

# ***The Auditory-Verbal Position Statement***

## ***What is the Auditory-Verbal philosophy?***

The Auditory-Verbal philosophy is a logical and critical set of guiding principles. These principles outline the essential requirements needed to realize the expectation that young children with hearing loss can be educated to use even minimal amounts of amplified residual hearing. Use of amplified residual hearing, in turn, permits children with hearing loss to learn to listen, to process verbal language, and to speak.

The goal of Auditory-Verbal practice is that children with hearing loss can grow up in regular learning environments that enable them to become independent, participating, and contributing citizens in the mainstream society. The Auditory-Verbal philosophy supports the basic human right that children with all degrees of hearing loss deserve an opportunity to develop the ability to listen and use verbal communication within their own family and community constellations.

## ***Existing Evidence That Supports the Rationale for Auditory-Verbal Practice***

1. The majority of children which hearing loss have useful residual hearing; a fact known for decades.
2. When properly aided, children with hearing loss can detect most if not all of the speech spectrum.
3. Once ALL available residual hearing is accessed through amplification technology (e.g., binaural hearing aids and acoustically tuned earmolds, FM units, cochlear implants) in order to provide maximum detection of the speech spectrum, then a child will have the opportunity to develop language in a natural way through the auditory modality. That is, a child with hearing loss need not automatically be a visual learner. Hearing, rather than being a passive modality that receives information, can be the active agent of cognitive development.
4. In order to benefit from the "critical periods" of neurological and linguistic development, then the identification of hearing loss, use of

appropriate amplification and medical technology, and stimulation of hearing must occur as early as possible.

5. If hearing is not accessed during the critical language learning years, a child's ability to use acoustic input meaningfully will deteriorate due to physiological (retrograde deterioration of auditory pathways), and psychosocial (attention, practice, learning) factors.

6. Current information about normal language development provides the framework and justification for the structure of auditory-verbal practice. That is, infants/ toddlers/ children learn language most efficiently through consistent and continual meaningful interactions in a supportive environment with significant caretakers.

7. As verbal language develops through the auditory input of information, reading skills can also develop.

8. Parents in auditory-verbal programs do not have to learn sign language or cued speech. More than ninety percent of parents of children with hearing loss have normal hearing. Studies show that over 90% of parents with normal hearing do not learn sign language beyond a basic preschool level of competency. Auditory-verbal practice requires that caregivers interact with a child through spoken language and create a listening environment which helps a child to learn.

9. If a severe or profound hearing loss automatically makes an individual neurologically and functionally "different" from people with normal hearing, then the auditory-verbal philosophy would not be tenable. The fact is however, that outcome studies show that individuals who have, since early childhood, been taught through the active use of amplified residual hearing, are indeed independent, speaking, and contributing members of mainstream society.

## ***Principles of Auditory-Verbal Practice***

1. To detect hearing impairment as early as possible through screening programs, ideally in the newborn nursery and throughout childhood.

2. To pursue prompt and vigorous medical and audiologic management, including selection, modification, and maintenance of appropriate hearing aids, cochlear implants or other sensory aids.

3. To guide, counsel, and support parents and caregivers as the primary models for spoken language through listening and to help the understand the impact of deafness and impaired hearing on the entire family.
4. To help children integrate listening into their development of communication and social skills.
5. To support children's auditory-verbal development through one-to-one teaching.
6. To help children monitor their own voices and the voices of others in order to enhance the intelligibility of their spoken language.
7. To use developmental patterns of listening, language, speech, and cognition to stimulate natural communication.
8. To continually assess and evaluate children's development in the above areas and, through diagnostic intervention, modify the program when needed.
9. To provide support services to facilitate children's educational and social inclusion in regular education classes.

*From The Auditory-Verbal Position Statement*