The AURICLE

AUDITORY-VERBAL INTERNATIONAL, INC.

—providing the ***choice*** of ***listening*** and ***speaking*** for children who are deaf or hard of hearing through education, advocacy, and family support

Summer 1998

Volume 10 No. 2

ALERT!!!!!

Renew your membership today. This could be your last issue of ***The Auricle.*** Please complete the membership form (back page), and mail it in with your dues. (Life members: Complete membership form only.)

University Establishes Specialization In Auditory-Verbal Therapy and Cochlear Implant Habilitation

By K. Todd Houston, MSP, CCC-SLP, Cert. AVT

The Department of Speech-Language Pathology and Audiology at the University of South Carolina is pleased to announce the establishment of a clinical specialization in Auditory-Verbal Therapy and pediatric cochlear implant habilitation (AVT/CI) for its graduate students in speech-language pathology.

Since October 1997, the Department has been fortunate to receive two federal training grants awarded through the U.S. Department of Education to fund the AVT/CI specialization. Through this program, a minimum of 10 graduate students are selected each year when they enter the master's program.

During the two years the students are pursuing their master's degrees, they are required to take a combination of new courses developed for the specialization and some that already exist in the master's curriculum. That is, students take coursework in audiology, aural habilitation (Auditory-Verbal Therapy), cochlear physiology, aural habilitation of the implanted child (advanced Auditory-Verbal Therapy), and central auditory processing, as well as manual communication. They are also required to attend monthly discussion groups where professional issues are addressed, such as current research in speech, language, and auditory skill acquisition, new developments in the practice of Auditory-Verbal Therapy, and advances in hearing aid and cochlear implant technology.

The students' clinical skills in the practice of Auditory-Verbal Therapy are honed through practicum experiences at the USC Speech and Hearing Center. They may be assigned to one of 22 preschool and school-age children with hearing loss enrolled in the Center's Auditory-Verbal Therapy Program, 12 of whom have cochlear implants. Students also have the

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Karin Hegro (left), a graduate student in speech-language pathology specializing in Auditory-Verbal Therapy and cochlear implant habilitation, conducts an Auditory-Verbal session at the USC Speech and Hearing Center with two-year-old Nicholas Day and his mother.

SUMMER 1998

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President's Message

First of all, let me introduce myself. I and my wife Debbie are the parents of Jeff Whipple, who was born with a bilateral, profound, hearing loss. He is now 17 and a junior at St. Joseph High School in Ogden, Utah. Jeff is a B student and participates in basketball and baseball. We are pretty sure we know where Jeff would be if had not been for the Auditory-Verbal professionals who have helped us along the way. We feel that providing services to AVI is a great way to say "Thank you" and to provide other children and families the same opportunities.

Many people have put forth extraordinary efforts to bring AVI to where it is today. It is a recognized, international organization with a clearly defined Vision and a well-developed structure and plan to move toward achieving the Vision. I hope to talk more about some of the goals in future editions of ***The Auricle***. Our goal for now is to strengthen our organizational structure and to find the funding to carry out our plan. At the end of 1996, AVI was significantly weakened by several events that resulted in loss of money, office management, and office staff. Jim Watson, with the help of many of you, was able to keep the organization going in spite of great difficulties. Superlatives cannot adequately describe Jim's efforts during this last year.

In January 1998, Renee Levinson and I started our respective new jobs for AVI. At that time, the office was pretty much shut down, services halted, and revenues stopped. Although many of you had contributed very generously in 1997 to make up for our financial losses, by the beginning of 1998, our income stream had stopped. Since that time we (Renee and the Board of Directors) have: 1) re-established all office functions; 2) published an *Auricle*; 3) responded to our backlog of Web site contacts; 4) re-established our database (our computers were stolen from the office in January); 5) reorganized our committees and how they function in order to strengthen the organization and prevent too much dependency on one person or position; and 6) developed a strategic revenue plan that will get us through 1998 and allow us to resume most of our previous activities and begin to grow once again in 1999.

This plan cannot be accomplished without everyone's help. AVI is a two-way street. Individuals must give time, money, knowledge, and other resources before anyone can receive the benefits of membership. Advocacy for the Auditory-Verbal concept is the single most important benefit to children who are hearing impaired, their families, and the professionals who serve them. Advocacy takes on many different forms, which are represented in the Goals and Objectives and subsequently the individual projects of AVI. Fulfilling our strategic revenue plan is extremely important right now in order for AVI to continue to advocate for the concept of Auditory-Verbal therapy. Be sure to read this edition of ***The Auricle*** closely to find out what you can do to help. Also, please feel free to call the office for information or to volunteer to help out in any way you can. We really need everyone's help right now in order to create the opportunity for new growth in 1999.

—Dr. Robert Whipple, President

Fall 1998
***Auricle* Deadline**
September 15, 1998

Whenever possible, please submit article on diskette along with two paper copies.

NOTICE

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Executive Director's Corner

Over the past five months I have been very fortunate to come into contact with so many AVI members through telephone conversations, correspondence, or in Chicago at our regional conference. I hope to meet many more of you at our exhibit booth at the AG Bell conference in Little Rock. Everyone has given me such a warm welcome and shown how pleased they are to have me join AVI. It has meant a lot to have membership support and acceptance and speaks to the strong level of commitment that our members have to our association. Now we need to focus on the future of AVI and how we can create a financially secure environment to carry-out the functions of this organization. I would like to let you know about some of the activities that are being organized with an outlook for the future.

During the next few months, we will be developing fundraising programs and we will need all our members to participate in these activities. AVI must have an infusion of cash to provide membership services and carry out its mission for children who are deaf and hard of hearing.

Most immediately, those members who have not paid their 1998 dues need to send their renewal form and check immediately. After July 1, those individuals who have not renewed their membership will be removed from the AVI mailing list. We also need Life members to update and submit the renewal form to

ensure that we have their most recent information in our database.

Fundraising efforts being developed include a silent auction and a "national" garage sale project. Details on how members can be involved in these events can be found in this issue of *The Auricle*. We ask that everyone take an active part in helping AVI with fundraising. If members have ideas about events that have been particularly successful in their area, please let us know. We would encourage the development of your ideas and will support your efforts administratively in any way that we can.

Recently we received from Stacey's Hallmark in Kent, Ohio, a contribution for over $3,000 which was raised from a Beanie Baby raffle. As many of you probably know, these little animals have become collector's items for all age groups and Betty and Charlie Lim saw a terrific opportunity for AVI from this new fad. Other innovative development ideas would be welcome.

AVI has recently been accepted as a Campaign Participant in the United Way Campaign of the National Capital (Washington D.C.) area. This gives us opportunities to receive contributions through those individuals who designate AVI in their United Way workplace campaign as well as access to United Way contributions that are available to participants through grant applications. It was a major achievement for AVI to be accepted into the United Way program and it demonstrates the importance and value of our goals and mission. The United Way was quite impressed with our application and with the personal contacts they made during the evaluation process. Thanks to everyone involved with the successful outcome of this venture.

For the past two years, Dan Ling has been most generously contributing to our fundraising efforts by offering his time and expertise for our extensive regional conference program. The meeting last March in Chicago was well attended and feedback on the conference was quite positive. Plans for upcoming events include a meeting in Boston, Mass., on September 12, 1998, featuring Dan and Warren Estabrooks and in Cleveland, Ohio, on October 24 featuring Dan and Tina Olmstead. Everyone who has volunteered to participate and coordinate these meetings deserves a "standing ovation," as our regional conferences have gained a national reputation for their educational value and organization.

Again, I would like to thank everyone who has taken the time to call, write or E-mail me in the last few months. The members of this association are some of the most enthusiastic and energetic people I have ever met. Please do not hesitate to contact the office to let us know how we can help. Your creativity and innovative ideas are welcome all the time!

—Renee Levinson

Another Non-Profit Auditory-Verbal Center

Linda's Little Listeners (LLL), an independent, nonprofit Auditory-Verbal center in Rockford, Illinois, has recently opened its doors to families and their young children with hearing impairment. Jyll Welte, program director and Auditory-Verbal therapist, is pleased to announce that LLL enables children who are hard-of-hearing and deaf who are either hearing aid or cochlear implant users to develop optimal Auditory-Verbal skills. Like other independent nonprofit Auditory-Verbal centers, LLL will serve children even if the families are unable to pay full therapy fees. A sliding scale is offered. Located in the Chicago area, their address is:

Linda's Little Listeners
215 N. Court Street, Suite 103
Rockford IL 61103

Phone: (815) 964-HEAR
Fax: (815) 964-4232
E-mail: LLLAVT@aol.com

The Geoffrey Foundation has presented a generous gift of $5,000 to Auditory-Verbal International, Inc., to assist in the publication and mailing of ***The Auricle*** for 1998.

We thank the Geoffrey Foundation for their continued support of AVI's work in furthering Auditory-Verbal therapy.

A Parent's Report from the AVI Regional Conference in Chicago

By Carolyn Jabs

I first heard Daniel Ling speak seven years ago when my daughter was a little under three. What I remember most clearly from that first encounter was a simple but dramatic demonstration. Dr. Ling spoke into a microphone held close to his mouth, then said the same sentence with the microphone at arm's length. Next, he put the microphone down, stepped six feet away and repeated the same sentence. Instantly, I "got" why it mattered for me to hover over my daughter's shoulder, speaking as often as possible directly into the microphone of her hearing aid.

