

What is Listening and Spoken Language Therapy????

A Parent Packet

by

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Introduction

“How will I communicate with my child?” “How will my child communicate?” “How will I find a program that will prepare my child academically and socially?” I am sure by now you have asked yourself, friends, and professionals these questions regarding your child’s communication options. As you have found that there are numerous options available for therapy, and communication with your child may take many forms.

Congratulations on your decision to pursue Listening and Spoken Language/Auditory-Verbal Therapy (LSL/AVT). Over the next few months, you will receive an overwhelming amount of information, as you embark on your Listening and spoken language/AVT program with your child. This packet is designed for parents of children with hearing impairments, to better understand the practice of Auditory-Verbal Therapy. It will provide an introduction to Listening and Spoken Language Therapy (LSL/AVT and its principles. The next few pages will guide you through the wonders of LSL/AVT and the possibilities for your child as he/she develops into a healthy, happy hearing adult.

In the pages that follow, you will find information about what LSL/AVT is, who is involved in the LSL process, how it can help your child and what you can do at home to facilitate language learning. A contact page to log information you receive when speaking with various individuals, (ENT, Audiologist, Physician, Speech Pathologist, etc.) is included.

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What is Listening and Spoken Language/ Auditory-Verbal Therapy?

LSL/AVT is specialized type of therapy designed to coach the family and teach a child to use the hearing provided by a hearing aid or a cochlear implant for understanding speech and learning to talk. The child is taught to develop hearing as an active sense so that listening becomes automatic and the child seeks out sounds in life. Hearing and active listening become an integral part of communication, recreation, socialization, education, and work.

- ❖ The philosophy of Listening and Spoken Language Therapy/ Auditory-Verbal Therapy) is for deaf and hard of hearing children to grow up in a regular learning environment, enabling them to become independent, participating, and contributing citizens in the mainstream society.
- ❖ LSL is a *parent centered* approach that encourages the use of naturalistic conversation and the use of spoken language to communicate.
- ❖ LSL is an approach that emphasizes the use of residual hearing to help children learn to *listen*, process *verbal language*, and to *speak*.
- ❖ AVT Maximizes the use of the child's aided residual hearing for the detection of sound.
- ❖ The earliest possible *identification* of hearing loss with immediate fitting with *amplification*, as well as prompt *intervention* helps to reduce the extent of language delays commonly associated with hearing impairment.

What is Listening and Spoken Language Therapy cont.

- ❖ LSL is based on *teaching parents/caregivers*, during their child's individual therapy sessions to emphasize residual hearing and interact with their child using the auditory-verbal approach.
- ❖ LSL encourages interaction and mainstreaming children from the beginning with normal-hearing peers.
 - Participation in playgroups, library story hours, and attendance in community schools can provide children highly motivating natural language models.
- ❖ LSL teaches the child to develop *self-monitoring skills*.
 - The child learns to listen to his/her own voice as well as to others during natural conversations thereby promoting natural voice quality.
- ❖ LSL follows a logical and critical set of guiding principles. The parent, therapist, and child engage in play activities that teach the child to use his or her amplified residual hearing to learn auditory-verbal communication like children with normal hearing.



What is LSL/AVT?

LSL/AVT is.....

- Learning through listening
- High expectations for listening
- Providing clear speech
- Providing natural language
- Parents as teachers
- Individual therapy
- Conversation based

LSL/AVT is not.....

- Learning through visual cues
- Expecting the child not to hear
- Speaking too loudly or softly
- Speaking with simple language
- Parents as observers
- Group instruction
- Drill based



