

## Book Review

### *Auditory–Verbal Practice: Toward a Family-Centred Approach*

Edited by ELLEN A. RHOADES AND JILL DUNCAN  
(Charles C. Thomas: Springfield, IL, 2010)  
[Pp. 401.] ISBN 978-0-398-07925-3 (hbk), ISBN 978-0-398-07926-0 (pbk)

Auditory–verbal (AV) practice is a parent-centred approach that aims to enable a child with a hearing loss to learn to talk through listening, i.e. by maximizing the child's use of residual hearing as the primary sense for developing spoken language (as opposed to the visual or auditory–visual channels). As outlined in Chapter 1, such auditory-based learning can be traced as far back as 1802 when a French physician, Jean Itard, claimed that children with a hearing loss could be trained to hear words. During the 20th century a few practitioners, mainly from the United States, Australia, Canada and Europe, developed this approach further. In 1987 the organization Auditory–Verbal International (AVI) was created for this body of therapists, and in 1994 it offered examination for practitioners, leading to the designation of Certified AV Therapist. AV practices and Certified AV therapists all follow (and are bound by working to) guiding principles, which are now set and modified by the AG Bell Academy for Listening and Spoken Language (which replaced AVI in 2005). The editors of this book, Ellen A. Rhoades and Jill Duncan, are Certified AV therapists and have received awards in this field. Other contributors come mainly from a range of professions linked to audiology and family therapy, but parents of children with a hearing loss also contribute.

This book has two main intended uses: (1) as a text for graduates working in the field of audiology and its related professions; and (2) as a field guide for those practitioners already working with families and their children with hearing loss who want to develop their skills further. The editors hope that all readers will have 'developed an understanding of how three disciplines can merge—that of AV practice, systemic family therapy practice, and family-centred practice' (p. xv) by the time they finish the book.

As explained on the AVUK therapy website (<http://www.avuk.org>), there are only a few Certified AV therapists currently working within the UK. However, giving patients more choice about their healthcare is now a priority of the NHS, and increasingly parents are able to research the range of options available for their children with a hearing loss. Some parents are discovering auditory–verbal therapy (AVT) and requesting it.

One of the critical factors for achieving successful outcomes, as outlined on the AVUK website, is early diagnosis of a hearing loss to enable proper amplification. All areas of England have been offered the NHS Newborn Hearing Screening since March 2006, meaning that early diagnosis can be achieved for most families screened. The last decade has also seen 'significant technological developments which can improve potential outcomes for children

with hearing impairment' (Department of Health 2008: 17). Another critical factor for success on the AVT programme as outlined by AVUK is that of family involvement. The Mission Statement for the NHS Newborn Hearing Screening Programme (NHSP) mirrors this, with the aim of providing 'family-centred early intervention' (<http://hearing.screening.nhs.uk/missionstatement>). Therefore, despite the lack of Certified AVT practitioners in the UK at the moment, this book is increasingly relevant as interest in AVT is growing within the UK and factors for success as outlined on the AVUK website are more easily achievable. I would argue the book also raises valuable questions for all practitioners working with families and their children, hearing impaired or not.

The book is divided into three sections: AV practice, systemic family perspective, and family-based AV intervention. Section I introduces AV practice, its history, rationales, principles and the influencing factors for its development. The evidence base for AVT is objectively discussed in Chapter 2, with the limitations discussed and areas for further research identified. This part of the book ends with a very thought-provoking chapter by Rod G. Beattie, who writes about the ethical considerations of therapy, related theory, and raises some searching questions about some case by case dilemmas that practitioners may face and which can impact the outcomes of family-centred therapy, e.g. issues of time, practitioner perception of possible outcomes, and ethnocentrism.

Section II carries on with much theoretical content, introducing systemic family therapy/models, discussing their merits, and encouraging practitioners to think systemically when working with children with hearing loss and their families. Some examples of how to apply family therapy approaches to AV practice are given, e.g. Chapter 5 discusses Bronfenbrenner's Circle of Influence model as a tool for looking at the influencing relationships affecting children as they grow up. Chapter 6 concludes by summarizing the common factors for successful family interventions, which would be useful for graduates and those already working in the field to keep in mind.

Section III starts by discussing what being 'family-centred' means, and gives tips on how to include and support different family members during intervention in Chapter 10. Chapter 11 discusses assessment tools for working with a family, which could be unnerving for the new graduate because of the informal approach. More examples on how to use these assessments, with real-life examples, might have been useful here. Parts of this last section repeat the previous section's theory on systemic therapy, but usefully Chapters 12–14 discuss intervention approaches, providing questions to use when working with families and giving ideas for practitioners working in a school setting on how to involve families.

At the end of the book, three families give their stories of having a child with a hearing loss and their perspectives on AVT. These are thought-provoking and moving, with all three families achieving successful spoken-language outcomes for their children. It could be said that this has not given the opportunity for families

where AVT has been less successful to give their views and thereby offer another perspective on AVT. The book does touch upon AVT being offered mainly as a private therapy (therefore accessible only to certain families) in the majority of countries where it is offered, and not being successful for all children with a hearing loss. It would have been useful to have had a more extended discussion about what to do when AVT does not work (or does not appear to be working), along with how practitioners can seek their own professional support in this field.

The book certainly achieves the aim of the editors to be 'thought-provoking' (p. xv). It raises questions about why (and how) practitioners work with children with a hearing loss, along with how AVT and family-centred approaches can be introduced to a wider range of families, as one option out of many for their child. I think the book would be useful for both its intended audiences, as it gives useful historical, theoretical and research information that may not be familiar even to experienced practitioners. However, new

graduates would benefit from also reading about other approaches that can be used with children with a hearing loss, to place this book in context.

ALISON MARRS

*Family Officer—London East, National Deaf Children's Society,  
London, UK*

*Highly Specialist Speech and Language Therapist (Deafness)  
Clinical Tutor at City University London, London, UK  
e-mail: alison.marrs@ndcs.org.uk*

## Reference

- DEPARTMENT OF HEALTH, 2008, *Transforming Services for Children with Hearing Difficulty and Their Families—A Good Practice Guide* (London: Department of Health).