view of AV learning, including the identification of many events that lead up to AV practice.

TERMINOLOGY

AV practice is a parent-mediated intervention for children with hearing loss who, via appropriately fit and consistently worn hearing devices, have acoustic access to soft conversational sound. This practice includes methods and strategies from allied disciplines that are used by AV practitioners and families to effect change and to produce positive child developmental outcomes in listening skills, speech, spoken language, social cognition, and inclusion within the educational environment from as early an age as possible. Within this framework, the AV practitioner's fundamental role is to provide family informational, relational, and emotional supports, advocacy, guidance, and coaching by embracing a positive, unbiased, and respectful process that strengthens the family so that the child with hearing loss becomes an enabled, self-determined person.

It is important to note that AV practice involves considerably more than just therapy (widely referred to as AVT) that, historically, involved center-based toys used to attain practitioner-established goals derived from child-only assessment outcomes. AV practice necessitates having practitioners manage several components; at the least, these include educational, audiological, evaluation, and family/child developmental components. Indeed, there are some parents who intuitively understand and facilitate highly effective interactions with their children; they therefore need no coaching. However, these parents likely need some support for understanding hearing technology and all its related issues. They may also benefit from family-to-family support as well as the acquisition of advocacy skills. Restated, AVT is one component of AV practice that may or may not be included in AV practice. It is essential that the AV practitioner embrace a broad perspective of how families can be strengthened so that child developmental outcomes can be optimized. The family, then, is the AV practitioner's primary client.

The term *parent* is a proxy used to denote the person(s) primarily responsible for the needs of the child, sometimes referred to as caregiver of either gender who may or may not be biologically related to the child. This includes grandparent or other family member, nanny or babysitter, neighbor, foster parent, or sometimes even teacher.

The term *children with hearing loss* is inclusive of children who are deaf or hard of hearing, regardless of hearing type or degree. Noteworthy is the fact that the descriptor of the child's difference or special need always follows the child; restated, the child comes first. Also noteworthy is the fact this includes children with minimal and mild hearing loss as research demonstrates that these children are at risk of significant educational and psychosocial challenges (Bagatto, 2016; Tharpe, 2016).

The term *practitioner* refers to the therapist/clinician/educator, speech-language pathologist, teacher for children with hearing loss, early intervention service provider that may include occupational or family therapist, or audiologist involved in the child's habilitative process.

The term *hearing device* refers to all assistive hearing technology including, but not limited to, hearing aids, cochlear and brainstem implants, and wireless communication devices.

The terms *supervisor* and *mentor* refer to any person engaged in supporting the novice practitioner.

MEDICAL INFLUENCE ON AUDITORY-BASED LEARNING

The development of auditory-based learning for children with hearing loss has a long history. It was Ernaud in 1761 who first showed that 'deaf children' with residual hearing could be trained to hear words (Fry & Whetnall, 1954). However, French physician Jean Marc Gaspard Itárd (1774–1838) is considered the founder of otolaryngology and patriarch of special education (Carrey, 1995; Chalat, 1982). Itárd claimed that children with hearing loss could be trained to understand words with trumpet or non-electric hearing aids that he constructed and with methodical listening practice (Fry & Whetnall, 1954). Thereafter, medical practitioners continued to be among the first to argue for auditory-based learning. These physicians included Victor Urbantschitsch (1847–1921), Max Goldstein (1870–1941), Emil Froeschels (1885–1972), and Henk Huizing (1903–1972) (Wedenberg, 1951).

Victor Urbantschitsch (1847–1921)

In 1894, before the development of electric hearing aids, Urbantschitsch, an Austrian otologist, championed the cause of systematic auditory learning (Huizing, 1951; Urbantschitsch, 1895, 1982). He suspected that, through concentrated instruction and practice, children with hearing loss could demonstrate improvement in auditory perception (Quint & Knerer, 2005). Urbantschitsch argued that very small remnants of hearing, when stimulated sufficiently and early, could lead to the development of spontaneous speech and spoken language. He memorably referred to this stimulation of hearing as "auditory gymnastics" (Goldstein, 1920).

Urbantschitsch and his writings influenced other physicians, particularly Max Goldstein, Emil Froeschels, Henk Huizing, and Erik Wedenberg (Ling, 1993) who, in turn influenced the philosophies and pioneering therapeutic practices of Edith Whetnall, Helen Beebe, Ciwa Griffiths, and Doreen Pollack.

Max Goldstein (1870–1941)

Max Goldstein, an American otologist, studied under Urbantschitsch while in Vienna (Goldstein, 1939; Silverman, 1982; Wedenberg, 1951). With the use of electric hearing aids, he advocated for a purely acoustic method at the Joint Convention of the Three National Associations of Instructors of the Deaf (Goldstein, 1920). In 1939, with the development of vacuum tube hearing aid technology, Goldstein authored *The Acoustic Method*, a book that describes the process of facilitating speech and language through the child's residual hearing, proclaiming Urbantschitsch's accomplishments. This position marked the beginning of a significant pedagogical division within 'deaf education' in America.

Emil Froeschels (1885–1972)

Emil Froeschels, an Austrian physician, was also a student of Urbantschitsch. Froeschels coined the term "logopedics," the study and treatment of speech disorders (Duchan, 2001; International Association of Logopedics, 2006). Because of Urbantschitsch, Froeschels became increasingly interested in children with hearing loss. Froeschels moved to the United States, initially working alongside Goldstein. When Froeschels relocated to New York, hearing aids became transistorized, hence more portable, and he began a 25-year working relationship with Helen Beebe, serving as her teacher and mentor (Beebe et al., 1984; Pennsylvania State University Library, 2004).