Principles of Listening and Spoken Language

1. Promote the early diagnosis of hearing loss in newborns. Infants can be fitted with hearing aids by about four weeks of age. If a newborn fails a screening, testing and diagnosis by an audiologist and the ordering hearing aids usually takes about four weeks if it all happens quickly. Do not let anyone tell you we cannot fit hearing aids on young infants.
2. *Principle 2:* Immediate assessment and use of appropriate state-of-the-art hearing technology to obtain maximal benefit from auditory stimulation. Children need to be appropriately fitted with optimal settings. There are still many children with hearing aids who are underamplified.
3. *Principle 3:* Guide and coach the parents to help their child use hearing as the primary sensory modality in developing spoken language without the use of sign or an emphasis on speech reading or lip-reading. There needs to be high expectations for listening and that need to be communicated to the parents.
4. *Principle 4:* Guide and coach parents as the primary facilitators of their child's listening and spoken language development through active, consistent participation in individualized Auditory Verbal Therapy. It is critical that clinicians are comfortable coaching parents and turning over the session or the activity to them so they can learn how to be great language facilitators at home.
5. *Principle 5:* Ensure parents can take what they have learned and integrate those strategies (e.g. language targets, vocabulary, listening strategies) into daily routines at home. Parents need to become language facilitators for their child in natural interactions that are happening within the home.
6. *Principle 6:* Guide and coach parents to help their child integrate listening and spoken language into all aspects of their life.
7. *Principle 7:* Use natural developmental patterns of audition, speech and language and cognition. Clinicians should follow typical language development and measure children's progress against typical hearing children or their typical hearing peers.
8. *Principle 8:* Guide and coach parents to help their children self-monitor spoken language through listening. Children will develop an auditory feedback loop where they start to self-monitor their own speech. Around age 5-7 children start to self-correct their own speech.
9. *Principle 9:* Formal and informal diagnostic measures should be administered to make sure appropriate planning and progress monitoring is occurring.

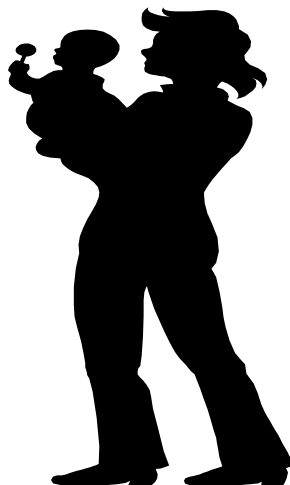
From AG Bell Academy of Listening and Spoken Language

Interesting Facts

- ❖ 1.6% of the 39 million school age children in the U.S., 632,000 have a hearing loss.
- ❖ Hearing impairment is the #1 birth defect, but most hearing-impaired children have useful residual hearing.
- ❖ The majority of these children, if properly fitted with hearing technology, can detect most if not all of the speech spectrum.
- ❖ These children can learn to talk through listening, because they have been given access to spoken language.
- ❖ Listening is a major force in the development of a child's personal, social, and academic life.
- ❖ LSL/AVT can help these children develop conversational skills.
- ❖ In order to benefit from the "critical period" of development, the identification of hearing loss, use of appropriate amplification and medical technology, and stimulation of hearing must occur as early as possible.
- ❖ If hearing is not accessed during the critical language learning years, a child's ability to use this information meaningfully will deteriorate.
- ❖ Current information about normal language and cognitive development provides the framework and justification for the structure of Listening and Spoken Language practice.
- ❖ As verbal language develops, reading skills can also develop.

Importance of Auditory-Verbal Therapy

- ❖ When aided and cochlear implants programmed properly, children with even profound hearing losses can detect, most if not all, speech.
- ❖ A child who has a hearing loss need not automatically be a visual learner (i.e. sign language), rather he/she can learn how to be an auditory learner.
- ❖ Children learn language most effectively through consistent and continual, meaningful learning interactions in a supportive environment.
- ❖ As verbal language develops, with audition, reading skills can also develop.
- ❖ Parents in LSL programs do not need to learn sign language.
- ❖ LSL/AVT uses and encourages the maximum use of hearing, and stresses listening rather than watching.
- ❖ LSL/AVT uses a team approach to therapy that allows for a more complete education environment.



Why Should My Child Learn to Listen?

