

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

Fall 1998

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ATTENTION!

Plans are underway for AVI's International Conference in Atlanta, Ga, October 8-9, 1999. It's not too early to mark your calendars. For details, turn to page 18 of this issue.

AVI Climbing to New Annual Appeal Heights

By Jim Watson, Cert. AVT

The Grand Teton, birthplace of American mountaineering, is the second-highest peak in Wyoming, rising 13,770 feet above sea level. The Teton range, an unusually steep and rugged mountain formation with no foothills, dominates the skyline west of Jackson, Wyo., and east of Driggs, Ida. AVI President Bob Whipple's getaway cabin in Driggs was our base camp as we dreamed about climbing the Grand. ...

Although we found it difficult to sleep packed like sardines in the small
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The Grand Teton, conquered by AVI President Bob Whipple and Board Member Jim Watson, was the inspiration for this year's Annual Appeal.

Early Education: An Auditory-Verbal Primer

By Susanna Schmid-Giovannini

If we talk about early education we mean a kind of therapy that can already be used on babies and has the aim to prevent a baby with hearing impairment from becoming a deaf child with little or no spoken language.

I deliberately speak of "a kind of therapy," for what we really do with the baby and very small child is what every good parent would do: we talk and sing to the child whenever we are near him/her.

Thanks to the technical aids that are at our disposal today, we stimulate the auditory pathways, thus obtaining a development of sense of hearing with the child, even if this sense may never be quite normal. The child begins to react to

our voices and to the noises in his/her environment.

These first "exercises" are the initial step toward auditory-verbal education which we consider the only right method for young children with hearing impairment. Should it be desirable later to head in another direction this will always be possible; but for learning to listen, a big chance is irrevocably lost if we do not start with this as the first possibility.

In the past, it was exclusively the teachers for the deaf who achieved the miracle of an oral education of a deaf child. They were the only educators of these children—parents and other special-
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President's Message

Welcome to the Fall edition of *The Auricle*. I hope everyone has had a great summer and that you are looking forward to this school year.

I would like to spend some time reviewing AVI's mission, goals, and objectives. One of the difficulties that we have in AVI is that most of the individual members are somehow involved in a local organization that also competes for their time, energy, and money. This is a particularly tough issue for some of the Board Members. Until we are able to completely re-establish our credibility as a worthwhile organization to the foundations that provide major grants, we will be relying very heavily on our membership for dues, donations, and solicitation of funds to support our work. If we do everything right, we may be able to obtain major funding for the year 2000 budget. The number of new things that we can do until then will be somewhat limited.

Our mission: To promote listening and speaking as a way of life for children and adults who are deaf or hard of hearing.

The specific goals that have evolved from this mission statement are: 1) Promote access and availability of the Auditory-Verbal Approach to anyone who wants it; 2) Create credibility of the Auditory-Verbal Approach through education, certification and scientific dialogue; 3) Promote professional education; 4) Promote family education; 5) Provide communication and family support; 6) Be an information resource for anyone wanting to learn more about the Auditory-Verbal Approach; and 7) Provide political support on behalf of the Auditory-Verbal Approach regarding legislative and social issues.

The current set of specific objectives that we are working on in order to fulfill our goals are: 1) Certification of A-V therapists; 2) Ethical practice of A-V therapy; 3) Education of A-V therapists in preparation for certification; 4) Education of parents and family; 5) Providing worldwide communication and network resources; 6) Providing educational awards and scholarships; 7) Developing political influence; and 8) Seeking financial resources for our objectives and



dispersing them responsibly.

I will go into more detail about our Operational Plan in the next issue, but for now, I hope that it is apparent to you that these are a different

set of goals and objectives than you have in your local organization. I hope that it is also apparent that AVI's goals and objectives complements those of your local organization. Our local organizations and AVI, Inc. together should bring more value to the credibility and availability of the Auditory-Verbal approach than either of us alone. It is important that both fulfill their mission in order for the Auditory-Verbal approach to provide its maximum support to persons who are deaf and hard of hearing. It would be nice if we could somehow coordinate these efforts better. If you have some thoughts on this issue, I would very much like to hear from you. Thoughtfully consider how you can proportion the resources that you have to give to supporting the Auditory-Verbal approach.

For now, we need more members (we had only 533 members as of mid-August). This year's membership drive stops at the end of September. Any memberships sent in after October 1, 1998, will be applied to 1999. We also need members willing to participate on the Board of Directors and more people willing to participate in fundraising. Specifically, encourage families and professionals to join AVI, consider making a major commitment to being on the Board of Directors, and consider donating something of value to auction off through *The Auricle* (see page 18 of this issue), or simply have a garage sale or some other local event to support AVI. Many businesses have employee organizations that raise money for charities and would be glad to do something for AVI if it were proposed. The more we can do to help ourselves at this time, the easier it will be to get grant support from other organizations in the next one to two years. Call the office if you need help, information, or pamphlets

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Executive Director's Corner

Fall is the season that I greet most enthusiastically throughout the year, although I am not quite sure where the summer has gone. I have also been looking forward to the chance to write to the AVI membership again and to talk about our programs. For all of you who were kind enough to contact AVI to let us know how much you enjoyed reading the summer *Auricle*, we wish to say how much your input and thanks have meant to us. It has also inspired us to put together another information-packed newsletter for parents, family members, and professionals. We would like to encourage all members to submit articles for publication in *The Auricle*. So many valuable life, education, and therapy experiences can be shared with our members. Not everyone has the geographical opportunity to be part of a strong parent group or an A-V community and can therefore benefit from the insights of others who believe as much as all of you do in the positive results of the A-V approach on hearing, listening, and speaking.

I have just returned from the AVI Boston Regional Conference with **Warren Estabrooks** and **Daniel Ling**. It was a very successful meeting, and the credit for hosting and organizing this event must be given to **Jim** and **Lea Watson** and the fantastic group of parents and clients they have at the Auditory-Verbal Communication Center. These folks made all of the registrants feel so welcome with their kind hospitality and all the "extras" they stuffed into the conference meeting packets



(including the delicious chocolate ears made by **Christine McCoy!**). This is the third opportunity I have had to meet our members and those individuals just beginning

the process of finding out about AVI. After spending the day with a group of parents and professionals invested in Auditory-Verbal therapy, I have come to recognize special qualities that so many of our members seem to possess. The most "visible" quality is the optimistic attitude and upbeat approach to life's challenges. Our members are "doers," and when they make a decision to make something happen, there's no halfway mark. The quality that really shines through is how our members are available to give of themselves in terms of committing their time and energy to A-V therapy and to promoting AVI.

The very same attributes are so important to AVI for our fundraising efforts, and we need each and every member to support AVI in helping to generate income for the continuation of our programs. Your membership dues are essential to AVI's daily operations and maintaining our independent association status. You will soon be receiving information requesting your contribution for our annual appeal. There may also be people in your lives who have witnessed the impact of A-V therapy through your experiences who would contribute to our efforts. We would encourage you to pass on our AVI appeal brochure to them. This

year we are reaching "high" for a goal of \$13,770, the summit height, in feet, reached by **Bob Whipple** and **Jim Watson** when they recently climbed the Grand Teton Mountain. (This is the chance for our intellectual athletes to give the mountain climbers "a run for their money!") Also, show your support for AVI by entering the silent auction and bidding for the Longanecker basket and toys (see page 18). Not only will you give to AVI, but you may also receive a classic showcase basket for your home and great therapy materials. We are still accepting items for future AVI silent auctions, so please consider those artistic objects, sports memorabilia, frequent flyer mileage tickets, or weekend getaway places that AVI would most gratefully accept for our fundraising events.

It's not too early to reserve **October 8-9, 1999**, for the International AVI meeting to be held in **Atlanta, Ga.** Plans are underway for a meeting designed to give family and professional registrants a variety of educational experiences, group activities, and time to make new friends and have lots of fun. We hope that many of you will submit presentation proposals for the conference. There are so many qualified individuals within our association to offer their expertise and advice at our meeting. Please share your knowledge and participate in the conference program.

Again, let me wish all of you an enjoyable fall, and I look forward to your participation in many of our programs and activities.

—Renee Levinson

President's Message

from page 2

about AVI, Inc.

In the meantime, Jim Watson and I have made one type of sacrifice on behalf of AVI. We decided that we would try to climb the Grand Teton in Teton National Park. We also decided that this year's Annual Appeal goal should be equal to the elevation that we were able to complete.

Sorry, folks, but we reached the summit at 09:30 on September 1, 1998, and now you need to contribute \$13,770 to match our final elevation. The Annual Appeal runs through November and December, so plan now to make a significant contribution to AVI at the end of the year. Trust me—donating the money will be easier than making the climb. My feet still hurt!

—Dr. Robert Whipple
President

Are You Fluent in Another Language?

As an international organization, AVI regularly receives e-mail inquiries from parents/professionals from other countries. If you are an AVI member who is fluent in another language and would be willing to help out with these inquiries, please contact the office at (703) 739-1049.

The majority of foreign language communications we receive are in Spanish. Such contacts are infrequent, but are very important to the association. If you can help, please consider giving a little of your time to AVI.

Early Childhood

from page 1

ists hardly had a say.

Looking at the situation today, we realize that there is no longer a unique predominance of this group of teachers. Today, parents have the right to say how they want to educate their child. Theirs is now the main responsibility. For advice and instruction, the physician, the audiologist, the teacher, the hearing-aid-dealer, and possibly a social worker stand by their side.

This Auditory-Verbal therapist cannot just confront the parents with a prefabricated plan and work with the child according to this plan. She/He must have great experience in advising parents, and must be able to understand their situation and to show them how they, based on their philosophy of life and their given surroundings, can educate their child to listen and speak, to think and communicate, to develop all his/her faculties.

In the starting phase of this "therapy," this parent work is the most important element. Only if the parents are confident of their task, and feel they are being taken seriously in their challenges and also in their views, will they also be capable of looking after their child in a manner to make his/her education a satisfying experience for all concerned.

A therapist seeing first the hearing impairment and only afterwards the child will have difficulties in drawing the parents' attention to the child's progress in grasping, walking, handling objects, reacting, etc. If he/she starts with the fixed opinion "deaf people can (or cannot) do this or that," he/she will never have the courage to try something out of the way. But this is exactly what is often required from an 'audio pedagogue,' as we call this professional group in Switzerland.

This pedagogue (or therapist) must also know something about technology, keeping informed about all the latest technological developments. To ensure well adapted and faultlessly functioning hearing aids, a close cooperation with the audiologist and/or the hearing aid dealer is absolutely necessary. The audiologist is not always available to advise the parents regarding the use and the correct mainte-



Susanna Schmid-Giovannini works with one of her young students.

nance of the hearing aids, their redaptation if necessary, or new developments. The therapist meets the parents much more frequently and must therefore be able to answer their technical questions. The therapist's own observations and those of the parents regarding the child's listening and hearing must be recorded and discussed with the audiologist to ensure the maximum of technical help.

In case the hearing aids do not bring about the desired results, a cochlear implant may be indicated; thus, the observations of parents and therapist are also of great importance for the surgeon and other cochlear implant team members.

