



Children, parents and professionals in partnership

AUDITORY VERBAL THERAPY

In this approach there is an expectation that young children with hearing loss can use technologically assisted hearing to learn to listen, to process verbal language, and to speak (J. Simser, 2003). The goal is for the child to attend mainstream education, and become an independent, participating citizen in mainstream society.

While these ideals are shared with approaches described as “auditory oral”, Auditory Verbal Therapy differs from these in a number of important ways, which are described below:

Firstly, while planning adheres to a strong developmental framework, it is acknowledged that the child needs *highly enhanced* auditory and language input in order to achieve his or her potential. In practice, this means close co-working by the parents and other carers with a specialised therapist. This therapist is a qualified and experienced teacher of hearing-impaired children, speech-language therapist or audiologist who has undergone further post graduate training and is certified as an Auditory Verbal Therapist. Auditory verbal programmes can only be offered by a qualified and trained specialist therapist.

Secondly, the child’s parents/carers are trained and enabled as the primary agents of change, and are central participants in the auditory verbal programme. They receive training and knowledge through their participation in therapy sessions, practising techniques, and developing strategies for integrating them into daily living (J. Simser, 2003). This is the core of auditory verbal practice.

Thirdly, each session is diagnostic, and leads to highly specific individualised goals for the child and family. As families progress through the programme, they gradually develop more expertise, and are able to teamwork with the therapist, and act as managers of the child’s support programme. At all stages of the child’s development, this implies a highly proactive attitude to child and adult learning. In auditory verbal therapy, there is no place for a “wait and see” philosophy.

Fourthly, children participating in an auditory verbal programme require the ongoing provision of the best possible technology to optimise their access to sound. This means an explicit commitment on the part of parents and professionals to prompt and rigorous audiological management on a day to day basis. Poor moulds, missing hearing aids, or inadequately programmed implant systems, are detrimental to the child’s auditory development and so are unacceptable, even for a short time, within an auditory verbal programme.

The fifth defining characteristic of auditory verbal therapy is that listening and auditory understanding are actively promoted throughout the child’s day to day experience, and there is no special emphasis on other sensory cues such as lipreading.

All therapy goals can be demonstrated to fit into a normal developmental framework, and communication is established using speech within a highly social context, both in and outside therapy sessions. Children in auditory verbal programmes are oriented towards appropriately supported mainstream education, and expectations for their achievement are high.

The word “structure” is often used by the poorly informed in criticising auditory verbal therapy, believing it to be a formal, drill-based set of techniques for teaching auditory skills and speech. In fact, the structure is present in the highly organised and documented way in which therapists and parents evaluate progress and plan goals, relating them to established developmental norms. Regular evaluation of progress is carried out for each child, in relation to previously set goals, and to norm referenced measures of language development. No child is kept in an auditory verbal programme if he or she is not demonstrating benefit in terms of progress in audition and spoken communication. Ongoing assessment allows well planned transitions to be arranged for those children and families for whom auditory verbal therapy is not the right option.

It is expected that children who receive auditory verbal therapy in their preschool years will join mainstream school classes in their nursery and reception years. The auditory verbal therapist works closely with parents, schools, and support teams, to ensure that auditory and spoken language skills are generalised into the school environment.

Attendance at an auditory verbal programme may be weekly, fortnightly, or monthly in the preschool years, as intensive auditory and language stimulation are required, and families have to assimilate a large amount of new information. Once the child moves into school, the therapy programme usually takes on an advisory and monitoring role, and the child spends as much time as possible accessing the school curriculum.

Auditory verbal therapy is available to a limited extent in the UK, and is sometimes funded by local authorities on behalf of individual families. Training programmes are under development which will increase the pool of qualified therapists, and make this option available to more families throughout the UK.

Useful websites

www.auditoryverbal.org.uk

www.auditory-verbal.org

www.learntolisten.org

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