
SECOND EDITION

AUDITORY-VERBAL PRACTICE

Family-Centered Early Intervention



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(With 17 Other Contributors)

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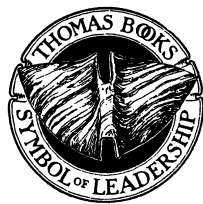
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PREFACE

Every child, every family.

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

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

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

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

with hearing loss.

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

E.A.R.

J.D.

CONTENTS

<i>Preface</i>	<i>Page</i> vii
----------------------	--------------------

PART I: AUDITORY-VERBAL PRACTICE

Chapter One: Introduction to Auditory-Verbal Practice	5
<i>Jill Duncan & Ellen A. Rhoades</i>	
Key Points	5
Introduction	5
Terminology	6
Medical Influence on Auditory-Based Learning	7
Victor Urbantschitsch (1847–1921)	7
Max Goldstein (1870–1941)	7
Emil Froechels (1885–1972)	7
Henk C. Huizing (1903–1972)	8
Practitioner Pioneers of Auditory-Verbal Practice	8
John Dutton Wright (1866–1952)	8
Twentieth Century Pioneers of AV Practice	9
Edith Whetnall (1920–1965)	9
Ciwa Griffiths (1911–2003)	9
Helen Hulick Beebe (1909–1989)	10
Doreen Pollack (1920–2005)	10
Contemporary Auditory-Verbal Practice	11
Organizational Landscape	11
Educational Landscape	12
Research Landscape	13
Conclusion	15
References	15

Chapter Two: AV Practice—Principles, Mentoring and Certification Process	20
<i>Andrew Kendrick & Trudy Smith</i>	
Key Points	20
Introduction	20
Principles of the AV Approach	21
LSLS Cert AVT & LSLS Cert AVEd Practitioner Commonalities ...	26
Certification Overview	27
Certification Process	27
Tools to Support the Mentee and Mentor	28
Documentation	29
Differences between Cert AVT & Cert AVEd	29
Influence of the Work Environment on the Designation	30
Clients	30
Age of Child in the Program	30
Conclusion	31
References	31
Chapter Three: Evidentiary Practice	34
<i>Ellen A. Rhoades</i>	
Key Points	34
Introduction	34
Importance of Evidence	34
Evidence-Based Practice	35
Definition and Goal	35
Standardized Practice	36
Effectiveness of Treatment	37
Progress Monitoring	38
Culturally Responsive Research	39
Clarification of Constructs	39
Research-Based Practices	39
Best Practices and Recommended Practices	39
Evidence-Informed Practices	40
Qualitative Types Of Evidence	40
Level I Evidence: Randomized Controlled Trials	41
Level II Evidence: Non-Randomized Trials	42
Lower Levels of Evidence	42
Fidelity of Intervention	42
Literature Reviews	44
A Difficult-to-Attain Goal	44
Conclusion	45
References	47

Chapter Four: Research Findings for AV Practice 52
Stacey R. Lim & Sarah C. Hogan
 Key Points 52
 Introduction 52
 Evidence for AV Practice 53
 Scoping Review 53
 2000–2008 53
 2009–2016 53
 Other Analyses of AV Interventions 60
 Looking to the Future 60
 Conclusion 62
 References 62

PART II: THROUGH THE WIDEST LENS POSSIBLE

Chapter Five: Circles of Influence 67
Jill Duncan
 Key Points 67
 Introduction 67
 Bronfenbrenner’s Bioecological Systems Theory 68
 Microsystem 68
 Regular direct interactions with child 68
 Parent-child 69
 Siblings 70
 Physical environment 70
 Mesosystem 70
 Interactions between microsystems 70
 Multi-setting participation 70
 Meaningful participation 71
 Social inclusion 71
 Exosystem 71
 Interaction between social settings 71
 Parent support groups and/or counseling 72
 External responsibilities 72
 Macrosystem 72
 Cultural values, laws, and customs 72
 Social networks 72
 Supplementary activities 73
 Chronosystem 73
 Evolution of systems across time 73
 Parent-child relationship 73
 AV practitioner’s function 73