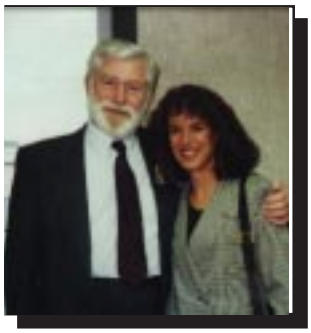
This time I went to the March AVI mini-conference in Chicago, confident that I would know much of what Dr. Ling had to say. After all, I had been involved with Auditory-Verbal Therapy for years, and my daughter attends an oral program for the hearing-impaired children in Monroe County, Mich. What I heard, however, made me wish I could have Dr. Ling follow my daughter around for a week, analyzing what she says to gain more insight into what she hears.

For years, I have wanted a magic wand that would let me wear my daughter's ears for a day. Dr. Ling's message is that I can know what she hears by listening more closely to what she says. His ideas about using a child's speech as a diagnostic tool are challenging to understand, especially for parents who do not have formal training in audiology or speech pathology. Still, I returned from the conference determined to listen more carefully to my daughter. The errors she makes in pronunciation and syntax are evidence of gaps in the auditory information she is receiving.

At the conference, Dr. Ling gave dozens of examples of how small clues from a child's speech should be used to improve a child's amplification. My daughter, for example, is often oblivious to verb endings. Whether someone walks, walked, or is walking, she's likely to say "walk" and leave it at that. Needless to say, her teachers and I nag her constantly about this error. Dr. Ling, however, would use it as an indicator that she needs different earmolds or an adjustment in her hearing aids to give her extra high frequency information or amplification before using remedial speech strategies.

It is true that knowing auditory information a child lacks and coaxing it out of hearing aids are two different things. After years of struggling with feedback, I have to agree with one audiologist, who simply said, "It's not always that easy." Still, the difficulty of the task does not seem to daunt Dr. Ling and it should not discourage the rest of us. As he points out, technology keeps giving us new and improved tools including, of course, cochlear implants. We are able to use those tools best on behalf of our children when we listen as closely to them as we expect them to listen to us.

Although Dr. Ling's biggest contribution is his analysis of the details of speech, he also reminded his Chicago audience not to focus on the trees at the expense of the forest. The true goal of Auditory-Verbal therapy is not simply for children to master specific sounds or learn vocabulary, but to learn to use language for communication and pleasure. He believes adults must always remember the meaning motivates. A young child won't care at all about making a "K" in isolation but he cares enormously that adults understand him when he asks for a cookie or wants them to come look at a caterpillar. Adults, says Dr. Ling, have to be careful not to become so fixated on small goals that they fail to make communication rewarding for kids. In fact, he went so far as to say that "Any goal which could be written down for an IEP is probably trivial." Although he literally "wrote the book" on remediation, he wants parents and professionals to stay focused on the everyday opportunities to make spoken language significant and satisfying for kids.



Daniel Ling and Sally Tannenbaum

As a parent, I also found it very rewarding to hear Dr. Ling reiterate that we are the ones who do the real work of Auditory-Verbal therapy. We need the guidance of our therapists and the expertise of our audiologists, but parents put in the long hours every day talking to our kids and listening to what they say to us. Part of Dr. Ling's message was that instead of working so hard to "teach" language, we need to take better advantage of the situations that arise perfectly naturally in daily life with kids. "Children," he says, "are better at learning than adults are at teaching." As an example, Dr. Ling mentioned the child whose nose starts running during therapy. If someone wipes it hurriedly so they can get back to the lesson, they have potentially missed an opportunity to teach language about something that really matters to the child. "Uh, oh. Your nose is running. What should we do? We need to wipe your nose. Here's a tissue."

The Chicago conference also included excellent presentations by Sally Tannenbaum, a certified A-V Therapist, and members of the cochlear implant team at Chicago's Children's Hospital. Along with Dr. Ling, they made it clear that although parenting a child with hearing impairments often seems like a lonely job, it does not have to be. Auditory-Verbal families are lucky to have such smart and caring people thinking about how to help our children with hearing impairment. Take advantage of the next regional conference in your area to meet some of them.

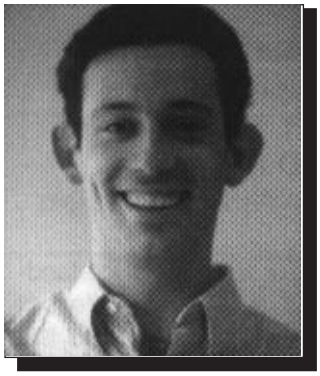
Nominate someone or Apply for the Helen H. Beebe Award for Outstanding Auditory-Verbal Clinician

To honor the memory of an outstanding pioneer in Auditory-Verbal Therapy, AVI has established the Helen H. Beebe Award to be presented annually to the candidate who, in the judgment of the Awards and Scholarship Committee, represents the spirit, qualifications, and character of the late Helen H. Beebe. Requests for application materials should be directed to:

Auditory-Verbal International, Inc. (AVI)
2121 Eisenhower Avenue
Suite 201
Alexandria, VA 22314

Learning to Listen ... Then and Again

By Jonathan Samson



Jonathan Samson

Strange as it may seem, my life has somewhat come full circle. Twenty-seven years ago, an audiologist delivered the news to my parents in a crowded hospital hallway that their child was deaf. It was to be the beginning of a lifelong process of education and hard work, with successes and failures, for both my parents and myself. At that time, my parents had to make a major choice about my future. One year ago, another audiologist delivered the news to me that my current hearing aids would gradually destroy the remainder of my residual hearing. I now had to make another choice about my future.

When I was 11 months old, the audiologist confirmed what my parents had suspected for several months, that I had a profound hearing loss; a left corner audiogram with 105 dB HL hearing loss in my better ear. I was immediately fitted with body-worn hearing aids, and Auditory-Verbal therapy became a way of life for the next 15 years, 7-1/2 years of those with Louise Crawford, and the rest with Warren Estabrooks, including daily lessons from my mother and my family.

From the beginning, I was enrolled in regular school programs: first a nursery school; followed by our neighborhood public school, where an itinerant teacher supported me through Grade 13. My early years were tough. Gaining acceptance among my peers was no easy task, and very often I was singled out for other kids' pleasures. The interesting part was that while it was the boys who would not leave me alone initially, this attitude changed when we all entered junior high, where the girls treated me differently. In high school, however, I felt on equal footing with everyone, and found myself less and less having to prove to others that I could do anything they could. A positive attitude was essential, and the tremendous support from my family was my driving force. Upon graduation I was the only one from my circle of friends to go to the University of Western Ontario. This was especially difficult for me because it meant starting everything over again by teaching people about my hearing loss and learning to adapt to new teachers and friends. It turned out, however, to be one of the best moves I ever made. Living in residence for two years gave me access to a realm of people and friendships. As in high school, I became involved in extracurricular activities, broadened my horizons, and became involved in disability rights. I also received a great support in the form of notetakers for my classes.

During convocation to receive my Bachelor of Arts degree, I was one of only two people whom the President of the University singled out for personal congratulations. It was one of my proudest moments. After spending two years lobbying the President and Administration for disability and student rights on campus, I thought he would have been happy to see me go. Maybe he was!

Now I found myself in the "real world." I became actively involved in VOICE, having earlier represented it at the government level on a task force struck by the Minister of Education. I represented VOICE at York University for the Deaf Education Program, and was appointed to VOICE's Board of Directors. I was able to lend my opinions and thoughts from a deaf perspective. This year I was appointed to the Board of Auditory-Verbal International.

Education of others is a lifelong process. People fear the unknown, and disabilities fall into that category, causing many misunderstandings in the community. It has always been my dream to help overcome this. Of equal importance is the misconception of the term "deaf." Parents and even children who are deaf or hard of hearing have difficulty coming to grips with identifying themselves as "deaf." My family and I also avoided this term for many years, preferring the label "hearing impaired." However, a long time ago, individually, each for our own reasons, we came to realize that the whole issue was a moot point. We use it as an audiological (rather than cultural) designation. Once one realizes it is not necessary to make an emotional issue of the term, it can be used with a new sense of pride; it illuminates the successes of all the children in the Auditory-Verbal community. It is a celebration of what we have accomplished and the successes we all have had. To teach a "deaf" person to talk and listen is indeed an incredible achievement to feel great about. It is truly okay to use the "d" word.

A year ago January, a well respected audiologist told me that my linear hearing aids could cause long-term damage to residual hearing. He suggested I look into the new programmable and digital hearing aids. None of them seemed to reach the power of my current hearing aids. It was time to look into the possibility of a cochlear implant.

This set my mind racing. Surgery? That thing with wires? Wasn't that like a step back in time? It reminded me of my old body aids. I was not too keen on the whole idea, but being a technology addict, I did not dismiss it outright.