In many cases, the child's therapist may also have to work together with other specialists, particularly if the child has impairments other than hearing impairment. It is essential, therefore, that the therapist be familiar with all therapeutic possibilities of remedial education and that he/she is able to combine the various special education services that are necessary with basic procedures for learning to listen and speak. It goes without saying that this requires teamwork, to which the largest share will always be contributed by the parents.

The beginning of an auditory-verbal education will be much easier for all parties involved if it starts early—*i.e.*, during the very first months of life, instead of an early diagnosis after the second year of life. First of all, early diagnosis permits a stimulation of the hearing sense in good time. The patience of the parents plays an important part as well. During the first year, which is particularly demanding for parents and therapists, auditory education can thus be carried through without stress or anxious expectations.

During this first year, the child will develop physically just like any other. To tune into the various phases of development and make use of them for auditory-verbal education is an art the therapist has to master. It is not pictures that interest the child in the first place, but anything he can grab. The voices of the parents and other persons looking after him are the first sounds he reacts to. My first "instruction for therapy" therefore invariably is: **"Never approach your child without speaking to him first."**

The auditory channel provides the most complete information on duration, loudness, and pitch characteristics. Visual cues cannot help to identify prosodic features of speech. All children with minimal to severe sensorineural hearing impairment have the auditory potential to detect and identify suprasegmental features. The importance of suprasegmental features for identification and comprehension of speech and for enhancement of speech intelligibility is paramount.

The prosody of voices, certain noises preceding actions the child loves, plays a very important part in the education toward listening, distinguishing, and recognizing sounds. So when the mother runs his bath, she first holds the baby in her arm regularly. After some weeks, she puts the baby down near enough so that he can hear, but not see, the action. If the baby reacts, looks for the noise, expresses his pleasure—as in other situations he loves—we know that he has heard the sound of the running water and understood its significance.

The specific intonation is certain situations—*e.g.*, the almost singing cooing in a sentence like "Where is my darling?"

“Yes, you can have your bath in a minute.” “Oh, isn’t that splendid?” “Oh, aren’t you wet, mommy will get you a fresh nappy!”, sentences that are usually repeated time and again—create the most important prerequisite for the later understanding of sentences.

Thus it is well within the therapist’s area of responsibility for education of small hearing impaired children to show the parents that auditory-verbal education is possible even in situation like changing diapers.

Tinkling toys suspended from his cot which he can touch with his hands or feet supply a further source of hearing impressions, one he can activate himself over and over again. The same goes for objects generating noises within his reach once the child starts to crawl on the floor.

For a small child, learning spoken language must be linked to action and follow the child’s interests. Therefore, we listen carefully to the parent to find out how things went at home during the past days. For example: together with the child the mother visited the farmer next to their house. As she holds the child we talk about the toys we are fetching before the child sees the stimuli. “Moo-moo” says the cow, and up jumps the cow to the table.” We ask the cow, “Would you like some bread?”, and the cow says, “No, no I don’t like bread. I’d like some grass.”

Another child lives near the airport. The parent always says: “Listen! I hear an airplane outside.” But only the day before did the child react to the sound. The therapist has different airplanes and he takes one after the other and makes the sound of the airplane. He may say: “Listen, here comes the airplane! It goes up—up—up—in the sky and comes down again.” Depending on the age of the child, he could act out the whole story. We would also ask the parent to take a trip to the airport and take a picture of an airplane, among other “assignments.”

As we are concerned about good auditory stimulation, we focus attention through varied sound stimuli such as rattles, bells, squeaking animals, etc. We make the sound under the table or behind the child’s back and say, “I hear that. Where is it?” We awaken the child’s awareness of environmental sounds by stop acting and saying: “Listen, I hear the

bells of the church (or the train, or the clock).”

As the attention span of the child increases, we can tell longer stories, develop prepositions, encourage questions, and have real conversations about any topic the child is interested in. As all parents are asked to keep a diary and “experience book” for their child, we use this a great deal when stimulating conversation.

Another important point, I find, is to convince therapists and parents that a phase of “bad articulation” is absolutely normal. No small child pronounces every sound correctly right from the start, and nobody is bothered about this—unless the child in question is hearing impaired. But nothing can silence a small child more effectively, nothing can put him/her off the use of spoken language more quickly than constant correction. Thanks to hearing aids, and especially cochlear implants, most children correct themselves in the course of the years, thus developing a well intelligible speech by the time they enter school. The right time for improvement—if at all necessary—is at the time when language has already been developed and is being used as a matter of course. Sometimes such error patterns can be caused by specific oral motor or perceptual problems. Perhaps speech in a particular frequency range cannot be amplified sufficiently for the child to perceive it, or the child may be wearing poorly adjusted earmolds or hearing aids. The only way to identify the nature of any such problem in the course of spoken language development is ongoing evaluation in the course of treatment—a process often called diagnostic therapy.

In summary, the early auditory-verbal education of a child with a hearing impairment can, in time, result in a listening child with spoken language abilities. The sky is the limit! ■

Susanna Schmid-Giovannini celebrated her 70th birthday earlier this year. An overview of her distinguished career begins on page 17 of this issue of *The Auricle*.

Appeal

from page 1



Intrepid mountaineers Bob Whipple and Jim Watson at the summit of the Grand.

canvas tent on the Grand’s lower saddle, it was still a rude awakening when the alarm went off at 3:30 a.m. We had a few minutes in the darkness to get gear together, strap on harnesses, helmets, and headlamps, and grab something to eat. Instant oatmeal and tea were downed quickly before we moved out and climbed slowly upwards toward the mass of rock towering above. It was the first day of September, and already we could tell it would be a fine day by the scores of stars pressing down from the blackness above. The summit awaited at 13,770 feet as we uncoiled the climbing ropes, those dependable knots tied, and began the familiar string of commands: “That’s me!” ... “Climb!” ... “Climbing!” ...

Bob and I talked softly during a break as the dawn unfolded around us, streaking the snow-covered glaciers with pink. “What are we doing up here clinging to a slab of granite?” asked Bob. Planning the AVI annual appeal, I reminded him. Right! It’s simple! We set the altitude of the Grand Teton as our goal, climb to the top, take a picture, and then write a story for *The Auricle*. Great—let’s get going!

Bob Whipple and I collaborated on this climb, and now we present this challenge to the AVI membership and friends. Our goal is to raise \$13,770 for AVI during the annual appeal between now and December 31, 1998. Please consider a tax-deductible gift to AVI to help us reach our goal. Watch the mail for your annual appeal letter to learn more about this campaign. ■

The Secret of Hearing: Auditory-Verbal Therapy in Israel

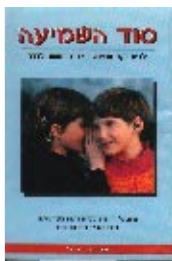
By Elaine Matlow Tal-EI

When A.V. Israel began its work five years ago, we had a huge mountain to climb before us. At that time, there was no consciousness about auditory-verbal therapy in Israel. Professionals had never even heard the term. The most prevalent approach to the rehabilitation children who are deaf was the auditory-oral approach, with a huge emphasis on lipreading. The first cochlear implant had not yet been done when our group brought Warren Estabrooks to do a workshop back in the summer of 1993. Thanks to Warren's presentation, our parents heard that there was a way to help their children acquire natural spoken language and to live as fully as possible in the mainstream. Word began to spread and the telephones rang off the hook.

That was five years ago this summer. Today, A.V. Israel is at a different place, having begun its way up that mountain, step by step. Last year, our group brought Daniel Ling to Israel to present the auditory-verbal approach to professionals as well as parents in family consults. This past year, our group produced for parents and professionals a video in Hebrew on auditory-verbal therapy, called "The Secret of Hearing." In the video, one of our professionals, Osnat ben Tsur (past recipient of the Doreen Pollack Scholarship), presented the principles of auditory-verbal therapy to parents in a clear and digestible manner.

In the film, four parents share their feelings about their children's deafness. We follow six children at various stages of their speech and language development, from the earliest voice detection exercises, through to a theological conversation with a six-year-old about the sins of the people of Nineveh in the Book of Jonah. In short, the film provides parents and professionals insights into the auditory-verbal option in a language they can literally understand.

A.V. Israel had also just published the first book in Hebrew for parents and professionals on hearing loss and the auditory-verbal option, thanks to the hard



A video and book entitled 'The Secret of Hearing,' available in Hebrew.

work of dedicated parents as well as contributions from donors who include the wife of President of the State of Israel. This book is also called *The Secret of Hearing*. The name of the book and the video is taken from the photo that adorns the covers of both. In that picture, my eight-year-old implanted twin daughters, Dana and Tamar, are seen whispering into each other's ears, one showing her BTE hearing aid, and the other showing her cochlear implant. Now I truly understand the old cliché about a picture being worth a thousand words.

For our group, publishing the book and producing the video were more than parent activities. Until this point in time, the rehabilitation of deaf children was considered to be a professional secret, withheld from the parents. The professionals saw themselves as service providers, while parents were relegated to the role of consumers. We all know that information is empowering. Having materials in our native language means taking the information out of the hands of the professionals alone and giving parents the tools for best helping their children—by understanding the entire subject of hearing loss, knowing the questions to ask, and having access to stores of families in the same situation, thereby cutting out the isolation and loneliness many of these families feel.

Already the book *The Secret of Hearing* is being purchased by students in programs for speech-language pathology and special education, as well as by parents of newly diagnosed children. The video had already been screened before students of speech-language pathology and special education, parents, and

professionals in audiological centers. One of my friends told me that this is truly an example of modern day Zionism—we are no longer clearing swamps and settling Israel's deserts, but making a lasting contribution to improving life for all of Israel's citizens. (The translation of the book and video into Arabic for Israel's Arabic-speaking population, as well as into Yiddish, is in progress.)

If last year's activities focused on the spoken word, this year we plan to make that spoken word that much clearer to our children who are deaf. We are planning to open an audiologic testing booth in Raanana, thanks to the contribution of a bomb shelter to our group by the mayor of that city. Our group is sending professionals abroad to train in Canada and the United States in pediatric audiology and auditory-verbal therapy. We have initiated an innovative mainstreaming project for hearing-impaired children in a school in Jerusalem that includes getting recognition from government agencies to purchase FM equipment and hiring a professional to service the children during school hours—a new concept for Jerusalem to be replicated elsewhere in time.

As more of our children are benefiting from auditory-verbal therapy, the results are beginning to show throughout the country. Professional heads are starting to turn. More and more parents are becoming aware of this option. Institutions are beginning to take interest in this auditory-verbal option. We reach 150 families through our mailings.

I see how far we still have to go in the area of professional training and parent education. There is a plan for facing these challenges as well. But the "Secret of Hearing" is out, and A.V. Israel is making its way up that seemingly insurmountable mountain—another step every day.

For more information about A.V. Israel or our publication/productions, contact Josie Eisner, A.V. Israel, P.O. Box 391, Raanana, Israel. Or, use our e-mail address: avisrael@inter.net.il ■

For and By Parents

By Carolyn Jabs

This edition of For and By Parents owes nearly all its idea to professionals involved with the TALK program at Flower Hospital in Toledo, Ohio. In August, they sponsored a “Make It, Take It” workshop for parents of children with hearing impairment who live in northwest Ohio. Each professional presented favorite therapy ideas. They also brought the materials needed to make each project, so after the presentations, we all sat down to cut and glue and assemble a variety of therapy toys and games. It was a little like Auditory-Verbal summer camp for grownups, and everyone went home not only with new ideas for making therapy fun but also with new enthusiasm for the task. Here are some of the ideas presented at the workshop. (Don’t forget that I always want to hear your new ideas for helping our kids learn to listen and talk. Call 419-867-8815 or E-mail crjabs@aol.com or send mail to 6935 Pilliod Road, Holland, OH 43528.)