- Children with normal hearing learn to readily detect sounds in their environment during infancy. They listen and learn that certain sounds have certain meanings. In this way, they learn to recognize, understand and speak words. This is auditory (listening) and verbal (speaking) communication. As they grow, they continue to build their vocabulary and language skills as they interact and communicate with others.
- Children with hearing impairments can also communicate in this way, however, they need help to learn to detect and recognize sounds around them. They must be taught that listening is useful and necessary to verbally communicate.
- Children with hearing impairments **CAN LEARN TO LISTEN TOO!!**



Terms You Will Hear Along the Way with LSL/AVT

- **Learning to Listen Sounds-** The list of sounds that are used to represent objects. For instance, “aaah” represents an airplane and “moo” represents a cow. They are used with the beginning listener.
- **Ling 6 Sound Test-** A test of listening that is done periodically throughout the day where the child which requires the child to respond to 6 sounds (ah, oo, ee, sh, s, and m) presented auditorally. The child completes an action or imitates the sound when heard. These sounds represent the sounds across the frequency range for speech.
- **Modeling-** The verbal-visual demonstration of what you want the child to do, especially for imitation purposes. For instance, if you wanted the child to drop a block in a box upon hearing a sound, you *the parent* would model this for the child.
- **Suprasegmentals-** The way in which we use vocal qualities such as stress, duration, pitch, and volume, to relay the meaning being said. *Intonation.* It is with these intonation/suprasegmental changes in our speech that we are able to make a question or a statement with the same words, (i.e. You’re going to the *beach*? Or You’re *going* to the beach.)
- **Critical Elements-** The parts of a message that contain the critical information in regard to comprehension of the message (i.e. *Pick up the blue circle after the red square.* This sequence has 5 critical elements)
- **Residual Hearing-** The amount of hearing an individual has at various frequencies without his/her hearing aid/cochlear implant.
- **Hearing Age-** The length of time the child has been receiving auditory input. (i.e. a 3 year old child who was born deaf, and received her cochlear implant at 2 years of age, as a hearing age of 1 year.)
- **Parentese/Motherese -** Speech used by parents/caregivers in talking with young children to help them in learning language.
- **Acoustic Highlighting-** Techniques that can be used to make speech easier to hear.
- **The Hand Cue-** is covering of the mouth (by hands, a toy, book, picture, etc.) during speaking when the child is looking directly at the face of the speaker.

Frequently Asked Questions ...

How is Listening and Spoken Language therapy different from other kinds of therapy?

- Many therapists provide services to improve communication skills of children with hearing impairments. Some therapists teach American Sign Language, while others use Total communication, Cued speech, or techniques used in their community. While the number of certified therapists are growing, there are approximately 1,0000 certified therapists in the world who are equipped for providing therapy sessions, parent training, and education services needed to maximize the child's use of hearing as a primary sense for speaking and learning at school.

◆ Who provides Listening and Spoken Language/AVT services?

- Certified Listening and Spoken Language therapists are specially trained for this. Some therapists are not certified but do follow the principles of LSL/AVT and have received specialized training in its approach. Talking to a prospective therapist will let you know his or her beliefs and practices; meeting children and parents from various programs will help you assess the appropriateness of a program for your child.

◆ Why aren't LSL/AVT services offered at my child's school?

- Compared to other communication and teaching methods for deaf children, LSL/AVT management is relatively new. However, interest in mainstreamed services and auditory learning environments for hearing impaired children is growing with the advent of hearing aids with built-in FM receivers, cochlear implants, and classroom amplification systems. Many teachers of the hearing impaired were trained before Auditory-Verbal management was understood and are unfamiliar with it. A critical role of the LSL therapist is to provide support services for school staff to meet the educational needs of each child. These can include classroom observations, in-services recommendations for language and curriculum modification, demonstration teaching sessions, etc

◆ Can Listening and Spoken Language services be used in conjunction with other methods?

- The LSL philosophy is a set of principles designed to be followed to achieve maximum use of hearing for learning. It does not use formalized visual communication systems such as sign language and cued speech. Research has shown that children who do not use sign language develop more *sophisticated use of their hearing and speaking skills*. Modifications to this approach are recommended on a case by case basis, taking the child, family, and community factors into account.

- ◆ What age is best to begin Listening and Spoken Language Therapy?
 - No infant is too young to work with. As soon as the infant has been fitted with hearing technology, therapy should begin. Because the human brain learns most rapidly in infancy, these important years should be capitalized on by starting therapy and parent training immediately.