There was a major conference on cochlear implants the following month at New York University (NYU). My mother and I registered and sat through two and a half days of presentations on surgery, testing, rehabilitation, devices, coding strategies, and anything else that related to cochlear implants. It was an eye-opener, and we certainly were overwhelmed with the information. I took the opportunity to grill each of the implant companies that set up booths at the conference. I now had a very good idea what to expect. The question remained: was this worthwhile? I had three long-term goals: to carry on open-set conversation (which could lead to

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Learning to Listen

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the phone), decrease the need to lip-read (and thus reduce the fatigue factor), and finally improve my speech.

Two months later, Cochlear Implant Club International (CICI) held a conference. This was an opportunity to talk to cochlear implant users of varying ages and backgrounds. I was so impressed by what I saw and heard that I made my decision to go full steam ahead with it. I underwent the tests a month later in New York, and was scheduled for surgery in the late summer of 1997. On August 28, with my supportive family present, I received the Nucleus 24 cochlear implant from Dr. Noel Cohen.

One month later, on September 29, I went for the activation, with my mother in attendance for the big moment. I knew from others, that I would not like it initially. I was not prepared, however, for the dramatic differences between the implant and the hearing aids. After the initial mapping was completed, the audiologist told me that she was going to switch the microphone on and talk to me. At first, I said I didn't hear anything, and then suddenly I felt a sensation in my head which sounded like the plucking of guitar strings for each syllable. I couldn't believe that this was what I had waited for. It was awful! I started to cry, partly because of what I heard, but also because I was suddenly afraid of what was to come. However, there was some joy that this thing did actually work. Suddenly, everything made a noise: the scraping of the chair, the keys clanging, the shoe heels on the hospital floor, and the P.A. system's announcements every two minutes. It was truly overwhelming. My mother and I got into a cab, which happened to be during rush hour in Manhattan—honking, screeching brakes, sirens, people yelling, and so on. After a few minutes, I started to ask my mother: "Was that the horn?" or "Is that sirens?" As she pointed sounds out to me, I started to perceive different patterns. Back in the hotel room my mother blew her nose, and I nearly jumped out of my shoes. Everything was so loud! My brain was just not used to it.

Therapy started that very day. My mother gave me the Ling six-sound (plus) test. I heard every one of them, which sent my mother to the Kleenex box to wipe her tears. Never in our wildest imaginations did we ever think that I would be able to easily hear /sh/ or /s/ or /h/, not just at close range, but at a distance of 20 feet. Two days later, when we got back to Toronto, I stared therapy with Warren. Therapy was very reminiscent of my lessons from childhood: sound tests, single words, phrases, and so on. We had to start with small steps. I was motivated to work. I had to relearn everything from scratch: my name, the doorbell, my dog barking, the phone, and many other environmental noises. It was "Do You Hear That?" all over again! Then, three weeks later, I put my hearing aid on in the other ear. Much to my surprise, I realized how significant the implant was, and just how much more information I was receiving in only three weeks. Even the quality of sound was better. That was the turning point for me, and I have never looked back!

Today, six months later, I am using the phone, lip-reading a little less, and my speech has improved. I am well on the road to meeting my own goals, and I couldn't ask for more. I remind people, however, that one thing has never changed: I am still deaf. When that implant comes off, I still cannot hear anything, and that is something that has been and will always remain a part of me. It is not something to hide or be ashamed of.

The implant is a wonderful tool and technology that has opened a wide array of opportunities, and given me much more to look forward to. Two weeks ago, sitting in the garden with a friend, I heard a "beeping/chirping" noise, and asked what it was. He informed me that I was listening to a cardinal sing. A minute later he pointed out a bluejay, and then a seagull, and then a crow. I could never hear those before, much less discriminate between them. It was truly a moment of joy.

I am privileged to observe many children who come to see Warren today, especially those with cochlear implants. The parents and kids love seeing an older person with an implant, especially since there are very few adults today who are implanted, and who are pre-lingually deaf, a graduate of the Auditory-Verbal process, and a recipient of a cochlear implant in adulthood. I get such great joy from seeing these kids. I truly envy them and the opportunities afforded them today. The cochlear implant is a remarkable tool that co-exists perfectly with the vision of the Learning to Listen Foundation. Children with hearing impairments are like any other children, and should always be treated as such. Confidence, independence, and a loving support system are the mechanisms necessary to succeed. State-of-the-art technology and creative Auditory-Verbal therapy will allow them to soar in a way no one ever has before!

Submitted by
Warren Estabrooks, M.Ed., Cert. AVT
Director, Auditory-Verbal Therapy
North York General Hospital, Toronto

Note: This article was originally printed in The Listener, *Learning to Listen Foundation, Toronto, Canada (May 1998).*

ANOTHER A-V WEB SITE:

http://www.bolesta.com

Bolesta Center is a statewide non-profit Auditory-Verbal center headquartered in the Tampa Bay area, with satellite sites in Orlando and Miami. Established in 1961, Bolesta Center serves all ages and all degrees of hearing loss, both hearing aid and cochlear implant users. Effective June 1, 1998, this center offers a highly informative Web site available to anyone with a computer. Check it out!

http://www.bolesta.com

COMING SOON . . .

The Auricle soon will go online! Watch your mail for details!

For and By Parents

By Carolyn Jabs

This issue will probably reach you during summer vacation. One of the big challenges at our house during the summer is keeping listening, speech, and reading skills up while visiting grandma, going swimming, and doing all those other great vacation things. Any summertime ideas that have worked for you? Please share them with other parents. Send them to Carolyn Jabs, 6935 Pilliod Road, Holland, OH 43528. Or make contact by phone at (419) 867-8815 or by e-mail at Crjabs@aol.com.

Five Finger Rule

My daughter has begun to read on her own, but she often chooses books that seem difficult for her. I don't want to discourage her ambitions, but I also don't want her to waste time pretending to read things she doesn't understand. Her teacher, Carolyn Guy, helped me out by recommending the "Five Finger Rule." When her students choose books at the school library, Carolyn asks them to read a single page. Each time they come to a word they don't know, she puts up a finger. If she's reached five fingers before the end of the page, she recommends that the child choose a different book.

Invisible Inc.

Speaking of books for young readers, Jessie has enjoyed the Invisible Inc. books which are published by Scholastic as part of the Hello Reader series. The chapter books, which are aimed at second and third grade readers, feature three friends who solve mysteries. One of the kids is hearing impaired. Pictures show him wearing what looks like an FM unit and the text makes occasional references to the fact that he needs to ask someone to repeat something. Otherwise, he's a regular kid who often spots the clue that solves the mystery.

On-line Dictionary

Those of you who are on-line may want to take advantage of a lovely children's dictionary at the Web site sponsored by Enchanted Learning Software (http://www.enchantedlearning.com/Dictionarytitlepage.html). Kids can click on letters of the alphabet and see an illustrated list of words that begin with that letter. Many words are links, so when kids click on them they go to a Web site or an activity that features that word. The site is not narrated, so for your child to learn language, you'll need to sit beside him/her, say the words aloud, and encourage your child to repeat them.

Touchy-Feely Words

To help young children learn adjectives, try making a set of feely cards. Instead of putting pictures on the card, put on textures: sandpaper for rough, cotton for fluffy, velvet for soft, drops of dried glue for bumpy, two-sided tape for sticky, nothing for smooth, and so on. After you have associated words with the cards, have your child close your eyes for discrimination. "Give me the card that's bumpy." Then close your eyes and let your child tell you which card to find.

Face Off

My kids and I have had great fun playing this game when we are waiting for doctor's appointments or airplanes—and it's a wonderful way to learn body parts. All you need is a sheet of paper and a pencil. Start by drawing a big circle to represent a head. Then give your child the paper to add one body part. Name it, of course, as your child draws it. Then it's your turn to draw another body part. With little children, it will be enough to draw eyes, noses, and mouths. As your child gets older, get more creative with whiskers, moustaches, and eyebrows. Once your child knows all the facial features, expand the game to draw an entire figure. Needless to say, this game is most fun if you make your pictures as silly as possible.

A Star is Born

Nicole Nayman of Thornhill, Ontario, videotapes her daughter's Auditory-Verbal therapy sessions. "When we show her the sessions, she thinks she's a star like Barney," says Nicole. A tape is also a valuable reminder for parents of what went on in therapy and what your goals for the week are. And, as children grow, its visible evidence of the progress they have made.

Hop on Pop

If you are teaching words in a category and your child grows impatient with discrimination, try this variation. Find big pictures of the words you are teaching—children's coloring books are often a good source. Spread three or four on the floor and ask your child to step on the strawberry, hop on the banana, jump on the peach. If you are working on family names, spread photos on the floor so your child really can hop on Pop or jump on Aunt Jamie.