Theme Trees

You’ve probably seen tiny trees decorated with itsy-bitsy ornaments at Christmas, Easter, or other holidays. The trees and ornaments are often available for very little money at Dollar Stores. Kids really get a kick out of hanging little ornaments on the trees and they offer terrific opportunities for discrimination: “Put the candy cane on the branch.” “Find the blue ornament with red dots.” And, of course, there’s a built-in reward of being able to put whatever you’ve found on the tree.

Spin a Verb

This board game may sound complicated at first, but it’s a terrific way to help kids with verb tenses. On a piece of poster board, draw a game “path” made up of 20-25 rectangles. On most of the rectangles, write the present tense of verbs such as walk, run, drive, find, hop, build, cut, and so on. Add a few squares with other

instructions such as “Safety zone,” “Lose one turn,” or “Go back one space.”

Use a smaller, sturdier piece of cardboard for the spinner. Draw a circle on the cardboard and divide it into quarters. In each quarter write “happens,” “happening,” “will happen,” or “happened.” Then subdivide each quarter and write in a number from 1 to 4 (each number should appear twice). Cut an arrow out of cardboard and fasten it to the center of the cardboard circle with a brass fastener so it will spin. Now, make a set of subject cards with pronouns (I, He, She, We), family names, and other nouns (the children, the dog, the teacher, and so on). Finally, find some little plastic toys to use as game markers.

To play the game, spin the arrow and move the number of spaces specified. Draw a subject card. Have the child make a sentence using the subject on the card, the verb on the game board and the tense shown by the spinner. Then take your turn. Feel free to make your sentences very silly—as long as they have the right tense.

Paper Dolls

Dressing paper dolls is a better therapy activity than dressing real dolls. Not only is it quicker, but it’s also easy to whip up new outfits with a scissors and a set of markers. Use the dolls to help teach clothing words and family names (*e.g.*, put on the coat on the Daddy doll). For older children, stretch auditory memory with more complicated outfits: “Let’s put on the blue shorts, the purple shirt, and the red hat.”

Feely Box

This project takes a little advance planning, but it’s so much fun that it’s worth it. Find a big detergent box with a hinged top. Cover the box with adhesive paper in an appealing pattern. At the other end of the box, cut a hole large enough to put your hand through. Use a knife or scissors to poke eight little holes around the big hole. Now cut the cuff off an old

sock (a large man’s sweat sock is ideal). Spread out the hole of the sock and attach it to the hole in the box, using the brad fasteners. Now you’re ready.

For early listeners put a toy representing one of the “learning to listen” sounds in the box. Make the sound and let the child think about what might be in the box. Then let him reach in to retrieve the toy. For older children, put something in the box and offer hints about what it might be: “This is something that swims in the water and says ‘quack.’” Let the child make a guess before reaching in to get the toy. Another variation: Let the child feel and describe a mystery object before guessing what it is. (“It feels smooth and long.”)

Keeping Experiences Fresh

Here’s an idea I wish I’d had when I was making my daughter’s Experience Books. Cut a small piece of poster board that fits inside a Ziploc bag. Then when you have an experience that doesn’t lend itself to illustration, put something you found in the bag. For example, if you visit a beach, put a little sand in the bag. If you pop some popcorn, put a handful in the bag. Other possibilities include dried leaves, spices, buttons—anything that’s not likely to stick to the pages of a well-used Experience Book.

Scrambled Animal Parts

No, this isn’t a recipe for dinner. It’s a recipe for fun. Find some flash cards that show animals. Cut them into three pieces. For younger children, put them into piles of heads, bodies, and tails. For older kids, mix them up. Then ask for the craziest animals you can think of (*e.g.*, the head of the elephant, the body of the seal, the tail of a monkey).

Pick Three Jar

On slips of paper, write out a series of silly commands such as “Scratch your nose,” “Stick out your tongue,” “Hop on

continued on next page

For and By Parents

from previous page

one foot," etc. If your child is old enough, recruit him or her to make suggestions. To make things even more interesting, add one or two commands that will lead the child to a small treat, such as "Look under the sofa." When you have about two dozen, put them all in an interesting container. Let the child pick the command, you read it and they perform the action. When that becomes too easy, pick two or even three commands. Young readers can also use this exercise; they pick slips and read them. The reward for good articulation is that the adult has to do what they're told no matter how foolish they may look.

Candyland Revisited

To make this childhood favorite more auditory, make it a rule that each person picks the other person's card. In other words, your child draws for you and tells you to "Move one blue space." Then you

pick for her and tell her to "Go to the Gumdrop Forest."

Map It Out

Maps are a terrific opportunity for using language. Start by making a simple drawing of your child's room. Then give your child directions for placing small toys: "Put the dinosaur on Timmy's bed," or "Put the bear in Timmy's closet." For older children, make a map of your home or your neighborhood. Give more complex instructions. Go down the hall past the bathroom and put the bear in the corner.

Tie Dye

This idea can be adapted to almost anything you want to teach. Use a dab of glue to attach a round coffee filter to a paper plate. Ask your child to draw a picture of the subject of the moment—a face, an animal, a rainbow, whatever. When the picture is done, spray it with water using a bottle small enough for the child to "push, push, push" the sprayer. The colors will all run beautifully.

Look-Alikes

Finally, I have to mention one of the most conversation-provoking books I've ever brought into our home. *Look-Alikes* by Joan Steiner consists of full-color photos of what look at first glance like a train station, a city street, or a circus. But look closer. Nearly everything in the pictures is some common household object. The wall of one building is made of crackers. The rug in a hotel is a checkerboard. A vacuum cleaner is actually a man's razor. Each page has 100 "look-alikes," offering a really fascinating opportunity to build vocabulary. You may even be inspired to build "look-alike" scenes of your own. The book costs \$12.95 and is published by Little Brown & Company. ■

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International, Inc. (AVI)
2121 Eisenhower Avenue
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LISTEN Foundation, Inc.

GIVING CHILDREN WITH HEARING IMPAIRMENTS AN OPPORTUNITY TO LISTEN AND SPEAK

The LISTEN Foundation, started in 1969 by a group of parents of children who are hearing impaired, today maintains the ideals of those pioneers with the philosophy that *no hearing-impaired child, with even the smallest amount of residual hearing, should have to spend their life in silence.* Future generations of hearing-impaired children have the opportunity to participate fully in the hearing world just as the children of LISTEN's founders do.



AVI Charter Corporate Member Profile

LISTEN is a not-for-profit (501c3) organization providing financial support and assistance to babies and children in the program who are deaf or hard of hearing.

LISTEN provides auditory-verbal therapy, parent support, hearing aids, and educational programs, as well as scholarship opportunities for professionals who want to pursue certification in auditory-verbal therapy.

The LISTEN Foundation program supports auditory-verbal therapy, which follows some basic steps, beginning with:

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- **Individualized auditory-verbal therapy.** Auditory-verbal involves a therapist one-to-one with a child and parent or caregiver. The therapist teaches the child and parents to develop listening, speech, and spoken language based on normal stages of development which results in spoken communication.
- **Total family involvement.** From participation in therapy sessions to working with a child at home, the constant love, support, and commitment of the family are essential in helping a child participate fully in a hearing world.
- **Mainstreaming.** Mainstreaming, to the fullest extent possible and with appropriate support services, is encouraged. This includes social, vocational, and educational mainstreaming into the hearing world.

For more information about the LISTEN Foundation, contact Sheri Clark, Executive Director, at (303) 781-9440, 300 E. Hampden Ave., Suite 304, Englewood, CO 80110-2659.

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1998 International Alexander Graham Bell Association for the Deaf Convention Review

By Jill Duncan, Ph.D., CED, Cert. AVT
University of Melbourne, Deafness Studies Unit, Perth Campus

The 1998 Alexander Graham Bell International convention in Little Rock, Ark., provided a substantial opportunity for professional development and important “networking.” Convention organizers should be satisfied in knowing that they progressively facilitated the development of a positive attitude, which fosters coherence in services provided to children with impaired hearing throughout the world. It would appear that the aims and objectives of the international convention were successfully attained. The convention was effective in that it fostered a clear commitment to oral education.

As the chairperson of the celebrated 1995 Australian Auditory-Verbal International Conference, I can express firsthand the immense amount of time and work that is required prior to a conference/convention in order to ensure its success. The organizers of the A.G. Bell Convention in Little Rock must be congratulated for effectively managing to meet the needs of the diverse convention delegates.

The convention informed, encouraged, and empowered adults who are deaf or hard of hearing through the many activities of the thriving *Oral Hearing Impaired Section (OHIS)*. The organization of the *Parents’ Section* was impressive in nurturing the “new parents on the block” and supporting the family as a unit. Members of the *International Organization for the Education of the Hearing Impaired (IOEHI)* were provided with opportunities to collaborate with physicians, audiologists, speech-language specialists, and educators to promote educational, vocational, and social opportunities for early intervention as well as school-age children who are deaf or hard of hearing.

A strength of the convention was the breadth of the academic papers presented, with a wide range of topics being covered. The subject of the short courses, formal presentations, and poster sessions were

well balanced and covered sufficiently different aspects to satisfy all allied professions. The general relevance of the papers presented was high; however, for this reviewer the content of some selected papers and short courses was, at times, lacking in academic and theoretical depth. But as a whole, the presentations provided insightful framework within the major areas of (re)habilitation of children who are deaf or hearing impaired.

There was a general progression and continuity on the convention, from the pre-convention short courses throughout the papers presented. In addition, the Exhibit Hall provided many opportunities for delegates to view the latest technological advances in sensory aids, chat with school and program administrators, and purchase teaching resources and current publications.

Highlights of the convention included the importance of promoting the detection of hearing loss in early infancy, as well as prompt early intervention and continued use of appropriate sensory aids. This was illustrated by the generous support of the Oberkotter Foundation through the “Dreams are Spoken Here” videotape. Most professionals would acknowledge the significant contribution of the Oberkotter Foundation to the “Oral Education Option” in North America.

The short course by Judy Simser entitled “Assessment and Goal Setting: A Demonstration” provided an additional successful feature of the convention. Delegates attending Judy’s course were presented with a mixture of theoretical and practical ideas for assessing auditory, speech, and language skills development and for setting appropriate targets. As always, Judy’s stimulating and thought-provoking ideas were presented in a highly professional manner.

An additional feature was the short course by the entertaining Drs. Patricia Chute and Mary Ellen Nevins, “Parents as Decision Makers in Cochlear Implant

Programs.” The presenters outlined essential cochlear implant program characteristics and strategies for incorporating a team approach with the parents as the primary decision makers. The presenters also provided progressive ideas on managing a well-balanced and family-centered approach to cochlear implant intervention.