Core Concepts	74
Proximal Processes	74
Biopsychological Characteristics	74
Reciprocal Activities	74
Emotional Relationships	74
Third Parties	75
Ecological Transitions	75
AV Practitioner and Circles of Influence	75
Conclusion	76
References	76
Chapter Six: Serving Families with Diverse Cultures	78
<i>Ellen A. Rhoades</i>	
Key Points	78
Introduction	78
Diversity: Differences or Deficits?	79
Labels, Stigma, and Stereotypes	79
Expectation Levels and the Self-Fulfilling Prophecy	80
Cultural Pluralism	81
The Family Unit	82
Immigrant Status	82
Racial Differences	83
Language Differences	84
SES Differences	85
Complex Learning Differences	88
AV Practice	88
Conclusion	90
References	90
Appendix 6.1 Practitioner Strategies for Developing Culturally Sensitive Partnerships with Families	101
Chapter Seven: Factors Influencing Child Developmental Outcomes	103
<i>Teresa Y. C. Ching & Cara L. Wong</i>	
Key Points	103
Introduction	103
Factors Affecting Child Outcomes	104
Child-Related Factors	104
Degree of hearing loss	104
Hearing devices	104
Early identification and intervention	105
Additional disabilities	106

Non-verbal cognitive ability	106
Family-Related Factors	106
Communication mode at home	107
Maternal education and socioeconomic status	107
Intervention-Related Factors	107
Communication mode during early intervention	107
Parental involvement	108
Summary of Factors Influencing Outcomes	108
Evidence From the LOCHI Study	108
Spoken Language Outcomes	110
Measures	110
Findings	110
Psychosocial Outcomes	111
Measures	111
Findings	111
Parental Choice of Communication Mode	112
Parental Involvement in Intervention	112
Conclusion	113
References	113
Chapter Eight: A Positive Framework for Enabling the Family ..	118
<i>Ellen A. Rhoades</i>	
Key Points	118
Introduction	118
Establish a Positive Mindset	119
Motivation	119
Expectation	119
Optimism	120
Resilience	120
Benefits for Families	120
Mental Health	121
Learning Process	121
Self-Confidence	121
Meaning-Making	121
Developmental Outcomes	121
Strategies for AV Practitioners	122
Reframing	122
Perspective-Taking	122
Networking	123
Elevating Hope	123
Expanding Knowledge	124
Providing Constructive Feedback	124

Implement Strengths-Based Practices	124
Introspection	125
Self-Reflection	126
Facilitate Solution-Focused Problem-Solving	126
Enable to Promote Self-Determination	127
Conclusion	128
References	129
Chapter Nine: Toward Family-Centered Practice	133
<i>Ellen A. Rhoades</i>	
Key Points	133
Introduction	133
From Parent to Family Involvement	134
Continuum of Family-Based Models	135
Professional-Directed Model	135
Family-Allied Model	136
Family-Focused Model	136
Family-Centered Model	136
General Evidentiary Findings	138
Family-Centered Practices	139
Transdisciplinary Team	139
Collaborative Partnership	140
Relationship skills	140
Participatory skills	140
Collaboration and consultation	141
Evidence for the Family-Centered Model	141
Barriers to Collaborative Partnerships	142
A Call for Action	144
Conclusion	145
References	146
Chapter Ten: The Decision-Making Process	151
<i>Ann Porter</i>	
Key Points	151
Introduction	151
The Context of Parental Decision-Making	151
Theories of Decision-Making	152
Normative Theories	152
Descriptive Theories	153
Prescriptive Theories	153
Bias in Decision-Making	154
Understanding Informed Choice	154

Informed Consent	154
Informed Choice	154
Models of Treatment Decision-Making	155
Facilitating Parent Decision-Making	157
Information Exchange	158
Providing the information parents need	158
Presenting the information	159
Understanding the information	159
Eliciting parents' preferences	159
Deliberation	160
Making the Decision	161
Conclusion	162
References	162
Chapter Eleven: A Systemic Perspective & Relational Strategies	165
<i>Ellen A. Rhoades</i>	
Key Points	165
Introduction	165
Family Functioning	165
Structure: Characteristics and Styles	166
Interactions: Subsystems, Boundaries and Coalitions	167
Adaptability: Routines, Risks and Resilience	169
Equilibrium: Stressors and Transitional Periods	170
Nonjudgmental Relational Strategies	172
Family Alliance	172
Active Listening	172
Questioning: Circular and Reflexive	173
Self-Disclosure	174
Mimicry	174
Respecting Family Health	175
Conclusion	176
References	176
Chapter Twelve: Parent-Child Interactions	182
<i>Ellen A. Rhoades</i>	
Key Points	182
Introduction	182
The Dyad	183
Interactional Synchrony	183
Parental Responsiveness	183
Qualitative Characteristics	184
Parental Sensitivity	184