Current Events

At the Ling Conference in Chicago, Sally Tannenbaum, a certified Auditory-Verbal Therapist, discussed how important it is for parents of children with hearing impairment to talk to their kids about things that happen in popular culture. Hearing kids just "pick up" information about current crazes like Beanie Babies, the Spice Girls, the Godzilla movie, and so on. For kids with hearing impairment to fit into the mainstream, parents may have to make the effort to find out about fads, musical groups, and hot movies so they can bring their kids up to date. ■

FROM THE CENTRAL SPEECH AND HEARING CLINIC AUDITORY-VERBAL THERAPY PROGRAM Winnipeg, Manitoba

General Guidelines for Developing Auditory-Verbal Communication

1. Be auditory. Listen rather than look. Tell rather than show.
2. Have high expectations and always challenge the child by being "one step ahead."
3. If and when visual cues are provided, always provide the information again through the auditory channel only. (Put it "back into hearing."—J. Simser)
4. Constantly develop the child's auditory feedback loop to teach self-monitoring of speech and the ability to match his/her productions to those of others.
5. Speak at a normal intensity. If necessary, move closer to the child's hearing aid (optimally, within 4 inches of the aid) or cochlear implant microphone rather than speaking more loudly. Use a natural rate, and implement acoustic highlighting when necessary. Be aware that reducing the rate of speech too much affects co-articulation and the natural flow of speech.
6. Stress the positive; always acknowledge the child's accomplishments and reinforce them *immediately*.
7. Maximize the child's inherent curiosity. Hide toys in a variety of containers to keep the child's interest and establish a listening attitude naturally. Talk to toys to keep his/her interest peaked. Then present the toys/objects *one at a time*. If you place a basket of toys in front of the child initially, the motivation to listen is lost and you have created a situation where you must control the child's inherent need to explore toys. Always maximize the child's natural thirst for knowledge.
8. Be very direct with discipline; provide the child with choices to teach responsibility and consequences. This can be done with even the very young child.
9. Integrate cognition in all activities and interactions; constantly challenge the child's thinking skills.
10. Use the hand cue only when necessary. Remember to use it as a clinical tool. Spontaneous communication is the goal.
11. Use sabotage to teach the child to trust him/herself.
12. Teach one thing at a time.
13. Be careful to let the child do for him/herself rather than doing for him/her.
14. Constantly encourage the child to listen. Alert the child to acoustic information in his/her environment (awareness/detection). Develop the ability to distinguish same/different auditory information (discrimination). Teach the child to attach meaning to auditory stimuli (identification/comprehension), teach him/her to find the source of sound (localization) and to develop the ability to respond to auditory information at varying distances (distance listening).
15. Use a hierarchy for developing listening, speech, language, and cognition according to natural sequential milestones.
16. Model skills you wish the child to develop. For example, teach the child to "repeat to him/herself" for auditory feedback and as a strategy to recall information.
17. Avoid negatives; provide choices and use redirection. Use positive statements such as "Let's do ... ," rather than "Don't do ... ."

Specific Strategies/Techniques for Structured Therapy Sessions

Therapy

1. Teach before you test. Always ensure success!
2. Teach the phrase, "I hear that!"
3. Introduce a new activity through modeling; give Mom/Dad/Grandma, etc., a turn first.
4. Ensure a "listening attitude," especially with the younger child. Teach older, more experienced listeners to "listen all the time" and to "listen the first time."
5. Periodically have the child repeat back what had been said to ensure the child has heard the utterance correctly.
6. Avoid yes/no questions. Plan your therapy lesson and then provide choices to the child within that planned lesson. This introduces responsibility to the child and teaches him/her to learn to follow through with his/her choice. It also demonstrates the rewards and consequences of choices, an important lesson in life.
7. With uncooperative behavior, talk to the toys and tell him/her what the desirable behavior is rather than directing the child. For example, say, "Come back here, dinosaur!" rather than "Put the dinosaur on the table."
8. Establish trust with the child. Bring out the next "game" before asking the child to give up the present one. Children will willingly return a toy/game, etc., if they believe they will have the opportunity to "play" with another.
9. Reinforce the child after every segment of your therapy by allowing him/her a few moments to play freely. This will also allow the opportunity to provide guidance to the parents.
10. Ensure your therapy is diagnostic; determine the child's strengths and goals and tailor teaching and parent guidance based on your findings; target short-term (one-week) and long-term (six-month) goals.
11. Model appropriate social behavior throughout your therapy sessions. Teach turn taking, appropriate eye contact, giving rather than throwing, cleaning up, finishing an activity before initiating another, etc.
12. Teach the child self-control by keeping toys/prompts just out of reach until it is appropriate for the child to have access. Ensure your behaviors are those you wish

the child to develop. For example, ask a child for something rather than taking it from him/her to model that grabbing is not appropriate.

13. Implement "hand-over-hand" teaching with young children.

14. Learn the child's interests, the family's hobbies, etc., in order to provide relevant suggestions for integration.

15. Integrate cognitive or "thinking" skills appropriate for the child's age/stage throughout your therapy sessions. Integrate object-object association, picture-object associations, go-togethers, colors, numbers, matching, sequencing, same/different, what doesn't belong?, patterns, phonics, etc.

16. Develop skills from the known to the unknown, least difficult to most difficult in the development of listening, speech, language, and cognition. In other words, build upon what the child already knows. For example, present salient acoustic information initially at the *end* of the phrases, then *medially*, then *initially*. Progress from most audible to least audible; from high levels of acoustic highlighting to no acoustic highlighting; from closed set to mixed sets to open sets; from direct requests for information (through question forms) to indirect requests for information ("Tell me about....."); from repetition to no repetition; from easy listening situations (quiet) to difficult listening situations (background noise); from live voice presentation to audiotaped presentation, etc.

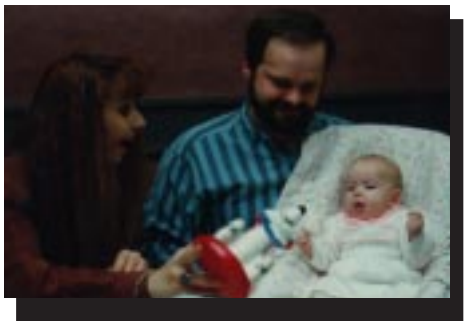
17. Pause to give the child the opportunity to speak. Don't finish a child's utterance even though you may be fully aware of the message. Allow the child to speak for him/herself. Use modeling to modify the child's productions.

18. Don't provide repetition too quickly; give the child the opportunity to process the information. Often repetition is not required. This encourages the child to listen the first time and trust his/her hearing. If repetition is required, allow the child to request this need (model for younger children) and repeat all the information rather than only the information missed.

19. If the child is losing interest in your planned activity, inform the child that after "one more," a new activity will be introduced. Never discontinue an activity based on a child's disinterest. Provide a variety of activities throughout your therapy and move quickly to keep the child interested.

20. Only reinforce your target; this teaches the child to monitor his/her own productions.

21. Create a therapy environment which is interesting and provides informal opportunities for learning. This will allow you to demonstrate to the parents how they may integrate language into their routines/interactions with their child. If the child is interested, he/she will have the motivation to listen and learn. Be careful to avoid the child monopolizing the session, however; be certain to return to your original activity.



Teresa Caruso works with one-year-old Shauna Giesbrecht and her father.

22. Ask questions only to obtain information. Avoid asking questions to which the answer is visibly obvious. In this way, we teach the child that the question form is used to obtain information that we do not have.

23. Encourage the child to expand communications that are incomplete/inaccurate. Avoid "repairing" communications which the child is able to repair on his/her own.

24. Be aware of auditory discrimination versus speech production errors. Determine whether the production is based upon what the child thinks he/she heard (discrimination error) or what he/she is able to produce (speech production error—phonetic/phonological development is required). Use appropriate strategies to develop the identified target.

25. Constantly reverse roles to allow the child to be the teacher to develop his/her expressive language abilities. Remember, once the child has developed a target receptively, encourage its development expressively.

26. Never force verbal communication. Give the child ample opportunity to listen and process language. Remember, he/she will require much repetition and practice learning to listen.

27. Always have fun. Learning should be fun and never become a chore. Remember, first and foremost, that the child with a hearing impairment is a child.

Parent Guidance

1. The parent is your partner. Advise the parents of the activity you will introduce, the purpose of the activity (*e.g.*, to develop a three-item auditory memory), and why it is important for their child to develop this skill/ability. Be aware of the language you are using. Were you successful in relaying the information in a way in which the parents could understand it?

2. Encourage active participation of the parents. The purpose of therapy is to teach the parents how to teach their child. Provide a balance for the parents to carry out a portion of the therapy, sitting back and gently modeling for and guiding the parents in their interactions with their child.

3. Inform the parents of the strategies/techniques you are using so that they can implement them at home. This provides the child with consistency.

4. Select activities in therapy that facilitate carryover into the child's daily routines and interactions. Provide the parents with at least two ways the demonstrated goal can be integrated at home and encourage them to generate their own ideas to ensure your guidance has been appropriate.

5. Establish trust with the parents. Always acknowledge their accomplishments and their child's accomplishments, however small. Pair your goal ("Let's develop _____") with congratulations for goals achieved ("Great work with developing_____—he/she's got it!"). Remember, the parents are constantly teaching their child. They need your encouragement and support to help them recognize all the little accomplishments along the way.

