Proceedings of BOS meeting held on

- 1)14.05.2016 & 09.07.2016
- 2) Syllabus of Post Graduate Diploma Course in Auditory Verbal therapy (PGDAVT)
- 3) Nomenclature for BSLPA and MASLP

Dr. S. R. Chandrasekhar Institute of Speech and Hearing, Lingarajapuram, Bangalore – 560 084

Bangalore University

Post Graduate Diploma Course in Auditory Verbal Therapy (PGDAVT)

(RCI Approved)

Post Graduate Diploma Course in Auditory Verbal Therapy (PGDAVT)

Regulations, Norms and Course Content

June, 2015

Rehabilitation Council of India

B-22, Qutub Institutional Area, New Delhi - 110 016 Email: rehabstd@nde.vsnl.net.in, rehcouncil_delhi@bol.net.in www.rehabcouncil.nic.in

1 Preamble

The ratification of the UN Convention on the Rights of Persons with Disabilities (Article 24) in 2007 by the Indian government and the passing of the 'The Right to Education Act (2009)' subsequently has brought a new direction to the field of management of deaf and hard of hearing individuals in the country. Professionals offering services to the deaf and hard of hearing must acquire the skills to adopt and use modern technology for the benefit of persons with hearing impairment. Rehabilitation Council of India (RCI) is India's apex body entrusted with the responsibility to regulate and monitor training of professionals in the area of disability. The Council has been designing, from time to time, training programs for the man power generation in different areas of disability. The RCI is in the process of implementation of the forward thinking concept of a barrier free environment for persons with disabilities as enunciated in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006.

The significant change that the UNCRPD (2006) has brought about is that issues regarding persons with disabilities will no longer be a medical or health care issue. On the other hand, they will be viewed as a human rights issue. However, majority of the training programs tend to focus more on disability than on the needs of differently abled children. The RCI has been designing training programs to accommodate this changed shift. One such program is the institution of a Post Graduate Diploma Course in Auditory Verbal Therapy for the training professionals in the fields of Speech & Hearing and Special Education. By its very definition, Auditory Verbal Therapy, highlights the similarities between hearing children and their deaf and hard of hearing peers and therefore uses normal patterns of development on which to base the habilitation of deaf and hard of hearing children. Inclusion / inclusive education lie at the very heart of Auditory Verbal Therapy and therefore, the new program is justified. RCI plays a key role in linking tradition to modernity and its training courses for professionals are the bridges that enable the link. Post Graduate Diploma Course in Auditory Verbal Therapy will allow the professionals serving the deaf and hard of hearing in India to build on their knowledge and skills from their masters, graduation and diploma programs and to upgrade their knowledge.

Systematic and intensive training of the existing re/habilitation professionals is critical if India is to keep pace with international trends in the habilitation of deaf and hard of hearing children. International protocol recommends that training in Auditory Verbal therapy be given only by professionals who are themselves certified as LSLS Cert. AVT ® by the A.G. Bell Academy, an international organization. Therefore, this Post Graduate Diploma in Auditory Verbal Therapy should preferably follow the same modules of theory, guided observation and practice of Auditory Verbal Therapy as taught in the training of LSLS Cert.AVT®.

Across the world, all countries are working towards implementing the position statement of the Joint Committee on Infant Hearing, 2007. This 1-3-6 protocol specifies that with the help of universal newborn infant screening babies with hearing loss be identified by one month of age and be appropriately provided amplification facility by three months of age so that effective intervention begins at six months of age at the latest. By instituting this Post Graduate Diploma in Auditory Verbal Therapy, India will demonstrate through her apex regulatory body of RCI that she recognizes the need for focused training of re/habilitation 3 professionals who serve deaf and hard of hearing babies in listening, learning and spoken language skills in order to comply with the 1-3-6 protocol and so become members of the global community.

2 Aims and Objectives

The aim of the Post Graduate Diploma Course in Auditory Verbal Therapy is to train and equip professionals in the fields of Speech & Hearing and Special Education with knowledge and skills to practice auditory verbal therapy with young children with deafness and who are hard of hearing as a part of the early intervention program. The course further aims to facilitate professionals in setting up of early intervention centers staffed by therapists who have the requisite skills to work with deaf and hard of hearing children.