Parent-Child Attachment	185
Parental Affect	186
Parental Empathy	186
Parental Perspective-Taking	187
Child-Directed Speech	187
Characteristics	188
Vocabulary	189
Function Words	189
Content Words	190
Sharing Books	191
Dyads Including Children with Hearing Loss	191
At-Risk Parenting	191
Parent-Mediated Intervention	193
Practitioner Observations	194
Conclusion	194
References	196

PART III: FAMILY-CENTERED EARLY INTERVENTION AV PRACTICE

Chapter Thirteen: The Natural Environment–Home	209
<i>Ellen A. Rhoades</i>	
Key Points	209
Introduction	209
Patterns Of Daily Life	210
Routines	210
Rituals	210
Benefits of Household Predictability for Children	210
Benefits for Families	211
Types of Routines	212
Obligatory Routines	212
Non-Obligatory Routines	213
Shared Routines	214
Unpredictability	215
Disruptions in Routines	215
Chronic Chaos	215
Intervention Frameworks	216
Parent-Mediated Child Learning	216
Routines-Based Intervention	217
Contextually-Mediated Practices	218
Learning Opportunities For AV Practitioners	218
Conclusion	220

References	221
Appendix 13.1 A Routines-Based Activity with Potential	
Objectives	227
Appendix 13.2 Family Routines-Based Questionnaire	229
Chapter Fourteen: A Model for the Evaluation of Family	
Characteristics	234
<i>Christine Yoshinaga-Itano & Mallene Wiggin</i>	
Key Points	234
Introduction	234
Assessments of Family Emotional Variables	235
Emotional Adaptation to the Diagnosis/Grief Resolution	235
Establishing Trust Relationships	236
Parental Stress Index	236
Emotional Availability Scales	237
Parenting Events/Daily Hassles Scale	238
Family Needs for Support/Family Needs Survey	239
Family Communication Variables	240
Model for Delivering Information	240
Delegating/Observing	240
Participating/Facilitating	241
Selling/Coaching	241
Telling/Directing	241
Family Reflections	241
IDA Institute Motivational Tools	242
The Line	242
The Box	243
The Circle	243
Language Learning Environment/LENA Characteristics	243
Application of Theory to Practice	245
Conclusion	246
References	246
Appendix 14.1 LENA Recording Summary Sample	249
Chapter Fifteen: Supporting and Engaging Families	250
<i>Anita G. Bernstein, Alice A. Eriks-Brophy, Hillary V. Ganek,</i>	
<i>Nicole B. M. Bazzocchi, & Glynnis E. DuBois</i>	
Key Points	250
Introduction	250
Recent Studies on Family Supports	251
Components of Family Support	251
Family-to-Family Support	252

Telepractice	252
Supporting and Engaging Families	253
Information Provision	253
Supporting All Family Members	254
Spousal Relationship	254
Mothers	255
Fathers	256
Single Parents	257
Siblings	258
Extended family members and friends	259
Grandparents	259
Other extended family members and friends	260
Families of Diverse Backgrounds	260
Conclusion	261
References	262
Chapter Sixteen: Home Visits - Service Delivery in the Natural Environment	266
<i>Helen McCaffrey Morrison</i>	
Key Points	266
Introduction	266
Evidence for Home Visiting Effectiveness	267
What Works	267
What Does Not Work	268
Parent-Implemented Intervention	269
Adult Learning Principles	269
Parent Coaching Strategies	271
Phase I: Getting started	271
Phase II: Modeling	271
Phase III: Parent practice with feedback	271
Phase IV: Reflection	272
Phase V: Assessment of learning	273
Parent Coaching in Auditory-Verbal Practice	273
Suggestions for Implementing Family-Centered Home Visits	274
The First Visit	274
Assessment	275
Setting Goals	275
Family Resources	276
Safety	277
Alternatives to Home Visiting	277
Conclusion	277