Submitted by
Teresa Caruso, M.Sc. (A), Aud.(C), Cert. AVT.
Clinical Director, Audiologist/Auditory-Verbal Therapist, Central Speech & Hearing Clinic

USC Specialization

from page 1

opportunity to complete external practice in local and state educational and clinical programs serving children with hearing loss. At the end of their second year, just prior to graduation, students must also complete an eight-week internship on a cochlear implant team or in a clinical or educational program providing Auditory-Verbal Therapy. For those students who complete the requirements of the specialization—the additional coursework, practica in AVT, and an internship working with an AVT or on a cochlear implant team—they receive an internal certificate listing their specialized clinical training that is awarded through the Department.

To further augment the students' specialized training, the USC Department of Speech-Language Pathology and Audiology, in partnership with the Children's Hospital at the Palmetto Richland Memorial Hospital (Columbia, S.C.) have laid the groundwork to establish the USC Cochlear Implant Program. All pre-operative speech, language, and audiologic evaluations will be conducted at the USC Speech and Hearing Center while all medical evaluations and surgeries will occur at the Children's Hospital. Except for the follow-up visits to the surgeon, the initial hook-up, subsequent cochlear implant programming, and habilitation will occur at the USC Speech and Hearing Center. Thus, graduate students participating in the AVT/CI specialization will have much "hands-on" experience—from conducting the pre-operative assessments, to observing the surgery, to assisting in the initial mapping, and finally, providing Auditory-Verbal Therapy under appropriate supervision within our Center. Because the USC Cochlear Implant Program has already received several pediatric referrals, we anticipate our first surgical dates to be as early as in July of 1998.

I share this information regarding our specialized training program with you for several reasons. First, I feel it is important that you, the AVI membership, know what we are attempting to accomplish, and we welcome your input. Second, I welcome Certified Auditory-Verbal Therapists' (Cert. AVT) participation in the AVT/CI Program by inviting your program or practice to become an internship site for one of our graduate students. (Because these are graduate students in speech-language pathology, clinical certification from the American Speech-Language-Hearing Association [ASHA] or its equivalency is required for supervision.) I also invite all Cert. AVTs to assist in the training of the graduate students by providing videotape sessions of interesting or challenging cases. Ultimately, it is my desire to develop a library of clinical videos demonstrating a variety of AVT techniques with children functioning at various levels of auditory learning. The library will be an invaluable resource in the development of the students' clinical skills. And finally, I want you to be aware that students will graduate from this program every August, so if you are seeking an entry-level speech-language pathologist with specialized training in Auditory-Verbal Therapy and pediatric cochlear implant habilitation, please contact me!

The USC Department of Speech-Language Pathology and Audiology is committed to establishing the most in-depth training program in the country for master's students in speech-language pathology wishing to specialize in working with children with hearing loss. If you would like additional information regarding the AVT/CI specialization, please contact me at the USC Speech and Hearing Center at (803) 777-2614 or via e-mail at **thouston@sc.edu.**

K. Todd Houston is a Clinical Instructor at The University of South Carolina

Everything I Learned About AVI in Winnipeg

Parents are first
fitting hearing aids is more than a science
specific direction is what parents want
"Talk to your child" is not enough
High expectations are not too high
Listen to parents, they usually know what they are talking about
psychoacoustics was an important class
A-V only works for almost everyone
all FMs are not created equal
all CHILDREN are not created equal
parents have needs beyond audiology and therapy
tough decisions have to be made all their lives
Every child with hearing impairment is adorable
You can make a lesson out of anything
Appropriate amplification means striving for every decibel
It's a good thing Playdoh is non-toxic
You can never listen enough
Tears are important!
Flexibility is essential
choices, choices, choices
time in the corner is a learning experience
if it's not fun the therapist should be in the corner
recognize the abilities of others
Life is a box of hearing aids
cochlear implants are amazing
educate, teach, in-service
do it again
what's missing?
what doesn't belong?
Third grade curriculum is hard!
Many professionals are learning to believe
Severe to profound is not equivalent with impossible
Dan, Doreen, "Beebe," Morag, Nan and Judy were right
Siblings need extra attention too
Siblings are the best teachers
Hearing aids work at 40°C below zero
Laughter is imperative and heals many hurts
Food coloring does comes off (eventually)
Success is the best encouragement
There are a bazillion successes
A-V Families are awesome!
THANKS

—By Jo Acree, M.S., CCC-A, Cert. AVT.
Rabat, Morocco
(formerly of the Central Speech and Hearing Clinic)

Correction

In the article titled "A Few Short Steps for Dan Ling; A Giant Leap for AVI" in the Winter/Spring 1998 ***Auricle***, the caption under the accompanying photograph incorrectly identified the person with Dr. Ling. The caption should have read: "Dan Ling confers with Zevulun Hammer, the late Minister of Education for Israel." ***The Auricle*** regrets this error.

IN MEMORIAM

Dr. Donna McCord Dickman

January 19, 1942–June 1, 1998

Dr. Donna McCord Dickman, Executive Director of the Alexander Graham Bell Association for the Deaf, departed this life June 1, 1998. For the past 15 years, Donna has served families of children who are deaf and hard of hearing through the Bell Association with vigor and delighted in their accomplishments. Her dedication to the legacy of Dr. Bell, her commitment to achieving early identification and oral options for learning and living, as well as her personal warmth and gracious manner, will long be remembered by those of us who had the privilege to know her as a friend and colleague. She will be sorely missed and highly praised for the difference she has made in countless lives.

Auditory-Verbal International offers its sincere condolences to Donna's family and to the Bell Association and joins with her many friends around the world in appreciation and celebration of her life and her legacy.

• ANNOUNCEMENT •

UPCOMING AVI REGIONAL CONFERENCES
Sponsored By
Auditory-Verbal International, Inc.
and
The Geoffrey Foundation

"Hearing Impairment and Spoken Language: Creating a Base for Auditory-Verbal Strategies"

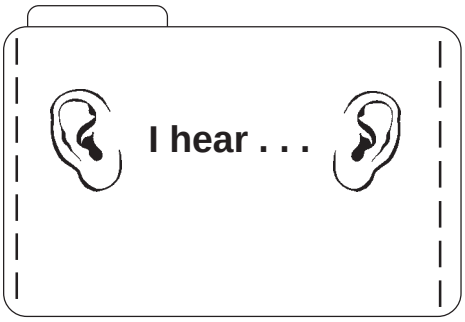
Saturday, Sept. 12, 1998	**Saturday, Oct. 24, 1998**
Boston, MA	Cleveland, OH
Featuring	Featuring
Warren Estabrooks	Tina Novelli Olmstead
Daniel Ling	Daniel Ling
Lea Watson	Donald Goldberg
James Watson	Carol Flexer

For Further Information, Please Contact AVI,
2121 Eisenhower Ave., Suite 402
Alexandria, VA 22314
Telephone: (703) 739-1049 • Fax: (703) 739-3095

Starting Over: What to Do After the First MAP

By Janet Henry, Cert. AVT

• Go for a listening walk. Walk around the neighborhood, then through your child's favorite park or playground.
• Pick up some "souvenirs," such as twigs, leaves, gravel, etc. Make a 3-4 page booklet and glue these on a separate page for each one. Repeat the walk and try to add at least five new sounds over the next week. Bring this booklet to the Auditory-Verbal therapy session next week.
• Start a folder entitled, "I hear..." Use a letter-size file folder, staple the sides together, draw ears on the front, and print the title in black letters. Take it with you to places that you visit. After you point out a sound or your child hears it, find a picture (or draw the sound) and put it in the folder. Use separate cards for each picture.



• This folder will suit all ages and will be something that you can use for a long time. Use it to include the sounds of various vehicles, machines, appliances, music, and—most important of all—***human*** sounds: speaking, laughing, sneezing, coughing, clapping, a baby crying, etc.
• There are many more ideas in the "Sound" books from the library, which provide further examples and the associated sounds. An excellent storybook to buy is *The Listening Walk* by Paul Showers.
• Be sure to teach your child the loud and quiet sounds for their next MAPping sessions. At London Health Sciences Centre we initially teach the kids that there are three kinds of sounds: Big, O.K., and Small.
• Point to your ear and say "Listen" whenever you hear a noise or sound. Tell your child "I hear that," which will eventually change to the form, "I hear ____+ing" (the baby crying, car horn honking, your sister calling), and use the statements "I hear footsteps [the vacuum, a fire truck, etc.]," as you want to assist vocabulary development too. Remember that these experiences and the introduction to new sounds must be meaningful for the child in order for the learning to occur. These folders can expand to include seasonal sounds such as Halloween sounds (*e.g.*, "I hear the doorbell ringing and kids yelling 'TRICK OR TREAT!' "), Christmas, birthdays, etc.
• Reteach your child his name and the names of other family members, including pets!
• Do not worry about your child's speech production at this time because he/she needs lots of listening experience.
• Do expect that your child has the capability to process all linguistic information through hearing.
• Keep a journal or a record in your A-V therapy notebook of your child's initial reactions to sound and the experiences that you are sharing during this exciting time!

Alyssa Brown, age 4, reading with her father during an Auditory-Verbal therapy session. She received her cochlear implant in September 1997 and works with Janet Henry, Cert. AVT, London Health Sciences Center, London, Ontario.