- ◆ How often should a child go to therapy?
 - In many cities, children receive one or two, hour-long sessions each week. Children and their parents participate in the sessions with the therapists. Families who are limited by distance may receive sessions thru Telehealth (using a computer/camera web-based platform). The amount of therapy the child receives is not the main factor in a child's progress; rather it is the amount of time the parents spend engaging their child in verbal dialogue and language learning!

- ❖ Is therapy covered by insurance?
 - This often depends on the credentials of the therapist, the insurance policy, and the state where the policy is in effect. Some policies are more likely to pay for therapy with hearing aid users. Some will pay for therapy only to restore speech/language/hearing functions, which were lost through injury or illness; others pay if the child was born with a hearing loss.

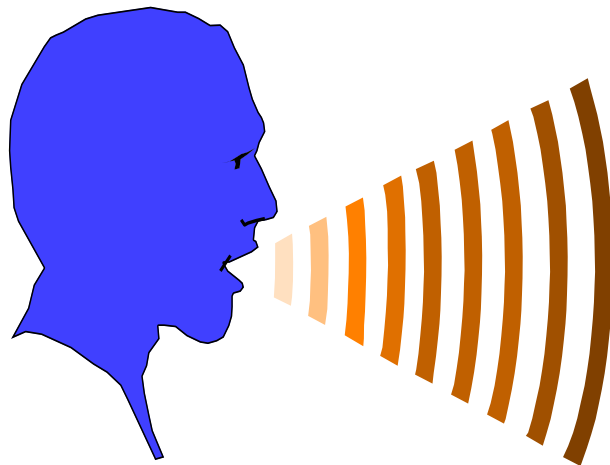
- ❖ What results can be achieved by using Listening and Spoken Language Therapy/AVTt?
 - With Newborn Hearing Screenings and early identification; more and more children and their families are receiving therapy in infancy. Many of these children and families develop typical listening, language and natural sounding speech by the time they are entering preschool and kindergarten. A large majority of children who integrate listening and spoken language into their personality are reported to have perceived themselves as fully integrated into the hearing community, received a mainstreamed education, did not use sign language, used the telephone to send and receive messages, attended mainstreamed universities, and pursued careers of their choice. Results of LSL/AVT vary with the age of the child, presence of multiple disorders, parent participation, availability of appropriate services, type of educational programs, and other factors. The goal of Listening and Spoken Language Therapy is to maximize the child's use of hearing. Each child responds to this in a unique manner.

What is a Listening and Spoken Language Therapist?

- ◆ Listening and Spoken Language therapists are professionals who have been trained in one or more of the disciplines of speech pathology, audiology, and education of the deaf.
- ◆ They recommend a Listening and Spoken Language treatment plan as the first option for developing a speech, language, and education program for hearing-impaired children.
- ◆ LSL therapists seize the auditory component of any life experience and promote and develop the use of sound for speaking and understanding spoken language.
- ◆ LSL therapists have expertise in the use of acoustic emphasis of speech sounds and language patterns for the purpose of maximizing the hearing-impaired child's verbal development.
- ◆ The guiding principle applied by an LSL therapist is that all therapeutic and education decisions lead to the hearing-impaired person's maximum participation in the hearing-speaking society.

LSL/AVT: The Listening Environment

- ◆ Speak close to your child's hearing aid or cochlear implant microphone.
- ◆ Speak in a quiet voice, at regular volume: raising the volume of your voice can often distort speech, making it more difficult to understand.
- ◆ Use a slightly slower speaking rate.
- ◆ Minimize all background noise; turn off window air conditioner units, fans, TV, radio's, etc..
- ◆ Use speech that is repetitive and rich in melody, expression, and rhythm.
- ◆ Use acoustic highlighting techniques to enhance the audibility of spoken language.
- ◆ Use an FM system whenever possible in background noise.



Getting Started

Complete the **Ling 6** sound test **3** times a day to ensure the hearing aid or cochlear implant is working correctly.