References	278
Appendix 16.1 Parent Coaching Domain: From the Mentor’s Guide to Auditory-Verbal Competencies	281
Appendix 16.2 Parent Goals: Adapted From the Mentor’s Guide to Auditory-Verbal Competencies	283

PART IV: EPILOGUE

Chapter Seventeen: One Practitioner Learns to Become Family-Centered	289
<i>Mary McGinnis</i>	
Key Points	289
Introduction	289
Stories That Illustrate Family-Centered Practice	292
Marisa and Katie	292
Carlos and Rosa	293
Sofia and Kayla	295
Amy and Cameron	296
Delilah and Sam	297
Annie, Amin, and Lila	299
Telepractice Changes the Model	300
Kathy and Amanda	301
Krysta, Brandon, and Laura	301
Conclusion	301
References	302
 Chapter Eighteen: Editors’ Summaries & Comments, Opportunities & Challenges	 303
<i>Ellen A. Rhoades & Jill Duncan</i>	
Introduction	303
Summaries and Comments	303
Recognizing the Tenacity in Historical Roots	303
Targeting Early Intervention Practice	304
Calling for More Research	304
Traveling the Road to Evidence-Based Practice	304
Understanding Essential Theoretical Underpinnings	305
Aspiring to Culturally Responsive Practice	305
Appreciating That Myriad Factors Matter	306
Promoting the Positive Psychological Perspective	306
Transitioning to Family-Centered Practice	306
Making Decisions Within the Continuum of Choices	306

Thinking Systemically Begets Systemic Strategies	307
Facilitating Dyadic Concordance of Hearts	307
Imparting the Importance of Predictability	307
Monitoring Progress Beyond the Child	308
Reaching Beyond the Nuclear Family Unit	308
Visiting the Child's Most Important Social Context	309
Remembering to Trust the Process	309
Opportunities and Challenges	309
Complex Needs: Underrepresented and Underserved	
Families	309
Informational Support: A Predictor of Outcomes	310
Parental Responsiveness: A Method of Naturalistic	
Intervention	310
Digital Technology: A Means to Interact, Inform, Evaluate	311
Audit Culture: The Gold Standard	311
Global Challenge: The Training and Credentialing of	
Practitioners	312
Global Opportunity: A Paradigmatic Shift	312
Conclusion	314
References	314
Appendix 18.1 Information Needed by All Parents of Children	
with Hearing Loss (<i>Ellen A. Rhoades & Carol Flexer</i>)	317

AUDITORY-VERBAL PRACTICE

Part I

AUDITORY-VERBAL PRACTICE

Chapter One

INTRODUCTION TO AUDITORY-VERBAL PRACTICE

Jill Duncan & Ellen A. Rhoades

Key Points

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

INTRODUCTION

This chapter provides an introduction to auditory-verbal (AV) practice as an intervention approach for families that include children with hearing loss. The first section explains terminology that will assist the reader in understanding AV practice and to contextualize the remainder of this book. Some chapters complement these terms with addi-

tional definitions specific to the content. The second section reviews the early history of auditory-based learning for children with hearing loss that led to today's practice. The chapter ends with a contemporary view of AV learning, including the identification of many events that lead up to AV practice.

TERMINOLOGY

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

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

that the AV practitioner embrace a broad perspective of how families can be strengthened so that child developmental outcomes can be optimized. The family, then, is the AV practitioner's primary client.

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

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

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

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

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

MEDICAL INFLUENCE ON AUDITORY-BASED LEARNING

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

Victor Urbantschitsch (1847–1921)

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

Urbantschitsch and his writings influenced other physicians, particularly Max Goldstein, Emil Froeschels, Henk Huizing, and Erik Wedenberg (Ling, 1993) who, in

turn influenced the philosophies and pioneering therapeutic practices of Edith Whetnall, Helen Beebe, Ciwa Griffiths, and Doreen Pollack.

Max Goldstein (1870–1941)

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

Emil Froeschels (1885–1972)

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