Janet Henry works on the Cochlear Implant Program, London Health Sciences Centre, London, Ontario Canada and is ***The Auricle****'s Eastern Canada Contributing Editor.*

1998 Geoffrey Foundation Recipients

Taylor Benedict	Mark Goik
Avrohom Berman	Sage Guilis
Etah Berman	Kelly Halacka
Moshe Berman	Luciano Hamlin
Kevin Boyle	Brooke McGlone
Justin Dorsey	Emily Nicastro
Taylor Dorsey	Alex Pascoe
Jessica Elliot	Brock Sempscrott
Ginny Felton	Stephanie Sharpton
Jessica Fong	Bradley Sherlock

Alex Shoemaker

1999
Geoffrey Foundation Application Deadline
March 31, 1999

Coming Attractions Fall 1998 Auricle

Early Education
by Susanna Schmid-Giovannini

Ask the Otologist or Audiologist
by Thomas Balkany, M.D.

Susanna Schmid-Giovannini Celebrates Her 70th Birthday
by Armin Löwe

FALL 1998
Auricle **Deadline**
September 15, 1998

AUDITORY - VERBAL THERAPIST
ONE YEAR - FULL-TIME - CONTRACT

open the lines of communication

As a world-class centre for health care, teaching and research dedicated exclusively to children, The Hospital for Sick Children's reputation for excellence in all its areas of expertise is highly regarded. Nowhere is this reputation more evident than in the Department of Communication Disorders where we are currently seeking an Auditory-Verbal therapist to join our team of esteemed professionals.

With an emphasis on parental guidance, you will provide auditory-verbal therapy to profoundly hearing-impaired children using cochlear implants. You will conduct assessments on cochlear implant candidates as well as on the post-implantation progress. A key member of this dynamic interdisciplinary team, you will serve as an educational liaison between school personnel and the cochlear implant team.

Your master's degree in Speech-Language Pathology, Audiology, and/or in the education of the hearing-impaired is enhanced by superior interpersonal skills. Experience or a demonstrated interest in auditory-verbal therapy is essential.

We offer an environment that is both professionally challenging and personally rewarding. If you are seeking an exciting research and teaching opprtunity within a strategic hospital program, please forward your resume, quoting file# PS9837, by July 31, 1998, to: **Kris Moore, Human Resource Services, The Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8 Fax: (416) 813-5671 Email: kris.moore@mailhub.sickkids.on.ca.** We thank all applicants; however, only those under consideration will be contacted.

A health care, teaching, and research centre dedicated exclusively to children;
affiliated with the University of Toronto.

HSC THE HOSPITAL FOR SICK CHILDREN

SITES TO SEE

Oralism and Auditory-Verbal therapy:

Alexander Graham Bell Association for the Deaf
http://www.agbell.org/

Voice for Hearing Impaired Children
http://www.web.net/~voice/

The Auditory Education Center
http://www.nonprofits.org/gallery/alpha/aec.html

The Aural Habilitation Page
http://ourworld.compusearve.com/homepages/srinivasan/

Bolesta Center
http://www.bolesta.com

Hear In Dallas, Colo.
http://www.hearindallas.com/

The Helen Beebe Speech and Hearing Center
http://www.ourworld.compuserve.com/homepages/Al_Seltenreich/

Cimom—My Home Page
http://home.earthlink.net/~pburns/

The Deaf Education Option Web
http://www2.pair.com/options/index.htm

Academy of Rehabilitative Audiology
mail to: Ara@incnet.com

The Hearing Institute
http://www.betterhearing.org
E-mail to: mail@betterhearing.org

Hear Now
E-mail to:
107737.1272@compuserve.com

Hearing Institute for Children and Adults Network
E-mail to: HICAMEDGRP@aol.com

HIP Magazine
http://www.hipmag.org
E-mail to: mail@ellend@hipmag.org
E-mail to: Mail@robing@hipmag.org

Linda's Little Listeners
E-mail to: LLLAVT@aol.com

Miracle Ear Children's Foundation
http://www.miracle-ear.com

National Institute on Deafness & Other Communication Disorders
http://www.nihgov/nidcd

Self Help for Hard of Hearing People
E-mail to: National@shhh.org

Hearing aid and cochlear implant information:

Hear Net- Starkey Laboratories
http://www.starkey.com/starkey/public-clear/

Oticon
http://www.octicon.com/

Resound
http://www.resound.com/

Siemens
http://www.siemens-hearing.com/

Telex
http://www.telex.com/hearing/Hearing/HearingInstruments.html

Unitron
http://www.sentex.net/~unitron/

Ear Info
http://www.earinfo.com/index.html

Clarion
http://www.cochlearimplant.com/

Cochlear Corporation
http://www.cochlear.com/

Etymotic Research
E-mail to: etymotic@aol.com

Med-el
http://www.medel.com/

Pacific Coast Labs
E-mail to: Bigear@sprynet.com

Phonak Inc
E-mail to: Postmaster@phonak.com

Phonic Ear Inc.
PHONICEAR.com

Phonic Ear LTD & Oticon
E-mail to: General@phonicear.com

FUNDRAISING ANNOUNCEMENTS

'Silent Auctions' in future issues of *The Auricle*

Beginning with the next edition of ***The Auricle***, AVI members will have the opportunity to join in the fundraising initiatives by participating in a silent auction. We will be auctioning various donated items, vacation packages or services through ***The Auricle***.

We need to solicit donated auction items from our membership. Suggested items include signed sports or celebrity memorabilia, airline tickets, vacation accommodations, or anything that you think would bring in bids from our members.

The proceeds from this fundraising event **will help AVI with operating costs associated with membership services**. Please get involved and help us with this project. Contact the office at (703) 739-1049 for further information.

National AVI Garage Sales

AVI is looking for 30 energetic members to hold garage sales on behalf of AVI during the next three months. This is the time of the year when everyone inventories all their "treasures" in their basements, garages, and storage sheds. It's a great time to clear out your clutter and donate to AVI at the same time. Please contact AVI at (703) 739-1049 if you would be interested in participating in this fundraising project.

Partners in Hearing for Life

With the Nucleus, no one has to sit on the sidelines.

Profound hearing loss doesn't have to keep anyone out of the game. The lightweight, rugged titanium implant casing of our Nucleus® cochlear implant is built to withstand the trips and falls of an active child's life.

Of 17,000+ Nucleus devices implanted, *there has never been a report of a cracked case.* Further, we have the astounding cumulative implant survival rate of 99.1% for children and 99.4% for adults*. If you want to live an active life, Nucleus is the implant you should choose.

No one, no wonder.
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*After 4 years with the Nucleus 22, 99.1% of implants in children and 99.4% in adults are still functioning.

Nucleus® is a registered trademark of Cochlear Limited.

Cochlear

Spring Board of Directors Meeting

By Anne Beiter, Secretary AVI Board of Directors

The AVI Board of Directors met in Alexandria, Va., on April 25, 1998. The following new board members were welcomed: Marion Ernst, Margaret Harms, Tom Lucchesi, Tina Olmstead, Dennis Pappas, Jr., Jonathan Samson, and Beth Walker. Other Board members in attendance were Anne Beiter, Steven Browne, Nancy Caleffe-Schenck, Donald Goldberg, Ken Levinson, James Watson, and Robert Whipple, President. This was also the inaugural meeting for our Executive Director, Renee Levinson.

Robert Whipple began the meeting with an orientation for our new board members. Among the other major points of business for the day were the review and approval of actions of the Executive Committee and the committees such as Nominating, Finance, Professional Education, Awards/Scholarships, Membership, and Publications. Highlights included information from the Professional Education Committee that the University of South Carolina and the University of Ottawa are developing courses and training therapists on the Auditory-Verbal approach. Marion Ernst, from the Certification Council, reported that the first stage in obtaining Specialty Recognition by The American Speech-Language-Hearing Association for Auditory-Verbal Therapists had been successfully completed.

The Executive Director reported that the Ling Conference held in March in Chicago was well attended. Planning is underway for the next AVI International Conference to be held in 1999 in Florida, Fla. From an administrative perspective, Renee is working hard to update important databases and files as well as develop relationships with other organizations concerned with hearing impairment.