The Volta Academy with Dr. Tom Hoerr and Sally Boggeman entitled “Multiple Intelligence Theory” was sponsored by the OPTION Schools. This was an outstanding presentation that demonstrated ways of utilizing the strengths of all children. Practical application throughout the theoretical presentation of information was integrated throughout the day-long seminar. Dr. Hoerr was insightful, and provided a multitude of ideas for facilitating the learning processes of children.

Dr. Dorthea French chaired a roundtable discussion that focused on professional preparation issues. Academics and school administrators from across North America and Australia addressed the prevailing issue of professional preparation and maintaining an acceptable minimum standard of competency. Topics also included the revision of the current Certification of Educators of the Deaf (CED) procedure. The standard of professional preparation is a significant issue, which has a direct and substantial impact on the overall habilitation of children who are deaf or hard of hearing. It is an issue with which all professionals should be concerned.

The overall success of any convention can truly be measured only by the individual delegate. My personal opinion is that it was a successful convention. I learned a great deal from the papers and short courses I attended. By far, my personal highlights of the convention include the Volta Academy and informally conferring with colleagues for whom I have inordinately high regard. ■

Scenes from the A. G. Bell Conference A Photo Essay



Cochlear Implant Panel: "Generation X and the Cochlear Implant." Pictured from left: Kim Gorman (Denison University (Granville, OH)); Alana McGuinness (Chatfield High School (Littleton, CO)); Rachel Arfa (Illinois); and Stacey Lim College of Wooster.



Panelists discuss "Roller Coaster of College." Top photo: Paul Sommer, Haverford College (Philadelphia) and Kim Gorman, Denison University (Granville, OH).

Below: "Roller Coaster of College" panelists Kristin Buehl, Princeton University (Princeton, NJ).



AVI Board Member Marion Ernst (l.) and Morag Clark.

The International Congress on Education of the Deaf 2000 and Auditory-Verbal International: A Winning Combination

By Jill Duncan, Ph.D., CED, Cert. AVT

University of Melbourne, Deafness Studies Unit, Perth Campus

The Australian Association of Teachers of the Deaf will host the 19th International Congress on Education of the Deaf from 9-13 July 2000 at the Sydney Convention and Exhibition Centre, Darling Harbour, Sydney.

The International Congress on Education of the Deaf (ICED) is held every five years to showcase the latest developments and achievements in education of students who are deaf or hard of hearing around the world. The most recent ICED was held in Israel in 1995.

ICED 2000 is truly an extraordinary opportunity for Auditory-Verbal International members to endorse the option of providing the choice of listening and speaking for children who are deaf or hard of hearing through education, advocacy, and family support before a worldwide audience.

I would like to challenge AVI members and the AVI Board of Directors to submit either practical or theoretical research papers to be presented at the Congress. It is my hope that AVI will be represented in several mini-sessions, seminars, workshops and poster presentations during the four-day Scientific and Professional Program. A "call for papers"

will be issued in November 1998. I encourage you to begin writing your abstract submissions now for this highly important scientific and educational meeting.

Preliminary plans are currently underway to offer the AVI Certification Exam in Sydney just prior to ICED 2000. It is also hoped that a one-day pre- or post Congress meeting AVI members might be arranged.

July in Sydney is a great time of year, with lovely, sunny, "winter" days that create the perfect opportunity to combine participation in the Congress with leisure activities and visits to the varied and unique features of Sydney. It is a beautiful and exciting city. In addition, a busy and stimulating social program is being developed to give delegates and their companions an opportunity to take advantage of some of the many and varied attractions that Sydney has to offer.

For more information please contact Brian Graham, the Secretary General, ICED 2000 Steering Committee at GPO Box 128, Sydney NSW 2001, Australia. Website <http://www.ozemail.com.au/~blgraham/iced.htm>. ■

United Way and Auditory-Verbal International, Inc.: Working Together



The United Way has begun its fall campaign to get workers to sign up for payroll deduction donations. AVI can be a recipient of your donation from your place of work through contributions you designate from your paycheck each month. Contact your personnel office or payroll department and ask how you can sign up. Our designated number for use during the 1998

Combined Federal Campaign and the United Way Campaign is **8196**. Your donation will help AVI activities all year long. ■

A Report from the Boston AVI Regional Conference

Text and Photos by Lea Watson, M.S., Cert. AVT

Auditory-Verbal International founding board members Daniel Ling, Ph.D. and Warren Estabrooks, M.Ed., Cert. AVT teamed up to present "Hearing Impairment and Spoken Language: Creating a Base for Auditory-Verbal Strategies." This regional conference, sponsored by Auditory-Verbal International, Inc. (AVI) and The Geoffrey Foundation, drew over 150 people to The Winsor School in Boston on September 12. The conference was organized and hosted by Jim Watson, M.S., Cert. AVT, Immediate Past President of AVI, and Lea Donovan Watson, M.S., Cert. AVT with a team of parents from their auditory-verbal program, Auditory-Verbal Communication Center (AVCC) in Gloucester, Mass. Parent volunteers included Chris and Christine McCoy, Grant and Cindy Scott, Ken and Karen Wonowski, Donna Ouimet, Joan Burke, Frank and Susan Pinto, and Kim Norton. Five graduates of AVCC helped out during the day and answered questions as part of the afternoon Parent Panel: Chris DeWolfe, Erica Israel, Kelly Kelleher, Monique Laidlaw, and Michael Wonoski.

AVI, Inc. gratefully acknowledges the additional support of Advanced Bionics Corp., Cochlear Corporation, MED-EL Corp., and Phonic Ear. In addition, thanks go to The A.G. Bell Association, Dertex Corporation, Phonak, Inc., Synopsis, Inc., United Lithograph, Inc., and The Winsor School.

AVI also wants to thank the many school systems and hospitals from the New England States, New York, Pennsylvania, and Prince Edward Island who sent teachers, auditory-verbal therapists, speech-language pathologists, audiologists, and special education coordinators to the conference. This kind of networking support is vital to the auditory-verbal process for children who are mainstreamed. Dr. Ling asked for a show of hands of people who did not know about auditory-verbal therapy before the conference. Over half of the audience indicated that this was an introduction to the science of auditory-verbal therapy for them. The AVI Boston regional conference provided the opportunity for teams of professionals working with children to connect and understand together the philosophies and techniques related to teaching a child to listen with hearing aids or a cochlear implant. ■



Chris McCoy and Jim Watson help Elizabeth Quigley of the A.G. Bell Association unload boxes of books for the conference.



Founding Board members Dan Ling and Warren Estabrooks teamed up together for the conference.



AVI members Cindy and Grant Scott hosted a party for the conference speakers at their lovely home in Swampscott, Mass. The Scotts bring their daughter, Sophie, to Jim and Lea Watson for auditory-verbal parent guidance therapy.



AVI members (l. to r.) Chris and Christine McCoy, Bob and Fay Greel, Susan Pinto, Karen and Ken Wonoski, and Frank Pinto enjoy the party at the Scotts' house.



At left: Helping with conference registration are AVI Executive Director Renee Levinson and AVI members Donna Ouimet, and Karen Wonoski.

At right, nine-year-old Erica Israel, who listens with a cochlear implant, waits to talk with Warren Estabrooks. She stands with her mother, Sara Israel, and her auditory-verbal therapist, Lea Watson.



Photos by Lea Watson



AVI immediate past President Jim Watson leads the panel of AVCC parents and graduates at the end of the conference (l. to r.): Chris DeWolfe, Kelly Kelleher, Karen Wonoski, Monique Laidlaw, Kim Norton, Cindy and Grant Scott, Christine and Chris McCoy.



Above, Michael Wonoski shares a hug with his mother, Karen.



Part of the panel at the end of the day, Auditory-Verbal Communication graduates Chris DeWolfe and Kelly Kelleher listen to questions from the audience. Each was mainstreamed throughout their time in school. Chris told the audience that he did not like the FM system and did not use one, but Kelly found her FM system invaluable. Chris, who has a severe-profound hearing impairment, is a senior at Salem State College majoring in sports fitness. Kelly has a severe-profound loss and is a senior at Hamilton-Wenham High School, where she receives support services from Project Bridge, Inc.



Above: Auditory-Verbal Communication Center graduate Monique Laidlaw. Monique, who has a profound hearing impairment, began using hearing aids at age 10 months, when she and her family started auditory-verbal therapy. A 1998 graduate of Gloucester High School, she was mainstreamed throughout her education and graduated with highest honors. "I am interested in cochlear implants because so many people say they benefit from them," she said. Working two summer jobs, one at Gloucester Engineering and the other at Star Market, and now starting college, Monique said it is hard to find time to make an appointment and investigate the cochlear implant.



Above: Jessie Zhang and her mother, Linda, enjoy the fun of learning with Dan Ling at the office of Cert. AVT Lea Watson.



Dan Ling laughs at a joke with Alex Frasure as they create and read their own versions of *Harold and The Purple Crayon* in an auditory-verbal session with Cert. AVT Jim Watson at the Fuller School in Gloucester, Mass.

Doreen Pollack Scholarship Awarded



Alexa Gorenko, winner of the Doreen Pollack Scholarship, has been working in Saskatoon, Saskatchewan, Canada, as an Auditory-Verbal Therapist since July 1995. Her past experiences included working in public school systems, and at a treatment center for physically handicapped children as a Speech-Language Pathologist. Alexa will use her scholarship funds to enhance her skills by participating in the Auditory-Verbal Internship Program for Professionals at the Bolesta Center in Tampa, Fla.

"Since joining AVI in 1995 I have met many wonderful, competent, caring, and committed parents and professionals. I have visited and observed other Auditory-Verbal therapists who have encouraged and inspired me and I have found that reading *The Auricle* has provided me with much the same experience," Alexa wrote.

"It was in the Winter 1995 *Auricle* that I first learned of the Bolesta Center. I have since met their staff and toured their facility. With the scholarship funds, I will now have the opportunity to take even greater advantage of their expertise. I am particularly interested in their Demonstration and Consultation program for out-of-town families as our Center (Saskatchewan Pediatric Auditory-Rehabilitation Center – SPARC) serves an extensive catchment area.

"In a Letter to the Editor in *The Auricle* (Fall 1995), Mary Zuercher, Cert. AVT, wrote about Debra Hodgen, in whose name a memorial fund was established. The proceeds of the fund were donated to the Doreen Pollack Scholarship Fund. Mary wrote, 'Debra would be pleased to know that others will be helped to further their training in the Auditory-Verbal approach. ... She has taught us that with hard work and determination we can achieve our goals.'

"I gratefully acknowledge the contributions made on behalf of Debra and others that make the Doreen Pollack Scholarship Fund possible. I accept the award monies with sincere appreciation."

Turning Adversity Into a Blessing

By Joanna Nichols, Managing Director, Children's Hearing Foundation

Reprinted courtesy of *Children's Hearing Foundation Quarterly*
(June 1998)

When Alana was 11 months old, she was diagnosed with a profound hearing impairment. Her parents searched all over the world for the best method to help her. They chose the A-V approach, through which she learned to listen and to speak. Her success story has led to the establishment of the CHF.

When our second daughter, Alana, was 11 months old, we wondered why she was such a quiet baby, and why she didn't respond even to loud sounds. Examination at the Veteran's Hospital in Taipei confirmed our worst fears: Alana was profoundly deaf.