Ling 6 sounds are : “ah, ooo, eee, m, sh, s.”

Learning to Listen Sounds, Words and Phrases:

Vehicles:

Boat: puh puh puh

Car: brrrr. Beep beep

train: choo choo/woowoo

Bus: buh buh buh

Airplane: aaaahhh

Motorcylce: vrin vrin/rin,rin

Truck: brrr honk/naanaa

Ambulance: weeow,weeow

Animal Sounds:

Cow: moo

bird: chirp/ whistle

frog: jump jump

fish: swish, swish

Cat: meoww

dog : ruff ruff

duck: quack-quack

chicken:bak bak/cluck

Pig: oink oink

lamb: baaaah

horse: neigh &

monkey: ee-ee-ee

Turkey: gobble-gobble

Tongue click

rabbit: hop-hop-hop

Rooster: cock-a-doodle-doo

People/Miscellaneous:

Santa Claus: ho-ho-ho

Clown: ha-ha-ha

Cowboy: ya hoo, yee ha

Telephone: ring ring

Clock: tick-tock

Spinning things: round and round

Action Words/ Phrases

Pop-pop the bubbles

Wake-up

Close the door

Open the box

Sit-down

Sh-sh go to sleep

Wash-wash your hands

Blow-blow the feather

Walk-walk-walk

Bounce-bounce the ball

Up-up-up the stairs, blocks etc..

It goes round and round (top, wheels, pinwheel)

Wave bye-bye

Cut-cut the (banana, paper, etc)

Brush your hair, teeth

Stand up

Get the (object)

Stretch

Open your eyes

Adjectives

it's hot

it's all gone

it's dirty

it's soft

it's broken

it's wet

it's missing

that's funny

pretty flower

Nouns

the clock goes tick-tock

hi baby

the ghost says boooo

I'm mommy, I'm daddy

that's my shoe

that's my shoe

that's my eye, nose, mouth , etc..

Learning to Listen Sounds, Words and Phrases: CONT.

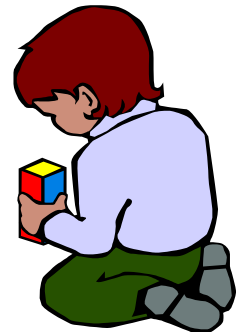
Expressive phrases:

Bye-bye	no-no don't touch	that's hot	pour it in
Uh-oh	uh-oh, he fell	b-r-r-r that's cold	help please!
Where's...	that's pretty	help me	that's all
Look at that	m-m-m that's good	I want more	no, no!
It's too heavy	more please!	Thank you	you're welcome
I want a	Let's clean up	what a mess	see you later

“Learning to Listen Sounds, words and phrases” adapted from the work of:

Warren Estabrooks, B.A., M.Ed., Cert. AVT
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Aural Habilitation Program
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Ottawa, Ontario, Canada



What your A-V therapist and you should be doing.....

A Parent's Guide: Ages 0-6

Normal Speech and Language Development

Encourage speech and language!

- ◆ Talk naturally with your child, speaking without exaggerated facial (particularly mouth and tongue) movements and without the use of sign language.
- ◆ Emphasize the sounds of speech used with your child in the way that mothers do with hearing infants who are learning to talk (motherese).
- ◆ Understand normal child language and speech development
- ◆ Take turns in therapy to give your child time to process what was said and time to respond.
- ◆ Encourage your child to use babbling and jargon as normal hearing infants do.

Learning Behaviors

Point out behaviors that indicate that your child is using sound for learning.

- ◆ Note to you the evidence that your child perceived some aspect of a speech or other sound signal whenever your child makes an auditory response.
- ◆ Help your child know that you expect a response to sound.
- ◆ Allow your child time to respond to sound. (PAUSE TIME)

Program management and Planning

Helps you to understand the Auditory-Verbal goals and procedures.

- ◆ Emphasize that primary therapeutic goal is training your child to be aware of, attend to, and use sound.
- ◆ Keep accurate notes and /or videotaped records of your child's progress.
- ◆ Use information about normal hearing children's language and speech development when discussing your child's progress.
- ◆ Coordinate services with other professionals who may be involved with your child.