The board completed its work with an important brainstorming session on fundraising led by President Whipple. Various sources of funding were identified and a task force was created to begin implementing fundraising activities. ■

Calendar of Events

(For additional contact details, call the AVI office)

June 4-7	Symposium on Cochlear Implants in Children	Iowa City, IA
June 8-19	Carolina Institute in Auditory-Verbal Therapy	Columbia, SC
June 13-15	13th International SHHH Convention	Boston, MA
June 15	AVI Executive Committee Meeting	
June 19-23	Identification and Management of Hearing Impaired Infants and Children	New Orleans, LA
June 27-July 1	American Society for Deaf Children 16th Biennial Convention	Rochester, NY
June 29-July 3	Alexander Graham Bell Association for the Deaf International Convention	Little Rock, AR
July 16-19	Region II Registry of Interpreters for the Deaf Conference	Ft. Lauderdale, FL
July 20	AVI Executive Committee Meeting	
July 23-25	National Symposium on Hearing in Infants	Denver, CO
July 28	The Council of Organizational Representatives (COR) meeting	Washington D.C.
July 31-August 1	Advanced Signal Processing Hearing Aids: SCIENCE or High-Tech Wizardry?	Cleveland, OH
July 31-August 2	Clarke School for the Deaf/Center for Oral Education Family Weekend Cochlear Implants: Beyond the Initial Fitting	Northampton, MA
August 12-15	Jackson Hole Rendezvous	Jackson Hole, WY
August 13-14	Central Auditory Processing: A Coherent Approach	Duluth, MN
August 17	AVI Executive Committee Meeting	
August 18-22	Coping Strategies for Late Deafened Adults	Brooklyn, MI
August 23-27	International Association of Logopedics and Phoniatrics (IALP) 24th Congress	Amsterdam, The Netherlands
August 30-September 3	XXIV International Congress of Audiology	Buenos Aires, Argentina
September 9-13	International Hearing Society Annual Convention	Nashville, TN
September 12	Ling Regional Conference	Boston, MA
September 13-16	American Academy of Otolaryngology Head and Neck Surgery Annual Meeting	San Antonio, TX
September 18	Central Auditory Processing with Jack Katz	Cleveland, OH
September 21	AVI Executive Committee Meeting	
September 25-26	American Academy of Audiology Mid-West Conference	Minneapolis, MN
September 25-26	American Academy of Audiology East Coast Conference	Washington, D.C.
October 1-4	14th Annual Scott Haug Hill Country Audiology Retreat	Kerryville, TX
October 2-3	13th Annual Conference on Issues in Language & Deafness: "Language & Literacy: From Assessment to Instruction"	Omaha, NE
October 8-11	Academy of Dispensing Audiologists Annual Convention	Monterey, CA
October 8-11	Visions for a New Frontier/Region I Registry of Interpreters for the Deaf Convention	Rochester, NY
October 24	Ling Regional Conference	Cleveland, OH
October 29-31	International Conference: A Sound Foundation Through Early Amplification	Chicago, IL

Auditory-Verbal Publication

In August 1997, the *ERIC Clearinghouse on Disabilities and Gifted Education* published a series of fact sheets about the education of children who are deaf or hard of hearing. Included in the series is the Auditory-Verbal philosophy, written by Donald M. Goldberg (*ERIC Digest*, E552, "Educating Children Who Are Deaf or Hard of Hearing: Auditory-Verbal"). Other topics include the following:

- Additional Learning Problems (E548)
- Overview (E549)
- Assessment (E550)
- Auditory-oral (E551)
- Bilingual-Bicultural Education (E553)
- Cochlear Implants (E554)
- Cued Speech (E555)
- English-Based Sign Systems (E556)
- Inclusion (E557)
- Residential Life, ASL, and Deaf Culture (E558)
- Total Communication (E559)

Don Goldberg, Ph.D., Cert AVT of Brecksville, Ohio, working with Alex Karthan, age 5

These fact-filled documents are written in an equivalent format and appear to be fair and unbiased.

One or more of the publications may be requested from:

ERIC, The Council for Exceptional Children
1920 Association Drive
Reston, VA 20191-1589
1-800-328-0272
ericec@cec.sped.org; or
http://www.cec.sped.org/ericec.htm.

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Alexandria, VA 22314
-or-
Fax it to: (703) 739-0395

The AVI Scholarship in Honor of Doreen Pollack

AVI Welcomes applications for a scholarship which assists professionals in learning about the Auditory-Verbal approach. For application form, please write to:

Executive Director
AVI International, Inc.
2121 Eisenhower Avenue
Suite 402
Alexandria, VA 22314

Are We Ready for Some Exciting Outcomes?

By Janice F. Hutchinson, M.A., Cert. AVT

Early identification of hearing loss through newborn screening holds a wonderful prospect: the benefits of early amplification! This brings with it the promise of matching improved or near-normal levels of auditory acuity with the child's typical age for the major auditory achievements of infancy. As a result, parent guidance may be simpler. We will not have to accommodate the dysjuncture between general development and delays in auditory development that usually characterizes later diagnosis and amplification.

The hope that very young children could tap into auditory development at a time in their lives when auditory skills typically develop is exciting. At this time, it seems appropriate to refresh our memories and update our information regarding auditory development in the neonate, and in the fetus as well. Following are some bibliographic sources that might be of interest to those of us who wonder, "What does a fetus or infant learn to do with the sense of hearing, and when?"

Easy-to-Read Trilogy

Peck, J. E. (1994). Development of Hearing. Part I: Phylogeny. *Journal of the American Academy of Audiology*, 5, 291-299.

Peck, J. E. (1994). Development of Hearing. Part II: Embryology. *Journal of the American Academy of Audiology*, 5, 359-365.

Peck, J. E. (1995). Development of Hearing. Part III: Postnatal development. *Journal of the American Academy of Audiology*, 6, 113-129.

Infants Make Fine Discriminations of Speech Sounds

Eimas, P.D., Siqueland, Jusczyk, P., & Vigorito, J. (1971). Speech perception in infants. *Science*, 171, 303-306

Goodsitt, J.V., Morgan, J., & Kuhl, P. (1993). Perceptual strategies in prelingual speech segmentation. *Journal of Child Language*, 20, 229-252

Iverson, P., & Kuhl, P. (1995). Mapping the perceptual magnet effect for speech using signal detection theory and multidimensional scaling. *Journal of the Acoustical Society of America*, 97, 553-562

Kuhl, P.K. (1993). Infant speech perception: A window on psycholinguistic development. *International Journal of Psycholinguistics*, 9, 33-56

Marean, F., Werner, L., & Kuhl, P.K. (1992). Vowel categorization by very young infants. *Developmental Psychology*, 28, 396-405.

Food for Thought

Meltzoff, A.H., & Kuhl, P.K. (1994). Faces and speech: Intermodal processing of biologically relevant signals in infants and adults. In D. J. Lewkowicz and R. Lickliter (Eds.). *The Development of Intersensory Perception: Comparative Perspectives*. Hillsdale, NJ: Lawrence Erlbaum Associates (pp. 335-369).

General

Eisenberg, R. (1964). Auditory behavior in the neonate. *Journal of Speech and Hearing Research*, 7, 245-269.

Eisenberg, R. (1970). The organization of auditory behavior. *Journal of Speech and Hearing Research*, 13, 461-464.

Fifer, W.P., & Moon, C. (1988). Auditory experience in the fetus. In W. Smotherman and S. Robertson (Eds.). *Behavior of the Fetus*. West Caldwell, NJ: Telford Press (pp. 175-188).

Prenatal Discourse Development

Decasper, A.J., & Spence, M.J. (1986). Prenatal maternal speech influences newborn's perception of speech sounds. *Infant Behavior and Development*, 9, 133-150.

Localization

Morrongiello, B. A., & Gotowiec, A. (1990). Recent advances in the behavioral study of infant audition: The development of sound localization skills. *Journal of Speech-Language Pathology and Audiology*, 14, 51-63.

Janet Hutchinson works with Nicholas Shortridge, age 1-1/2 years.

Parentese

Cooper, R. P., & Aslin, R.N. (1989). The language environment of the young infant: Implications for early perceptual development. *Canadian Journal of Psychology*, 43, 247-263.

Kuhl, P.K., *et al.* (1997). Cross-language analysis of phonetic units in language addressed to infants. *Science*, 277, 684-686. (Contains lots of cheerful facts about the vowel triangle.)

Kuhl, P.K., Williams, K.A., Lacerda, F., & Stevens, K.N., *et al.* (1992). Linguistic experience alters phonetic perception in infants by 6 months of age. *Science*, 255, 606-608.

These articles touch just the tip of the iceberg of pre- and postnatal research in auditory development. Given this information, and armed with the knowledge that attentive parenting facilitates an infant's skill development, we may be able

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Mexico
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If you are interested in contributing articles and/or requesting submissions from AVI members in your home area, please consider being an *Auricle* Contributing Editor. Write to:

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AVI Website http://www.auditory-verbal.org/

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ASK THE OTOLOGIST OR AUDIOLOGIST

By Thomas Balkany, M.D., FACS, FAAP

Q What is spinal meningitis and why does it cause deafness?

A Meningitis is an infection that affects the membranes surrounding the brain and spinal cord. (The modifier "spinal" is usually omitted in the medical terminology.) There are three layers of meninges that enclose the spinal fluid. The brain and spinal cord are suspended in this fluid. (Picture a sandwich bag filled with water suspending a pea.) Meningitis, which causes deafness, is due to bacterial infection of these membranes and spinal fluid.

Before the advent of antibiotics, meningitis was often fatal. Now early diagnosis and treatment are usually life-saving, but the infection may still cause damage to neural structures such as the hearing nerve, and may spread into the cochlea. The early symptoms of meningitis may include fever, headaches, seizures, vomiting, and stiff neck.

Several different bacteria may cause meningitis. The most common include *Neisseria meningitidis*, *Streptococcus pneumonia*, and *Hemophilus influenza*. These bacteria enter the blood stream through the respiratory tract. The usual treatment of meningitis is with antibiotics although newer immunizations are being proven to be partly effective in some cases.