We made up our minds to do everything in our power to ensure that Alana would live as happy and normal a life as possible. Most of all, we wanted her to be able to talk.

Our search for the best method to achieve this began in Taiwan, and continued in Australia, Canada, and the United States. We learned that about 95% of children who are born deaf have usable residual hearing. With appropriate amplification, most of these children can learn to speak fluently. For the five or so percent of deaf children who do not have sufficient hearing to benefit from hearing aids, there is the option of the cochlear implant, a surgically implanted device which stimulates the hearing nerve.

After observing many different schools, teachers, and approaches for teaching hearing-impaired children, we met Judy Simser, an Auditory-Verbal therapist with 30 years' experience. Her students were able to speak freely with others, and many could even talk on the telephone, something usually impossible for deaf children who must rely on visual cues such as lipreading or sign language to communicate. I couldn't help asking myself, "Are these children really hearing impaired?"

We invited Judy Simser to Taiwan to do an assessment for our daughter, only to discover that Alana was among the small percentage of hearing-impaired children who are almost totally deaf, and therefore could not learn to listen with hearing aids. This was a shock. However, Judy Simser

explained the wonderful results being obtained with cochlear implants, and we began researching hospitals where this procedure was available, as a last hope for Alana to hear. We decided upon Melbourne, Australia, where the Nucleus device was invented. Again, our dreams were shattered when the pre-operative CT scan revealed that Alana's inner ear (cochlea) had not developed properly and both left and right inner ears were severely malformed. A normal cochlea has two and a half turns where the cochlear implant electrodes are placed, but Alana had only a small hole. Although no one in Australia with such severe malformation had ever received a cochlear implant, the doctor agreed to try the procedure with Alana as we all agreed there was nothing to lose and everything to gain. It was a joyous day when the audiologist first switched on Alana's implant, and her face registered surprise at the unfamiliar sensation. This was a new beginning for all of us.

Now that Alana could hear, we worked hard using the Auditory-Verbal approach to teach her to listen and recognize that sound and speech had meaning. Within a few weeks, Alana began responding, for the first time, to her name. A couple of months later Alana said her first word. The excitement of that moment is one that I will always remember and treasure for what it symbolized: "Everything's going to be all right. She's going to learn to talk."

A parent once told us that a baby with normal hearing must hear a new word 37 times before learning it, whereas a hearing-impaired child needs to hear it about 10,000 times. Whether the figure is accurate or not, there is no question that a lot of repetition is required. Hence, the whole family faithfully spoke with Alana, repeating over and over the goals Judy

Simser established for developing our daughter's listening, speech and language ability. After the first year, Alana's language began to blossom. Now, four years post-implant, Alana attends regular school. Her kindergarten teacher at TAS reports that she often forgets Alana is deaf because she communicates so naturally with everyone, and, as with most children her age, sometimes we cannot get her to stop talking.

After seeing the tremendous progress of our own child with the Auditory-Verbal approach, we set up the Children's Hearing Foundation with the purpose of offering all other hearing-impaired children in Taiwan the same opportunity to enter the world at large. Our goal is that 20 years from now, virtually all hearing-impaired children in Taiwan will be able to speak. The CHF Board of Directors believes lack of funds should never stand in the way of a child receiving needed training; hence, all services to deaf children and their families are free. The foundation's southern branch was opened in Kaohsiung in October 1997, and after only six months, the need is so great that we are doubling the size of our centers.

During this first year, we have seen numerous cases of children who came to the foundation unable to speak, but are now using sentences. Parents and teachers alike are excited and filled with hope. It has indeed been a blessing, and I thank all parents, staff, and friends of the Foundation for your involvement. Let's continue working together to make the option of listening and speech available for all Taiwan's hearing-impaired children. ■

Winter 1999
Auricle deadline:
December 15, 1998

AVI Certification News

By Karen Rothwell-Vivian

The AVI Certification Council would like to express their utmost gratitude to Cochlear Limited in Australia for their sponsorship of the Australian administration of the Certification Examination in Auditory-Verbal Therapy this past July in Sydney. Eleven candidates successfully took the examination, bringing the total number of Certified Auditory-Verbal Therapists in Australia to 16.

As the AVI Council member who traveled to Sydney to administer the examination, I should like to sincerely thank Cochlear personnel Martha Follent, Manager of Clinical Services, for coordinating my visit to Cochlear and the Children's Cochlear Implant Centre (N.S.W.); Jeremy Rosser, Clinical Specialist, for his most informative tour of the Cochlear facility; and Debra Pannowitz, Sales Manager, for coordinating the sponsorship of the examination.

Many, many thanks are also due to Jill Duncan, Ph.D., Cert. AVT, who spent an exceptional amount of time seeking out resources, finding an excellent site for the examination at St. Joseph's College in Hunter's Hill, and corresponding with me by e-mail to make the Australian administration a reality!

Cert. AVT Total Now 161

1998 has been an exciting year for the AVI Certification Council as there were two administrations of the Certification Examination in Auditory-Verbal Therapy. The addition of 26 candidates who successfully took the examination brings the total number of Certified Auditory-Verbal Therapists to 161.

The first administration was held on June 28, in Little Rock, Ark., in conjunction with the Alexander Graham Bell Association Convention. Sincere gratitude is due to their convention staff for arranging for us to have a room in which to give the examination at the convention site. The second administration was on July 17 in Sydney, Australia, sponsored by Cochlear Limited.

AVI Board of Directors Nominations Still Open

If there are any AVI members interested in serving on the Board of Directors, please contact the AVI office at (703) 739-1049. There are still several vacant positions for the upcoming 1999-2001 term.

We are looking for individuals who are willing to make a commitment to participate in Board meetings, fundraising activities, and promoting AVI to the community.

1998 Class of Certified Auditory-Verbal Therapists

Congratulations to the following 26 candidates who passed the Certification Examination on either June 28 or July 17, 1998.

June 28, 1998

Lynne Brewster
Saskatoon, SAS, Canada

Nora Cahill
St. John's, NEF, Canada

Teresa Caraway
Oklahoma City, OK, USA

Sharon Dixon
Columbia, SC, USA

Janet Eberlein
Newton Square, PA, USA

Dorthea French
Ypsilanti, MI, USA

Alexa Gorenko
Saskatoon, SAS, Canada

Nancy Gregg
Birmingham, AL, USA

Victoria Hlady-MacDonald
London, ONT, Canada

Hettie Kenny
Charlotte, NC, USA

Tracy Pate
Bessemer, AL, USA

Kelley Rabjohn
Ottawa, ONT, Canada

Joanna Smith
Edmond, OK, USA

Jean Staley
Mississauga, ONT, Canada

Christine Wade
N. Stonington, CT, USA

July 17, 1998

Brian Fisher
Bateman, Australia

Anne Fulcher
Roseville, Sydney, Australia

Andrea Gibbons
Mt. Riverview, Australia

Kay Hooper
West Ryde, Australia

Alan Kelley
Melrose Park, Australia

Andrew Kendrick
Waterloo, Australia

Elizabeth Ker
Sydney, Australia

Pia Leeming
East Fremantle, Australia

Janette Oliver
Woonona, Australia

Lynne Richards
Berowa, Australia

Marissa Skok
NSW, Australia



The Geoffrey Foundation

The Geoffrey Foundation is a strong supporter of AVI initiatives. The following information is taken from their newest publication that discusses their origin and objectives.

The commitment to establish the Geoffrey Foundation was born of the personal experiences of Chester and Shirley Homer, whose son, Geoffrey, was diagnosed at eight months of age as having a profound hearing loss.

Through the persistence and determination of the entire family—including Geoffrey's sister, Kristin—and Auditory-Verbal therapists Lea and Jim Watson, Geoffrey has learned to use his amplified residual hearing to listen, process verbal language, and to speak rather than relying on sign language.

Through the foundation named after their son, the Homers now generously share this gift with others. Auditory-Verbal programs are intended to help children and young adults with hearing impairments acquire the necessary speech and language skills to live and learn in the mainstream. However, the expenses associated with pursuing this approach can be prohibitive for some families. The Geoffrey Foundation was established in 1989 to eliminate cost as a barrier for families who choose the Auditory-Verbal approach for their children with hearing impairments.

The Geoffrey Foundation is a non-profit 501(c)(3) organization established for the express purpose of providing financial support in three categories:

1. **Families** with a demonstrated commitment to the principles and philosophy of Auditory-Verbal therapy for their child or children with severe to profound (>80dB) hearing impairment—whether newly-diagnosed infants or college-age people who have experienced hearing loss before acquiring language.
2. **College students** who attend schools with hearing students and communicate using spoken language.
3. **Hearing research** that advances amplification and/or seeks cures to hearing

loss.

4. **Programs, initiatives, or organizations** that the Board, at its discretion, chooses to support.

The Geoffrey Foundation awards grants in excess of \$30,000 each year to children and college students from across the United States, and in support of projects designed to promote awareness of the Auditory-Verbal approach.

Guidelines for Applying

- Each candidate must request an application by mail. Completed forms must be postmarked by March 31st of each year.
- All grant applicants must be U.S. citizens. Applications must include a current aided and unaided audiogram plus three letters of recommendation which highlight the applicant's use of Auditory-Verbal communication skills. Other personal background information may also be requested.
- Any applicant for student financial aid must plan to attend or be currently enrolled in a non-discriminatory, independent, parochial or public, infant program, preschool, elementary school, junior high school, high school, or college for hearing students on a full-time basis in the forthcoming year.

Recipients of Geoffrey Foundation grants will be notified following the annual meeting of the Geoffrey Foundation Board of Directors in late Spring. Individuals who have received support from the Foundation in the previous year may reapply for consideration. Grants will not be awarded to the same individual for more than two consecutive years. It is the sole responsibility of the Board of Directors to determine the acceptability of the described therapy program.

For further information on how to apply to The Geoffrey Foundation, contact AVI or write to:

The Geoffrey Foundation
P.O. Box 1112
Kennebunkport, ME 04046

"...I feel especially privileged to have been recognized by a foundation that avidly supports the independence of the Auditory-Verbal approach gives hearing-impaired individuals."—K.H.

AVI proudly acknowledges the Geoffrey Foundation's most generous support that has been provided to A-V families and students. Our most sincere *Thank you!*

PLEASE TELL ME MORE ABOUT THE GEOFFREY FOUNDATION

I am interested in applying for a support grant. Please send me an application.

Name _____

Address _____

I would like to know how I can help support The Geoffrey Foundation (volunteering, hosting a benefit, event, or otherwise).

Name _____

Address _____

Enclosed is my contribution of \$_____ made payable to The Geoffrey Foundation.

Name _____

Address _____

**PLEASE DETACH AND MAIL TO:
The Geoffrey Foundation
P.O. Box 1112
Kennebunkport, ME 04046**

SUSANNA SCHMID-GIOVANNINI

celebrated her 70th birthday on February 9, 1998

By Armin Löwe

Part 1 of two parts.

Among German-speaking teachers for the hearing impaired, there will hardly be one to whom the name Susanna Schmid-Giovannini is unknown. And among many parents of hearing-impaired children in Germany, Austria, and Switzerland, the Swiss auditory-verbal therapist is held in high esteem. It is true that not every pedagogue or even all parents love her, for she demands a lot of her colleagues and of her collaborating parents; but they respect her lifelong and wonderful commitment to children with hearing impairment.