The objectives of this program are to

- a) Impart knowledge in modern technology and its significance in the practice of educating children with hearing impairment
- b) Identify the principles and practices of auditory verbal therapy and related services
- c) Develop skills and competencies for practicing auditory verbal therapy as a part of the early intervention services for young children with hearing impairment,
- d) Promote speech-language development and education of young hearing impaired children and
- e) Promote parent teacher empowerment
- f) Develop skills and competencies in students for practicing AVT as a part of early intervention for young hearing impaired children, and
- g) To teach the need and significance of practice of AVT in India

3. Duration of the Course

The duration of the course is **one** academic year (2 semesters)

4. Medium of Instruction

The medium of instruction shall be English

5. Eligibility for Admission

Any candidate with a graduate degree in Audiology/Speech-Language Pathology/Speech and Hearing, or Special Education (HI), or equivalent degree from any other University and who is registered with the Rehabilitation Council of India will be eligible to seek admission for the course. Foreign nationals should produce evidence of professional registration in their home country. 50% marks in the qualifying examination. Relaxation for reserved groups as per University rules

6. Teacher – student ratio

The teacher student ratio is 1: 5

7. Intake capacity

Considering infrastructural facilities needed and the dearth of certified AV therapists in India, a maximum of 10 candidates may be admitted for the course.

8. Type of institutions that can offer the program

Only those institutions that fulfill the following criteria are eligible to conduct the program:

- a) Institutions offering RCI approved graduate programs in Speech & Hearing or Special Education in the area of hearing impairment or institutions with RCI Affiliation for more than 4 years.
- b) Institutions having surgical facility for cochlear implantation and post implant Habilitation facility, or having MOU with institutions having surgical and post implant habilitation facility.

9). Theory and practical work

Three theory papers are there in the first semester and two in the second. There shall be 5 units in each paper and each unit shall be taught for 10 hours

The scheme of examination shall be as follows

Semester 1

Paper	Title	Theory Hours**	Practical Hours	Clinical Hours
101	Auditory Verbal Techniques	50	50	
102	Spoken Language and	50	40	
	Communication Development			
103	Child Development	50	40	
104	Practical observation (AVT & Therapy)			280
Total	Therapy)	150	130	
	Total Hours for semester I			560
	Semester 1	I	•	
201	Hearing and Amplification	50	40	
	Technologies			
202	Parent Empowerment and	50	40	
	Curricular Support			
203	Clinical	-		380*
Total		100	80	
	Total hours for semester II			560

^{*} Calculated on the basis that each semester will have 14 weeks with 5 working days, and each working day will have 8 hours. It means each semester will be of 560 hours (14 weeks x 5 days x 8 hours). This is in addition to examinations, preparatory holidays for exam, vacation etc.

Minimum Practical work: 1 and 2 semesters (Clinical)

SL.	Activity	Sessions/	Hours		
no		children			
1	Unsupervised observations	50	50		
2	Supervised observation of teaching sessions with Teacher	20	20		
	Practicum Supervision Form				
3	Practice sessions with Teacher Behaviour Rating scale (TBRS)	20	30		
4	Assessed sessions (TBRS)	10	20		
5	Practice of phonetic Level Evaluation and Speech Strategies of	30	10		
	Dr. Ling				
6	Observation and practice – audiograms 15 observations and 5	15	20		
	practice sessions				
7	Practice – Hearing evaluation	05	10		
8	Observation of Hearing Aids fitment		20		
9	Observation of Mapping sessions		20		
10	Observation of Speech Perception Tests		10		
11	Case studies including case history	05	10		
12	Clinical work AVT work with children with hearing impairment		450		

10. Scheme of Examination

Examination (theory papers) can be either by internal or external examiners. Clinical examination shall be by external examiner only. Internal assessment and practical examination shall be by only the faculty teaching a given paper. Preparatory leave of 2 weeks will be granted to the external theory examination given as per rules of Bangalore University.

The scheme of examination shall be as follows

Semester I

Paper	Title	Theory	IA	Practical	Total	
		(Exam)		(Exam)		
101	Auditory Verbal Techniques	50	20	30	100	
102	Spoken Language and	50	20	30	100	
	Communication Development					
103	Child Development	50	20	30	100	
104	Clinical	_	20	80	100	
	Total marks for semester I	150	80	170	400	
	Semester II					
201	Hearing and Amplification	50	20	30	100	
	Technologies					
202	Parent Empowerment and	50	20	30	100	
	curricular support					
203	AVT Therapy**		20	80	100	
	Total marks for semester II	100	60	140	300	
	Total marks of semester I & II	250	140	310	700	

^{**} AVT Therapy continuous assessment.