The Auditory/Verbal Network, Inc. February 1998

Stages of AVT...

Auditory-Verbal sessions progress through the following stages:

- ◆ After accessing the ability to hear speech, either through hearing aids or a cochlear implant, the child is assisted in developing auditory, language, and speech skills in a near normal manner.
- ◆ The Child then learns to develop receptive language, allowing the child to understand spoken language.
- ◆ Once the child has a strong auditory and receptive language base, expressive or spoken language will spontaneously follow.



Listening and Spoken Language Therapy: What it takes !!

Listening and Spoken Language therapy allows you to guide your child to integrate hearing, language, and spontaneous speech into his/her personality. Through play and active involvement in everyday situation, listening can become a way of life. (Pollack 1985; Estabrooks & Samson 1992). Listening and Spoken Language therapy places a strong emphasis on detection of the hearing loss early, early fitting of hearing aids, continuing diagnostic therapy, and a strong partnership between the family and the professionals.

Building the foundation of learning to listening requires:

1. Wearing the hearing aids/ cochlear implant throughout all waking hours.
2. Checking the child's hearing aids/ cochlear implant multiple times throughout the day. This can be done through acoustics, like the Ling 6 sounds, and behavioral checks, does your child turn when called, respond consistently from day to day?
3. Using clear well-articulated speech when around the child
4. Reducing any background noise in the child's listening in environment.

Parent/ Caregiver requirements for successful listening and spoken language therapy.:

- Bring a **notebook** to all therapy sessions; a three-ring binder with pockets and dividers will help to stay organized. This is used for you to record new goals, ideas for home activities, and used also to record your child's progress throughout the week.
- An **experience book** is used to record your daily activities with your child; this can be a photo album, scrapbook, even a notebook. It is used to look back on activities of the week, to discuss past experiences and also to encourage you to discuss daily activities. Often, with the beginning child, you may simply draw a stick figure or pictures, even small objects of where you went, or activities you did that day. Later with progress, you or your child may write small subheadings with pictures or stories. Families have found using their phone to record the day's activities also is a great way to allow another family member to hear about their day!
- You will be asked to plan a few activities often and bring them to therapy, this enables you to think openly and freely about your child's goals and new ways you can work toward meeting them.

- You will interact with activities during the therapy session. My goal is to guide, coach, and teach you, the parent/caregiver, to help your child listen to the best of their ability. You are the primary teacher for your child with auditory-verbal therapy.

What To Expect From Your Child

During the First Year

- ❖ Follow simple one step commands
- ❖ Develop object permanence; understand that an object continues to exist even when they can no longer see it.
- ❖ Vocalizes when spoken to
- ❖ Turns to localize where sound is coming from
- ❖ Talks to mirrors and toys
- ❖ Quiets when wearing hearing aids, and is noisy when they are off
- ❖ Reacts to hearing a loud sound by smiling, quieting, or being still
- ❖ Responds to noise-making toys
- ❖ Responds to environmental sounds (doorbells, telephones, knocking, barking, etc.)
- ❖ Responds to their name when called from a distance
- ❖ Reacts when a noise suddenly stops
- ❖ Indicates that they heard something, usually by pointing to ear, cochlear implant, hearing aids or looking puzzled.

Activities to Encourage your Child's Language Development

- ❖ Talk to your child constantly, realizing that he/she **can** hear you
- ❖ Respond to your child's coos, gurgles, and babbling
- ❖ Talk to your child as you care for him or her throughout the day (diapering, getting dressed, fixing meals, trips to stores)
- ❖ Read colorful books to your child; talk about what is happening in the pictures.
- ❖ Tell nursery rhymes and sing songs
- ❖ Teach your child the names of everyday items and familiar people with a lot of repetition
- ❖ Take your child with you to new places and situations
- ❖ Play simple games with your child such as "peek-a-boo" and "pat-a-cake"
- ❖ Cover their favorite toys (while they are watching) and wait for responses
- ❖ Give your child toys that make different noises