Not many weeks ago, Susanna Schmid-Giovannini celebrated her 70th birthday in good health. Permit me, therefore, a short survey of her exceptionally successful professional career.

Born 1928 in Vienna

On the 9th of February 1928, Susanna Schmid-Giovannini was born in Vienna to the industrialist family Koliha. Her father was the owner of a renowned cartographical firm manufacturing maps. When Susanna was just 10 years old, the Republic of Austria was occupied by German troops and, for several years, ceased to exist. A year later, the Second World War broke out. Susanna Schmid-Giovannini alone knows what these years from 1938 to 1945 have meant to her. Like many other Vienna residents, her family suffered first from the consequences of the German occupation and later from the Russian one. In many cases, despair and resignation followed the losses suffered. Others, however, considered their destiny a challenge that had to be met.

Training as a kindergarten teacher for hearing impaired children

Among the latter was Susanna Giovannini, who was just 17 years old at the end of the war. She trained as a

kindergarten and elementary school teacher. At the Vienna Institution for the Deaf (one of the oldest in the world, founded in 1779), she acquired the grounding for the education of the deaf-mute that were considered fundamental at that time. The fact that she had an uncle who, between the two World Wars, had been one of the most outstanding teachers for the hearing impaired in Austria, greatly helped her. This was Adolf Freunthaller (1887-1965), who was Head of the Municipal School for the Deaf in Vienna-D'bling from 1925 to 1938. Together with his colleague Fritz Pifl, he had developed—during the early 1920s—the first kindergarten for children with hearing impairment (established in Vienna in 1916) in the German-speaking area with a parent-centered approach. His was also so-called “signal method” used for some time afterward by his niece, Susanna Schmid-Giovannini.

Kindergarten teacher at the Special Kindergarten ‘Swiss Donation’ at the Auer-Welsbach Park in Vienna

Some years after the Second World War, the Special Kindergarten “Swiss Donation” with varied groups of disabled children and a group of typical or normal children was created at the Auer-Welsbach Park in Vienna. This kindergarten also included a group of children with hearing impairment. This was the first special kindergarten for hearing-impaired children in the German speaking area which not only was established completely separately from an existing school for the deaf, but which could also work quite independently from the instructions of a school for the deaf—this to the benefit of the children concerned. From the very start, the group of children with hearing impairment was entrusted to the care of Susanna Giovannini. In a magazine article published in 1966, Adolf Willer acknowledged the outstanding work she did there



AVI Director Emeritus Susanna Schmid-Giovannini and Laura, a child with a cochlear implant.

over many years:

“At the start of the school year 1959, a closed group of pupils was ready to enter school who had received, during approximately two years, a preliminary formation, but had not as yet enjoyed auditory-verbal education at home. At that time, the school authorities complied with parents’ wish to teach this group outside the established school so as to prevent the children’s becoming acquainted with sign language. The project therefore was: School education, in a closed class, and in an environment free of sign language, of a group of children having received a common pre-school education. At a nearby elementary school, a classroom was put at the disposal of this external class of our institution (*i.e.*, the Vienna Institution for the Deaf-Mute).

“The children in this class could by no means be compared to our own school beginners. They possessed a large vocabulary and a great number of linguistic forms that they used spontaneously and correctly. The articulation was comprehensible. The children were very good at lip-reading. They used speech with great pleasure. Faced with such school beginners, the school of course had to modify its methods

“In their appearance, their manner, their behavior and their general impression of others, these children very much differ from the others. In all these aspects, they

continued on next page

Susanna Schmid-Giavonnini

from previous page

are much more like normal children than like their impaired companions. We have here a type of pupil standing out most agreeably from the large school community: relaxed, free, easygoing, sociable, eager for contact. The improved performance is a result of three components which, for the first time, could take effect together: early education, an environment of hearing children, and the elimination of sign language!"

A kindergarten group outside the Cantonal Special School

Having married a Swiss husband, Mrs. Schmid-Giavonnini—as she was now called—moved her field of activity from Austria to Switzerland. For several years, she worked as a parent advisor at the ORL Clinic of the Cantonal Hospital in Lucerne and as a kindergarten teacher at the Cantonal Special School for Hearing Impaired Children at Hohenrain, near Lucerne. There, too, she succeeded in obtaining outside school grounds, since it was the parents' explicit wish that the children should be educated in their German mother tongue exclusively and in an environment free of sign language.

*In the next issue of **The Auricle**, Part II of a review of the remarkable career of Susanna Schmid-Giavonnini.*

The AVI Scholarship in Honor of Doreen Pollack

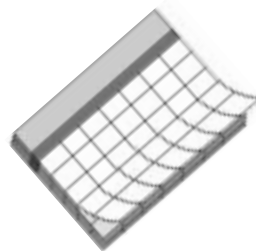
AVI Welcomes applications for a scholarship which assists professionals in learning about the Auditory-Verbal approach. For application form, please write to:

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

Calendar of Events

(For additional contact details, call the AVI office)

September 13-16	American Academy of Otolaryngology Head and Neck Surgery Annual Meeting	San Antonio, TX
September 17	AVI Executive Committee Meeting	Alexandria, VA
September 18	Central Auditory Processing with Jack Katz	Cleveland, OH
September 21	AVI Executive Committee Meeting	Alexandria, VA
September 23	COR Meeting	Washington, DC
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 16	Moog Oral School Mainstreaming Workshop for Teachers	St. Louis, MO
October 21-23	CID Cochlear Implant Workshop	St. Louis, MO
October 22	AVI Executive Committee Meeting	Alexandria, VA
October 22-25	NECCI Curriculum Workshop	Austin, TX
October 24	Ling Regional Conference	Cleveland, OH
October 26-27	Purdue University's Crossroads Conference	West Lafayette, LA
October 29-31	International Conference: A Sound Foundation Through Early Amplification	Chicago, IL
November 1-4	29th Annual Southeast Regional Institute on Deafness Conference	Asheville, NC
November 7	Mayo Clinic 9th Audiology Video Conference	Via satellite
November 13	AVI Executive Committee Meeting	Alexandria, VA
November 13	AVI Professional Education Committee Meeting	Alexandria, VA
November 13-15	An Advanced Workshop on Auditory Evoked Potentials & Otoacoustic Emissions	New Orleans, LA
November 14	AVI Board Meeting	Alexandria, VA
November 19	AVI Executive Committee Meeting	Alexandria, VA
November 19-22	ASHA Annual Convention	San Antonio, TX
December 5-6	Modern Developments in Hearing Aid Technology and Fitting	New Orleans, LA
December 8	COR Meeting	Washington, DC
December 17	AVI Executive Committee Meeting	Alexandria, VA



Mark Your Calendar

Plans are underway for next year's Biannual International Conference for Auditory-Verbal International, to be held in Atlanta, Georgia, Oct. 8-9, 1999. Watch future issues of *The Auricle* for details as they become available.

Carolina Institute in Auditory-Verbal Therapy a Success!

By Todd Houston, Cert. AVT

The Carolina Institute in Auditory-Verbal Therapy, a collaborative effort between the Department of Speech-Language Pathology and Audiology at the University of South Carolina and the Carolina Children's Communicative Disorders program at the University of North Carolina, was a resounding success! Some 17 professionals, mostly from the Carolinas but from as far away as Arizona and Michigan, gave up the second and third weeks of June to develop their skills in Auditory-Verbal Therapy in a very hot and humid Columbia, S.C.

The Institute, offered as a three-hour graduate course through the USC Department of Speech-Language Pathology and Audiology, assembled a diverse and experienced faculty: Carolyn Brown, M.S., CCC-SLP/A and Kathryn Wilson, M.S., CCC-SLP, Cert. AVT of the Carolina Children's Communicative Disorders Program; Beth Walker, M.Ed., CED, Cert. AVT in private practice in Alabama; and Todd Houston, M.S.P., CCC-SLP, Cert. AVT, a clinical instructor of speech-language pathology at USC.

During the two-week course, participants received both direct instruction and practicum experience in auditory-verbal therapy. The first week comprised instruction in the fundamentals of the approach such as the principles of AVT, speech, language, cognition, and auditory skill development, audiologic management and technology, behavior management, and therapy techniques through videotape analysis of children at different ages and levels of listening.

During the second week, the course participants were assigned up to two children each day for therapy and were responsible for planning and carrying out the sessions under the direct supervision and "coaching" of Institute faculty. Time was allotted after each session for individual feedback from the supervisor. Additionally, at the end of each day, participants also shared with the entire class their reactions to the day's therapy sessions. This informal segment provided a rich opportunity to share successful strategies gleaned from the day's therapy experiences.

Based on the success of this year's Institute, the faculty is already at work planning the 1999 Carolina Institute in Auditory-Verbal Therapy, so look for upcoming announcements in *The Auricle* and plan to come south next summer.



Make a Bid in AVI's Silent Auction!

You can help AVI and win a treasure trove of educational resources for your child at the same time if you're the highest bidder in AVI's Silent Auction.

The prize—a 6" x 12" Longaberger Collector's vegetable basket—is filled with various "Learning to Listen" toys that make a useful and fun addition for therapy and play for younger children.

Just complete and mail or fax the form below to AVI, 2121 Eisenhower Ave., Suite 402, Alexandria, VA 22314. Fax: (703) 739-0395.

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Bid (minimum: \$75) \$ _____

Bids must be received by December 1 to be included in the auction. If you are the highest bidder, you will be named the winner of the auction. You will be notified by December 10. At that time, you must send a check for your bid made payable to AVI; after receiving your check, the basket and its contents will be mailed to you.

Please note: Under IRS guidelines, only the amount of your contribution over and above the value of the auction item qualifies for potential tax deduction. The minimum bid for the item (\$75) constitutes the value of this item.

ASK THE OTOLOGIST OR AUDIOLOGIST

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

Q We were told our child needed tubes but could not have them because he uses hearing aids. What are the indications for ear tubes and can a child with hearing aids use them?

A First a word about *otitis media*. *Otitis media* is the most common reason for physician visits in the United States. It is most common early in childhood—one third of all children have more than three ear infections during the first three years of life.

Otitis media is an inflammation of the middle ear, the space from the eardrum to the outer wall of the cochlea. It is about the size of a pea and normally filled with air. The air allows sound vibrations reaching the eardrum to be transmitted to the inner ear. The middle ear is connected to the throat by the Eustachian tube (ET).

The ET normally allows mucous to drain out of the middle ear. In childhood, upper respiratory tract infections (colds) and allergies may lead to partial blockage of the ET. If it is blocked, mucous will be trapped, and bacteria will grow, resulting in OM. This puts pressure on the eardrum, causing pain and blocking vibrations.

Although the infections are painful, the most common long-term problem with OM is intermittent hearing loss which may lead to delayed speech and language acquisition. If a child already has a hearing impairment, it is even more important that the OM be treated aggressively to avoid adding speech-language problem.

The proper treatment of OM is with antibiotics. However, when multiple infections occur in spite of antibiotics, or when middle ear fluid persists after an infection for several months, tubes may be indicated. Tubes are 80 to 90 percent successful in improving hearing and reducing the number of ear infections.