Credits as per Bangalore University is as follows:

AVT	Subjects	Paper	Instruction	Duration		Marks		Credits
			hrs/week	exam	IA	Exam	Total	
Semester	Semester I/II							
Part I	3	3T	3X4	3 hrs	3x20	3x50	3x50	3x4
		3P	3x3	3 hrs		3x30	3x30	
Part II		1P	1x20		1x20	1x80	1x100	1x10
								22
	Subjects	Paper	Instruction	Duration	Marks		Credits	
			hrs/week	exam	IA	Exam	Total	
Semester II								
		2T	2X4	3 hrs	2x20	2x50	2x50	2x4
		1P	1x27	3 hrs	1x20	1x80	1x100	13
		-						21
							Total	43

11. Standard of Passing

The minimum percentage of marks required for passing is as per Bangalore University Regulations. Class will be declared based on the aggregate of marks of both the semesters. The candidates will be declared to have passed the examinations as per Bangalore University regulations.

12. Reappearing Facility

The candidate has to appear for the examination at the end of each semester. Reappearing is as per rules and norms of Bangalore University.

13. Infrastructure facilities

The institution conducting the training course should have a Model Centre practicing Auditory verbal therapy or should have a Memorandum of Understanding Auditory Verbal Therapy centre near to the institution. The teacher student ratio (therapist –cochlear implanted children) of the model center should be 1:4 and the center should have a minimum strength of 10 young hearing impaired children with cochlear implants.

The minimum infrastructure required for offering this Post graduate Diploma program for an intake of 10 students, shall be as given below. The requirements for infrastructure shall double for an additional intake of 10 students or part thereof.

a) Space: Exclusively for this program

Class room 1 room 15' x10' 150 Sq. ft
Laboratory 1 room 20' x 10' 200 Sq. ft
Therapy rooms 5 rooms 8' x 8' each 320 Sq. ft

Space for staff, library, waiting hall, child care, office & other facilities ~ 500 Sq. ft

b) Staff

Audiologist / Speech Language Pathologist* 1 Full time Lecturer in Special Education@ 1 Full time

Lecturer in Auditory Verbal Therapy \$ 1 Part time/Full time

Lecturer in Clinical Psychology/Clinical Psychologist # 1 Visiting

- * MASLP or MSc (Audiology) or M.Sc (Speech-language Pathology), or its equivalent as recognized by RCI
- @ Master's Degree in Special Education (HI) or its equivalent as recognized by RCI \$ MASLP or MSc (Audiology), or MSc (Speech-language Pathology), or Master's Degree in Special Education (HI), or M.Ed (Special Education) with LSLS Cert. in AVT, or its equivalent as recognized by RCI
- b) Must have worked with 50 children with cochlear implants in the last 5 years.
- # M.Phil in Clinical Psychology or its equivalent as recognized by RCI

c) Equipment/ Material

Digital Hearing Aids - Minimum 6 nos.

Therapy material like toys & play materials, toys for informal hearing screening such as bells and noise making toys

Material for auditory verbal training

Models of Ear and cochlear implant

d) Clinical infrastructure

Teacher/Therapist: Children with cochlear implants 1: 4 Teacher/Therapist: Children with hearing aids 1: 4

e) Library

Books and Journals listed under each paper are essential.

14. University Affiliation

The course is affiliated to Bangalore University

15. Certification as a Registered Professional

The candidates with Post Graduate Diploma in Auditory Verbal Therapy (PGDAVT) will be eligible for addition of qualification for registration in CRR as Auditory Verbal Therapist (AVT) in addition to their existing categories of registration under any other category (Sl. No.17)

BANGALORE UNIVERSITY SEMESTER SCHEME (MODEL QUESTION PAPER PATTERN)

Paper Title:	Max Marks
50	
Paper code:	
(5 X 10 = 50 Marks)	9)

Answer any 5 of the following questions. Each answer must not exceed 3 pages. All questions carry equal marks

Sl.no	Marks
1	(10)
2	(5+5)
3	(4+6)
4	(8+2)
5	(2+8)
6	(6+4)
7	(10)
8	(5+5)

Course curriculum for the Post Graduate Diploma in Auditory Verbal Therapy

SEMESTER I Paper 101: AUDITORY VERBAL TECHNIQUES

(50 Hours)

Objectives

At the end of the course, students should be able to

- 1) Appreciate history and development of Auditory Verbal Therapy
- 2) Have an understanding of principles & procedures in Auditory Verbal Therapy
- 3) Requirements to facilitate normal integration of hearing impaired children.
- 4) Provide support to parents in an Auditory Verbal setting
- 5) Plan therapy

Unit 1: History, Philosophy and Principles of AVT

(10 Hours)