Meningitis causes deafness by attacking the auditory nerve or spreading into the inner ear. When the latter occurs, it may lead to abnormal bone filling up the fluid spaces of the cochlea. Since this makes inserting a cochlear implant (CI) electrode more difficult, if a CI is to be considered, CT scans should be obtained soon after discharge from the hospital. If bone formation is noted, a decision about CI should be made early. Meningitis is the most common cause of severe to profound hearing loss acquired in childhood, resulting in 90 percent of deafness acquired after birth. Six to eight percent of all childhood hearing loss is due to meningitis. Approximately one to four percent of children with meningitis will become deaf in both ears.

Of the different bacteria causing meningitis, *S. pneumonia* has the worst prognosis for causing deafness. *H. influenza* has the best prognosis, and the incidence of meningitis from *H. influenza* has been reduced by vaccine. ■

'98 Links For Listening Golf Tournament

Benefiting Auditory-Verbal International, Inc.
In Assisting Hearing Impaired Children Learn To Listen

When: Friday, August 21, 1998
(9:00 Shotgun Start)
Where: Stow Acres Country Club, Stow, Mass.
Entry Fee: $150 per person. All net proceeds donated to Auditory-Verbal International, Inc.

Team gross and net prizes awarded.

Registration deadline: August 12, 1998. For more information or to request an entry form, contact:

Links-For-Listening (c/o Chris McCoy)
(781) 273-0800

Call for Nominations

The Auditory-Verbal International, Inc. Board of Directors has several positions available and is accepting nominations. Two of these positions as stipulated in the bylaws should be international members. The Board is currently looking for those members who are willing to make a serious commitment to AVI and would prefer individuals with previous board experience, fundraising experience, or grant proposal experience. The positions will be effective January 1, 1999. Nominations are to be returned to the AVI office by September 1, 1998. Those elected will be notified by November 20, 1998.

If you would like to nominate yourself or any other AVI members, please complete the nomination form at right.

AVI
Board of Directors Meeting

November 14, 1998

Alexandria, Virginia

Outcomes

from page 19

to adjust our expectations for auditory skill development of children with hearing impairment to closely parallel typical development. We may be able to advise parents with confidence regarding their early relationship with their infant as it supports their child's development of auditory function. ■

Janice F. Hutchinson is The Auricle's Rocky Mountain Regional Contributing editor.

BOARD NOMINATIONS

Auditory-Verbal International, Inc. (AVI) invites nominations for candidates for election to the AVI Board of Directors

New members will serve a three-year term of office beginning January 1999. Petitions must be signed by 25 or more current members of AVI. In addition to their signatures, members must print their names and addresses on the petitions to enable the AVI headquarters to verify their membership.

All petitions should be mailed to 2121 Eisenhower Ave., Suite 402, Alexandria, VA 22314. The deadline for receipt of petitions at AVI headquarters is *August 15, 1998*.

Responsibility of Board Members

- Attendance at all Board meetings in their entirety
- Representation of the constituency
- Commitment to Auditory-Verbal philosophy
- Financial support including travel/meeting expenses (when not covered by workshop revenue or for additional Board travel)
- Direct contribution or in-kind contribution
- Active committee service
- Participation in workshops
- Provide prompt responses and information to Executive Director
- Communication with other Board members regarding committee assignments
- Serving a three-year term

Those whose names are submitted by petition will be placed on the ballot along with any nominees who may be presented by the Nominating Committee of the Board itself.

The election will be carried out by mail in the fall of the year.

Name _____ Current Position _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Business Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Business Phone _____

Preferred Mailing Address: ❑ Home ❑ Business

Educational Background: _____

Highest Degree Awarded: _____

Special Training or Interests: _____

Community Service Activities *(Please include current Board positions if appropriate)*: _____

_____

Experience with the Auditory-Verbal approach: _____

Areas of interest related to AVI:

❑ fundraising ❑ standards/certifications ❑ legislative

❑ publicity/new media ❑ research training programs ❑ other _____

Comments _____

_____

List 3 objectives you would be most interested in pursuing during your term, if elected to the board: _____

_____

What do you see as the greatest challenge facing AVI? _____

_____

Please attach a 3" x 5" black-and-white photograph.

Early Hearing Loss Detection, Diagnosis, and Intervention Act of 1997 Gains Support

H.R. 2923, introduced by Congressman James Walsh (R-NY), continues to garner bipartisan support in the House of Representatives. The Act is intended to achieve the goal of early identification for all newborns, a public health objective that has been promoted since 1990. H.R. 2923 provides for:

- Funding to award grants for cooperative agreements to establish programs designed and implemented by states on a voluntary basis to screen newborns for hearing and to link identified infants and their families with early intervention services.
- Collecting data on statewide programs to ensure quality monitoring of early detection and intervention and to study the cost and effectiveness of these services within the states.
- Consultation and collaboration by the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health with state and local organizations, including those responsible for early intervention pursuant to Part C (formerly Part H) of IDEA, persons who are deaf of hard or hearing and their families, consumer organizations, and professionals.
- Appropriations for grants to states available until 2003, at which time the legislation would sunset. The appropriation amounts are modest, ranging from $3 million to $8 million per year for each of the three agencies through the year 2000.

The Act does not require states to establish early detection and intervention programs, nor does it specify how programs must be operated. Each state is able to make those decisions based upon its own needs.

Currently, there are more than 80 cosponsers of this legislation and it has been endorsed by the American Academy of Pediatrics, the American Speech-Language-Hearing Association, the American Academy of Audiology, the Alexander Graham Bell Association, the National Association for the Deaf, and other groups.

Please contact your representatives and urge them to become a co-sponsor of H.R. 2923—***NOW***! This sample letter is intended to make it easier for you to respond quickly, but please remember that your own experience with the problems caused by late detection or the benefits of early detection are powerful and persuasive. Don't hesitate to add additional information. The location and telephone number for your representative's district office can be found in the White Pages of your telephone directory in the Government Section. You can also communicate with your letislator's Capitol Hill office by mailing your letter to:

The Honorable (full name)
U.S. House of Representatives
Washington, D.C. 20515

SAMPLE LETTER

Letter to Members of Congress in support of HR 2923

Dear Representative_____:

I am writing to you in support of H.R. 2923, the Early Hearing Loss Detection, Diagnosis and Intervention Act of 1997.

My son/daughter/grandchild has mild/moderate/profound hearing loss and would have benefited from early detection, as is provided for in this bill.

H.R. 2923 is a VOLUNTARY mechanism for states to set up their own hearing testing programs if they choose. The Federal Government gives those states seed money to get started. This is not a federal mandate.

Excellent study results coming out of The University of Colorado show that children identified with a hearing loss early (within the first few months of life) and who receive intensive early intervention can develop language skills on a par with their "normal" hearing counterparts.

This means tremendous savings in special education, and endless and unnecessary visits to a doctor's office for a proper diagnosis, as well as relief to families who can now get good information on how to deal with the hearing loss.

I urge you to become a cosponsor of H.R. 2923, introduced by Representative Walsh, and to also vote for this bill when it comes to the floor of the House for a vote.

(PERSONAL INFORMATION/ANECDOTE)

I look forward to your written responses to my request.

Sincerely yours,

_____
Signature

[Print name and address]

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COMBI 40+ Cochlear Implant System

Recent generations of cochlear implants represent a great success story of modern medical technology. The COMBI 40+ System, now available in the United States under IDE Study, has been developed based upon the most recent research findings of leading centers in the US and Europe.

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- High-Rate N-of-M speech coding strategy
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Inclusion criteria for the MED-EL IDE studies include:

- At least 18 years of age (adults)
- 18 months to 17 years 11 months of age (pediatrics)
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- Minimal functional benefit from conventional amplification
- No medical contraindications for surgery
- Willingness to participate in the study protocol

MED-EL International

- Involved in cochlear implant research for over 20 years
- More than 1800 users worldwide
- In use in 33 countries

For more information about participating in MED-EL clinical studies, please contact MED-EL Corporation

PO Box 14183 • Research Triangle Park, NC • 27709-4183 • USA
Toll Free 1-888-MED-EL-CI (633-3524) V/TDD Phone (919)572-2222
Fax: (919)484-9229 EMAIL med_el_corp@compuserve.com
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❑ Full-time Post Secondary Student ($20)*

*Membership must be accompanied by a letter from advisor on University/College stationery

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All contributions tax deductible. ***Payment must be in U.S. currency.***

Other Information (For AVI use only. Check all that apply.)

❑ Adult who is Hearing Impaired
❑ Audiologist
❑ Auditory-Verbal Therapist
❑ College/University Student
❑ Grandparent
❑ Parent of a Child who is Hearing Impaired
❑ Physician
❑ Speech-Language Pathologist
❑ Teacher of the Hearing Impaired

❑ Other (describe) _____

Child's parent or grandparent, please complete:

Name _____ D.O.B. _____

Child's Therapist Name _____ AVI member ❑ Yes ❑ No

Address _____

City/State/Zip _____ Phone _____

❑ I know that AVI counts on its volunteers to help make a difference in our children's lives. Please contact me—I'd like to help.

AUDITORY-VERBAL INTERNATIONAL, INC.
2121 Eisenhower Avenue, Suite 402 • Alexandria, VA 22314

—providing the ***choice*** of ***listening*** and ***speaking*** for children who are deaf or hard of hearing through education, advocacy, and family support

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