Tubes are often necessary for children who are using hearing aids. In fact, many ear physicians are likely to recommend

tubes earlier to control OM in a child who uses hearing aids. This is to avoid the additional hearing loss caused by OM, which may make the hearing aids ineffective.

One problem with the combination of hearing aids and tubes is that the hearing aid mold may trap moisture in the ear canal. Bacteria grow well in the resulting damp, warm environment, and this can lead to reoccurring infections. For this reason, it may be helpful to clean the ear mold daily alcohol, to blow dry the ear carefully once or twice a day, or to use ear drops preventively. Your physician can make appropriate recommendations.

Q What are the different types of sensorineural hearing loss in children?

A The most important characteristics of sensorineural hearing loss are those that directly effect the child: the age of onset and the severity of the hearing loss. In general, the greater the loss and the earlier the onset, the more devastating the consequences. Thus, children born deaf with profound hearing loss may experience the greatest impact on speech and language development, education, and lifestyle.

Classification by cause is also useful in treating, predicting progression, and establishing the risk of deafness in siblings. It is now estimated that 50 percent of childhood deafness is genetic (inherited), 25 percent acquired (by infection, trauma, antibiotics, etc.), and 25 percent cause—unknown.

Genetic hearing loss was first recognized in families over 150 years ago. About 80 percent of genetic deafness is recessive (the gene must be inherited from both parents, neither of whom may show any hearing loss), and 20 percent is dominant (inheritance may occur from one parent who is deaf).

In 90 percent of cases, genetic

deafness is not part of a syndrome (not seen in combination with other abnormalities). In the other 10 percent, heart, kidney, eye or other problems may accompany deafness. Some of the recognized syndromes include Waardenburg—deafness plus white streak of hair, different colored eyes; Usher—deafness plus retinitis pigmentosa; Pendred—deafness plus goiter; Jervell Lange-Neilson—deafness plus cardiac arrhythmias; and Alport—deafness plus kidney failure.

Deafness may also be caused by infections during pregnancy. These include toxoplasmosis, rubella, cytomegalovirus (CMV), herpes, and syphilis. Latter in childhood, bacterial meningitis, mumps, and measles are more common causes. Of these, meningitis is responsible for 90 percent of deafness acquired after birth (discussed above). ■

Are You Moving???

Don't forget to inform AVI—in writing, and preferably at least 30 days in advance.

To ensure that you don't miss a single issue of *The Auricle* and other important mailings, be sure to include your old address (the label from a previous *Auricle* if possible).

Be sure to send your new address to:

**Auditory-Verbal International
2121 Eisenhower Avenue
Suite 402
Alexandria, VA 22314**

—OR—

Fax to (703) 739-0395

SITES TO SEE

Health and Disability-Related Web Sites:

<http://rdz.acor.org/lists/our-kids//Disweb/diswebtoc.html>

Parent's Inc. – Disability Link:

<http://www.alaska.net/~parents/plinks.html>

Consortium for Citizens with Disabilities:

<http://www.C-C-D.org/> <http://www.C-C-D.org/>

In-Sites for Inclusion Success:

<http://members.tripod.com/~ozpk/insite3.html>

Disable Hotline:

<http://people.delphi.com/disable/disable2.htm>

The disAbilities Pod:

http://www.tripod.com/pod_central/pods/disabilities/

Virtual Assistive Technology:

<http://at-center.com/> <http://at-center.com/>

Family Education Network: LD & Special Needs Kids

Forum: <http://connect.familyeducation.com/webx/webx.dill?14@@ee6b320>

Federation for Children with Special Needs:

<http://www.fesn.org/home.htm> <http://www.fesn.org/home.htm>

Disability and Rehabilitation Clearing House:

<http://www.massey.ac.nz/~rchweb/index2.htm>

Caring Parents – Resources for people with Special Needs:

<http://www.caringparents.com/woframes/specialneeds.html>

Infoseek: The Health Channel – Support Groups:

http://www.infoseek.com/Topic/Health/Support_groups?tid-1242&sv=

Yahoo! Society and Culture: Disabilities:

http://www.yahoo.com/Society_and_Culture/Disabilities/

The Info Service – Disorders/Illnesses/Ailments:

<http://info-s.com/ill.html>

Disability E-zines:

<http://www.nerdworld.com/users/dstein/nw1526.html>

Disability Related Mailing Lists:

<http://homepage.usr.com/p/pex/15770.shtml>

Children's Disability List of Lists: Mailing Lists for Families of Children with Disabilities and Special Needs:

http://comeunity.com/special_needs/specialists.html

General Disability On-Line Discussion Groups:

http://laran.waisman.wisc.edu/fv.www/cof_chat.htm

Internet Listserv – Special Education:

<http://www.coe.ilstu.edu/gfaloia/Listserve.htm>

List of Health and Disability-Related Mailing Lists:

<http://guide.stanford.edu/people/jaffe/resna/session/rowley.htm>

Publicly Accessible Mailing Lists – Index for Disability:

<http://www.neosoft.com/internet/paml/bysubj-disability.html>

Health and Disability-Related Mailing Lists:

<http://www.familyvillage.wisc.edu/master.html>

Coming Attractions: The Winter 1999 Issue of *The Auricle*

Taylor Talks at Communication Choices Workshop

By Jim Watson

A Tale of Two Sisters

By Melissa Chaikof

Susanna Schmid-Giovannini at 70 (Part II)

Winter 1999 *Auricle* Deadline December 15, 1998

Whenever possible, please submit article on diskette along with two paper copies, double-spaced in 12-pt. type. All submissions are subject to editing for syntax, length, and content.



AUDITORY-VERBAL INTERNATIONAL, INC.

1999 International Conference
Atlanta, Georgia
October 8-9, 1999

CALL FOR PAPERS

Title of Presentation (please limit to ten words or less):

1. **Primary Presenter:** _____

Address: _____

Phone: (Work) _____ (Home) _____

2. **Secondary Presenter:** _____

Address: _____

Phone: (Work) _____ (Home) _____

PLEASE LIST THE NAMES OF ADDITIONAL PRESENTERS, THEIR ADDRESSES, AND PHONE NUMBERS ON A SEPARATE SHEET.

3. **Type of Session:** Seminar (90 minutes) Panel (60 minutes) Poster (30 minutes)

4. **Abstract:** Please type a description of your presentation on the lines below. Do not exceed 50 words. Prepare the abstract carefully, as it will be used in the conference program. Be sure to check the instructional level as well.

5. **Instructional Level:** Introductory Intermediate Advanced

6. **Audio-visual equipment needed (check only two):**

Slide Projector Overhead Projector
 Audio Cassette Player VCR & Monitor Combo (VHS only)

The Conference Committee will try to accommodate your audio-visual needs. You will be notified if we cannot meet your request. Please note that A-V equipment will be limited to two items per presentation. If you will require more or different equipment than AVI can provide, you are encouraged to furnish your own.

Please complete all sections and return this form and a copy of your vita / resume to:

K. Todd Houston, MSP, CCC-SLP, Cert. AVT
Univ. of South Carolina Speech & Hearing Center
1601 St. Julian Place
Columbia, SC 29204

All applications should be postmarked no later than February 5, 1999.

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South America

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/>

**WINTER 1999 AURICLE DEADLINE:
DECEMBER 15, 1998**

Advertising Rates:

1/12 page	\$ 40.00
1/6 page	\$ 60.00
1/3 page	\$ 80.00
1/2 page	\$ 125.00
Full page	\$ 225.00

NOTE: Camera-ready art preferred. Ads supplied on computer disk may be subject to additional conversion fees.

Golfers Turn Out for Two Benefits

Links for Listening

A hearty *Thank you!* to all participants for helping to make the 1998 Links For Listening golf tournament such a resounding success! Your support will help ensure that thousands of families will be given the opportunity to learn to listen and speak. In particular, the proceeds from this event will help subsidize the cost of publishing *The Auricle*. Although the goal to completely cover the publishing cost for 1999 was not attained, a serious dent was nonetheless made. Between the participants and the corporate sponsors, over \$6,000 was raised!

The day of the tournament, August 21, turned out to be a beautiful, dry and sunny day. Stow Acres Country Club in Stow, Mass., once again had the South course in topnotch shape. All participants thoroughly enjoyed themselves despite the fact that no one could catch the winning team with the lowest gross score of an unheard of -14! Luckily, the race to win the lowest net score was an exciting one—it was a close match. Three teams actually netted out with the same score, and it took three playoff holes to determine the clear winner. Personally, this author was glad to see that this winning team included a parent of one of the children this event is meant to help (Chip Curran). Stephanie McCoy, four-year-old daughter of the event coordinator and a recipient of auditory-verbal therapy for almost four years, helped distribute the winning prizes.

As it turned out, Links for Listening was not the only tournament benefiting the deaf and hard of hearing that day. The Massachusetts Association for the Deaf (a pro-ASL organization) coincidentally also held their fundraising event on the other course at Stow Acres Country Club. It was quite interesting to see these two groups together, swinging golf clubs, and supporting such a great cause.

—Chris McCoy



Drive for Listening

Over 100 golfers turned out to the Bradford Country Club on June 16 to help raise money for hearing impaired children and their families. Bradford Country Club's President, Chip Curran, hosted the Seventh Annual Drive for Listening Golf Tournament to benefit the Geoffrey Foundation and Auditory-Verbal International, Inc. The day started cloudy and raining and the tournament was close to being canceled due to the inclement weather, when quite miraculously the sky cleared and the tournament went off as scheduled. The record number of golfers was particularly gratifying to tournament officials because of the bad weather. It shows, according to Chip Curran, that our seven-year history is creating its own momentum, and the golf tournament is becoming an annual reunion for the participants. In addition, the golf course staff, headed by Bradford's golf pro Mike Shoueiry, held the second annual Drive for Listening Birdie-a-thon. This event pre-stages the tournament by two days and was created by the staff to help contribute to the tournament. Prior to the Birdie-a-thon, the staff solicits pledges from the general populace for each birdie scored by the golf pro and his assistants during a 36-hole marathon. For the second year, they played the 36 holes in driving rain, scoring 37 birdies and raising almost \$2,000.

Following the golf tournament there was a dinner and auction made possible by sponsors such as Sun Diamond Growers, American Airlines, Pepsi, Shawnee Peak Ski Area, etc. The tournament this year grossed approximately \$18,000, bringing the seven-year total to over \$75,000. Chip Curran, whose son Christopher was born with a hearing impairment, was quite pleased. Once we saw how expensive it was for families with hearing impaired children we wanted to do something to help. But what makes the tournament such a success is the people who volunteer their time every year to put the tournament on. We could not be successful without our employees, friends, and golfers who give their time so unselfishly for this cause. ■

ON THE BOOKSHELF

A look at some books of interest to AVI members

Wired for Sound: A Journey into Hearing

By Beverly Biderman

Reviewed by Melissa Chaikof

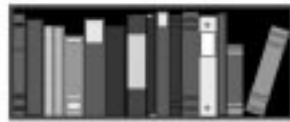
In 1987, when I first learned that my older daughter was deaf, I wanted information that would help me not only to make knowledgeable decisions to help her but also would help me understand what she would face in the years to come. Thus, I joined every deafness-related organization I could find and borrowed or bought any book I thought would be worthwhile. What I soon discovered was that while many of these books contained very useful information, they were often difficult to plod through. Either they were too technical for someone who, at the time, had no knowledge of deafness, or they were written in such a scholarly style that I had to force myself to pay attention as I read them.