More advanced expectations

- ❖ Stop an activity in response to “no”
- ❖ Identify and use words with different number of syllables
- ❖ Match similar objects
- ❖ Identify facial features (eyes, nose, mouth, hair)
- ❖ Imitate a variety of speech babble

Activities to encourage your Child’s language

- ❖ Reward and encourage early efforts at saying new words
- ❖ Talk to your baby about everything you’re doing while you are with him/her
- ❖ Talk about new situation before you go, while you are there, and again when you are home
- ❖ Look at your child when he or she talks to you
- ❖ Describe what your child is doing, feeling, hearing
- ❖ Let your child listen to children’s tapes and CD’s
- ❖ Praise your child’s efforts to communicate
- ❖ Repeat new words over and over
- ❖ Take your child on “listening walks”
- ❖ Let your child tell you answers to simple questions
- ❖ Read books every day, as parts of routines as well
- ❖ Listen attentively when your child talks to you
- ❖ Describe what you are doing, planning, thinking
- ❖ Have the child deliver simple messages for you
- ❖ Ask questions to get your child to think and talk
- ❖ Show the child you understand what he or she says by answering, smiling, nodding your head
- ❖ Expand what the; child says, if he or she says, “more juice”, you say, “Alex wants more juice.”

Fun Ideas for Home

- ❖ Using bingo stampers, let the child blot out a word or picture for his response.
- ❖ Cereal box book: cut the front and back and staple these together with blank sheets in between to create a notebook, homemade story book, or activity book, or your child's own photo album to learn acquaintances
- ❖ Baggie book: take a bunch of zip lock baggies, stack them, and staple the bottoms together. Cover the stapled bottom areas with cloth backed tape (silver duct tape). You can use these to hold pictures, objects, and pages for a story book.
- ❖ If you happen to run across a fancy fly swatter, (i.e. one that looks like a frog/ flip flop sandal) you can lay pictures representing the responses out on a table and let the child swat his response.
- ❖ When working on intensity, use small, medium, and large Dixie cups. Have the child place a mini marshmallow in the cup for their responses. When this activity is over, the child's bonus is that he gets to eat the marshmallows, fun fruits, etc.
- ❖ When working on critical elements, try using plastic food on a plate.
- ❖ Make up some "matching" worksheets. Have the child use licorice sticks instead of a pencil to do his matching.
- ❖ Place stickers representing possible responses on the child's fingers. Have them hold up a finger for their response.
- ❖ Instead of using typical game board pieces, use cheerios or mini-marshmallows.

Adapted from www.listen-up.org

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Resources

This packet is meant to be an introduction to AVT for parents. Over the course of your child's therapy there will be a world of questions you may have. I am available to answer questions you and your family may have. I have also compiled a list of web sites you may find helpful to look at. Any time you are interested in learning more about LSL/AVT or need a few extra home therapy activities you may find these sites beneficial!

- ❖ www.agbell.org
- ❖ www.listening2learn.com
- ❖ www.hearingfirst.org
- ❖ www.listenfoundation.org
- ❖ www.cochlearamericas.org
- ❖ www.thelisteningroom.com
- ❖ www.medel.com
- ❖ www.loveandlogic.com

Conclusion

I hope you have found the provided information to be helpful. Auditory-verbal therapy is a powerful approach and can make a world of difference to your child's future. What you will also find is that AVT will make a world full of difference in how your family presently functions from day-to-day. This approach is very intense and requires involved and dedicated families for it to be successful. In order for AVT to work for you child it is up to you, as parents and caregivers, to be a strong advocate for him/her. It is essential that your child receive consistent audiological management, appropriate and consistent therapy, and adequate support in all environments with the expectation for your child to listen.

Congratulations on making the tremendous first steps toward providing your child with the necessary tools to build a successful future!

This packet was compiled using information from prior cited sources and the following;

- ❖ Daniel Ling**
- ❖ Warren Estabrooks**
- ❖ Judy Simser**
- ❖ Doreen Pollack**
- ❖ Todd Houston**
- ❖ Beth Walker**