Thus, as I sat down to read Beverly Biderman's new book, *Wired for Sound: A Journey into Hearing*, it was with some trepidation. However, much to my surprise and delight, my fears dissipated as soon as I began the first chapter and continued throughout the entire book. This book absorbs the reader like a novel; at the same time, it is a well-researched, rich and easily comprehended source of information for adults, for parents of deaf children, particularly those who have or who are considering a cochlear implant, and for professionals.

The book is the story of one woman's experience growing up with a hearing impairment, receiving a cochlear implant as an adult, and subsequently adapting and learning to listen with it. However, it does not follow a strictly chronological path. Rather, it begins by describing her initial "turn on" of her cochlear implant, followed by her account of how she learned to interpret the new sound information from it. In subsequent flashbacks, Ms. Biderman traces her life from childhood to implantation, in order to help the reader "understand this transformation." As she

notes, "To understand the experience of hearing with a cochlear implant, you need also to understand the experience of deafness."

Ms. Biderman grew up with a progressive hearing loss that she presumably inherited from her father. While she may have been born with normal hearing, it rapidly deteriorated so that her loss was apparent by the time she was a toddler and became profound by her early teens. Unlike today, with our emphasis on and availability of early intervention, special education, resource teachers, IEPs, etc.,



such was not the case when Ms. Biderman, who was born in 1946, was a child. In order to fit in, she became an outstanding lipreader. "Accepting deafness" was not a known phrase at that time. Thus, this book offers, for both parents and professionals working with hearing-impaired children in the mainstream, rare insight into what growing up deaf is like.

For example, in describing her difficulties with socialization, Ms. Biderman not only mentions well-known difficulties, such as struggling to use the telephone; she also describes trying to play the popular childhood game "Broken Telephone." In this game, each child whispers a message to the next child to see how distorted the message becomes by the end of the chain. Ms. Biderman recounts how, not being able to understand the whisper, she would make up something entirely different, leaving everyone else astonished at how the original message had changed.

Despite the social and emotional difficulties growing up pretending not to be deaf, Ms. Biderman strongly conveys to the reader that she is glad she is able to be a part of the hearing world and all of its richness today. Although she never learned to be fluent in sign language herself, she

includes an entire chapter on "Deaf culture," and extols the Deaf President Now movement at Gallaudet for raising the general public's consciousness to help them realize that deaf people are capable individuals who do not need to be treated as dependent people.

Ms. Biderman then proceeds to outline some of the Deaf culture's arguments against cochlear implants in children. Articulately and thoroughly, she then refutes those arguments, pointing out that "the quantity and range of sounds that I, a profoundly deaf adult, received with my cochlear implant were enormously greater than what I had been accustomed to with a hearing aid." She states that if she had had a cochlear implant when her hearing loss became profound, she could have coped more easily with her deafness. "Moreover," she adds, "modern-day auditory-verbal therapy that encourages the deaf child's self-esteem has little in common with the drill-type auditory training" deaf children received when she was a child.

In addition to describing her journey from deafness to hearing, Ms. Biderman includes throughout her book sidebars of quotes from others that help enrich her portrayal of deafness and restoration of hearing with the cochlear implant. She also provides lengthy footnotes for each chapter and the most extensive list of resources I have ever seen, which will be of great help to parents, adults, and professionals.

Recently, while in Toronto for a Cochlear Implant Club International meeting, and having just finished reading her book, I had the opportunity to spend some time with Beverly Biderman. I was impressed with the ease with which she could communicate, even while riding behind me in a car. For those of us who are auditory-verbal parents, her achievements serve as both inspiration and encouragement. I recommend that anyone involved with deafness, whether a parent, adult, or professional, read *Wired for Sound*. It is a rare book that provides both

insight and information in a highly readable format.

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The Discovery of Spoken Language

By P. W. Jusczyk (1997)

Cambridge: The MIT Press (314 pages)

Reviewed by Brian Fisher

In the Summer 1998 edition of *The Auricle*, Janice Hutchinson made one of her customary invaluable contributions to the AVI newsletter by tabling some recent professional literature references, including some from the developing field of infant speech perception and production.

The Discovery of Spoken Language, by Professor P. W. Jusczyk, covers these two areas in a comprehensive way. The major research in infant speech perception and production, which has been a phenomenon of the last 25 years and which has accelerated in the last 10 years or so, is skillfully reported, collated and synthesized by Jusczyk, himself a central figure in past and current research in these challenging areas.

Jusczyk provides an invaluable guide for professional workers interested in updating their knowledge and understanding of the emerging insights into the speech development (receptive and expressive) of infants, including the newborn. The stated aim of the book "... is to examine the origins of language acquisition in relation to the development of speech perception." The book, therefore, is of great potential interest to those involved in auditory-verbal therapy, particularly professionals. The text, however, is of an academic nature, so it is not light reading and thus may not appeal to everyone.

Jusczyk fascinatingly describes the methods that have been developed by

researchers to discover the amazingly effective mechanisms present in infants at birth and used in the early months of life that permit the perception of a range of important speech sound contrasts. While the very young infant is shown to possess the ability to detect the range of acoustic contrasts in any of the world's languages, the effect of the spoken communication of the caregiver is, from the first days of life, to begin biasing the discriminatory abilities of the infant in favor of the contrasts of the native language. Thus infants learn to decode the prosodic and syllabic features of the native language with evidence, as early as four and a half months of age, of perception of prosodically marked clausal units in child-directed speech, leading, in part through the effects of "prosodic bootstrapping," to emerging word segmentation skills (the extraction of word entities from oral utterances) by around seven and a half months of age. These early achievements of the infant are shown to lead on to the discrimination of prosodically marked phrasal elements, by around nine months of age, and to the development of increasingly fluent speech decoding skills in subsequent months.

Research into speech production is described as being necessarily structured in terms of its intrinsic relationship to speech perception, since the effect of caregiver speech input is to shape not only, as previously stated, the infant's speech perception, but also his/her speech production in the direction of the phonology of the native language. It is interesting in relation to deaf children that Jusczyk refers to research findings that have shown significant effects of deafness in limiting, quite early on, the babbling repertoire of these children. This is in contradiction to the stereotypical textual statement that deaf children's babbling is generally unrestrained by the hearing loss at least in the first six months of life.

The book is a vast store of other findings that are of immediate significance to those involved in auditory-verbal therapy. Thus the nature and extent of the critical or sensitive period in the acquisition of receptive and expressive phonology is highlighted, which lends further support, from generic infant work, to the A-V principle of the earliest possible

identification of the deaf child and the related provision of auditorily-based communication. Specific mention is also worth making in this review of some further findings in the book of special relevance to A-V work such as:

- the great value of the special acoustic characteristics of child-directed speech in acoustic highlighting, and thus making more easily perceptible, the phonological contrasts that are critical to the infant's development of spoken language (an emphasis made in A-V practice and in the lectures of A-V experts such as Judy Simser);
- the special effectiveness of one or a very small number of caregivers in giving a specially assimilable spoken input for the infant;
- the reasons for the greater difficulty even normally-hearing infants encounter in perceiving the unstressed, but syntactically important, elements of English speech and how verbal interaction with the caregiver gradually produces, by the end of the first year of life, a sensitivity to unstressed syllables through their use in combination with content words, thus giving the infant access to function words so critical to processing the meaning of English utterances;
- findings that support the accuracy and validity of Ling's (1976) blueprint for the developmental-organic-sequential emergence of speech skills—voicing, prosody, repetitive babbling, alternated babbling, first words, and so on;
- that when language development has been damaged, "then the course of reacquisition must follow the original developmental sequence" (this is of particular relevance to A-V therapy for child and adult cochlear implant clients);
- the narrow window of opportunity available to the child for his/her phonological development compared to those for syntax and semantics, a point emphasized by Doreen Pollack as far back as in the first edition of her 1970 book, in which she highlighted the critical importance of very early A-V habilitation for deaf infants if speech of normal quality were to be achieved.

continued on next page

It is possible to go on extracting one gem of knowledge after another from this book, but it is hoped that this brief account may spur many A-V colleagues to obtain the professional stimulus and benefits of reading this thesaurus of information which appears virtually custom-made to give a generic, data-based, theoretical, and practical support framework for the practice of Auditory-Verbal therapy.


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Catherine Richards, M.A.

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This profound, yet concise book examines the importance of teaching children who are deaf or hard of hearing to listen, speak, and process verbal language. The members of Natural Communication, Inc. and contributing writers provide excellent models for other parents and professionals to follow through their own stories, transcripts of suggested therapy lesson plans, and glossaries. This wealth of information offers a clear understanding of the auditory-verbal approach, as well as some insightful data pertaining to audiograms, types of amplification, speech-to-noise ratios, and ways to organize and to enact theme- or skill-based lesson plans.

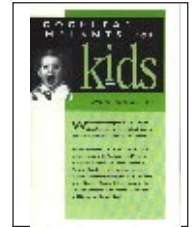
Several members of Natural Communication, Inc., a non-profit organization based in northeast Ohio, which encourages children who are deaf or hard of hearing to pursue the auditory-verbal approach through support and information, collaborated to create this work. Trained professionals in auditory-verbal therapy, Carol Flexer, Ph.D., and Catherine Richards, M.A., provide valuable information that educates

those who wish to learn more about the auditory-verbal approach.

Cochlear Implants for Kids

Warren Estabrooks, Editor

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Written for trained professionals in the field of deafness and parents, this book focuses on a revolutionary technology: cochlear implants.

Estabrooks has devoted much time and talent to helping families and their children who are deaf or hard of hearing to gain the best benefits possible from their cochlear implants. The carefully designed sections, devoted to different procedures that implantees undergo during the process of receiving and adapting to cochlear implants, as well as the powerful stories written by parents, make this work a useful, praiseworthy resource. Chapters introduce the history and ethical issues related to implantation, and the surgery. Other chapters emphasize the importance of rehabilitation, and the significance of parents' and professionals' roles in addition to a diversity of effective analytical therapy plans. This book presents a palatable mix of factual and personal data.

Contributing authors include doctors, auditory-verbal therapists, and parents.

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Cochlear Implants: A Handbook By Bonnie Poitras Tucker

The fascinating technology of cochlear implants continues to change the lives of children and adults with severe or profound hearing loss. This book explains, in a simple and accessible style, the manner in which cochlear implants work, for whom they work, and the extent to which they help deaf people hear. The author tells the story of her own experience with the implant procedure, and explains its advantages and benefits.

The book contains a comprehensive yet simple explanation of the basic concept, history, and evolution of cochlear implants. It includes questionnaire responses and summaries, case studies, and general information—all provided by some of the foremost clinicians in the field—that provide a full picture of how implant recipients and their families feel about the procedure. Readers will come away from this unique book thoroughly informed about the ability of cochlear implants to reduce or eradicate the ramifications of deafness.

Bonnie Poitras Tucker, deaf since infancy and unable to wear hearing aids, received a cochlear implant in 1991. An attorney and professor of law at Arizona State University, she is the author of six books and over 100 articles, and has been on television's "Nightline" and "Good Morning America Sunday."

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