- 1.1 History of Auditory Verbal Practice and contributions of the pioneers
- 1.2 Evidence based practice and professional development requirements
- 1.3 Principles and procedures of Auditory Verbal Training
- 1.4 Pre-requisites of Auditory Verbal Training and the factors that affect the outcomes
- 1.5 Importance and system of documentation of diagnostic, clinical and referral reports

Unit 2: The auditory verbal treatment plan

(10 Hours)

- 2.1 Base line assessment and short term goals based on normal development
- 2.2 Planning and execution of weekly session plans and recording diagnostic information
- 2.3 Age appropriate activities and instructional material for AVT sessions
- 2.4 Listening strategies and Techniques of AVT
- 2.5 Analysis of language samples to evaluate outcomes

Unit 3: Listening skills development and assessments

(10 Hours)

- 3.1 Need and importance of developing auditory skills and guiding and coaching parents to develop auditory skills at home
- 3.2 Stages of auditory hierarchy and sequential planning through hierarchy of Listening skills
- 3.3 Importance and need for assessments in four areas of audition, language, speech and cognition
- 3.4 Formal and informal assessment of functional listening skills and the use of six sounds test
- 3.5 Test results to make recommendations to parents about management of their child with deafness/ hard of hearing including development of auditory skills

Unit 4: The auditory verbal therapy plan

(10 Hours)

- 4.1 Planning long- and short-term goals: Working with babies below the age of two years
- 4.2 The importance of singing and early learning to listen sounds: Importance of home training activities
- 4.3 Introduction to parent counseling, facilitation of parent participation and transfer of skills
- 4.4 Importance of neural plasticity subsequent to auditory stimulation
- 4.5 Recognition of red flags and action plan

Unit 5: The role of parents in Auditory Verbal Technique

(10 Hours)

- 5.1 The role of parents in auditory verbal plan and the team approach
- 5.2 Sharing goals and diagnostic evaluation with parents in every session
- 5.3 Coaching Parents during the session and to encourage participation
- 5.4 Transfer of goals from therapy to home
- 5.5 Management and realistic expectations of children with additional issues

Practical

- 1.1.1 Observe and write listening strategies used in one to one session (4 sessions)
- 1.1.2 Write a 3-month AVT plan for a child with cochlear implant
- 1.1.3 Plan short term and long term goals for a child (2 children)
- 1.1.4 Role plays of reading stories to children of different age group of 2 years to 5 years (4 children)
- 1.1.5 Observe and record the behavior and language of normal hearing children of the age of 2 to 5 years (4 children)

References

Estabrooks, W. (2006). Auditory Verbal Therapy and Practice, AG Bell Association for the Deaf and Hard of Hearing, Inc.

E. Cole., & C. Flexer. (2007). Children with Hearing:Loss Developing Listening and Talking Birth to Six, Plural Publishing

Estabrooks, W., & Marlowe J, The Baby is Listening(2004), A G Bell Association for the Deaf and Hard of Hearing, Inc, Washington DC

Estabrooks, W. (1998). Cochlear Implants for Kids, AG Bell Association for the Deaf and Hard of Hearing, Inc.

Estabrooks, W. (1994). Auditory Verbal Therapy for Parents and Professionals, A.G. Bell

Association for the deaf and hard hearing

Flexer, C. (1994). Facilitating Hearing and Listening in Young Children. Singular Publishing Group, Inc. San Diego

D. Ling., & A.G. Bell. (1989). Foundations of Spoken Language for Hearing-Impaired Children

D. Ling., A. Ling., & A.G. Bell. (1978). Aural Habilitation: The Verbal Foundations of Learning in Hearing-Impaired Children

Pollack, D.(1970). Educational Audiology for the Limited Hearing Infant, Charles C. Thomas

Simser, J. (1993). Auditory-Verbal Intervention: Infants and Toddlers, Volta Review 95(3), 217-229

Gore, M. (2013). The Cochlear Implants: An Overview, ISHA Monograph

Paper 102: SPOKEN LANGUAGE AND COMMUNICATION DEVELOPMENT

(50 Hours)

Objectives

At the end of the course, students should be able to

- 1) Understand the development of age appropriate speech
- 2) Describe the normal development of phonology
- 3) Understand normal development of communication
- 4) Appreciate impact of additional difficulties.

Unit 1: Speech and Hearing Development

(10 hours)

- 1.1 Anatomy and physiology of the speech mechanism
- 1.2 Speech acoustics and its application: Fundamentals of acoustic phonetics
- 1.3 Emergence of speech sounds and phonological development (birth to age 5 years)
- 1.4 Typical errors in the emerging speech of hearing children
- 1.5 Formal speech assessment: tests and techniques

Unit 2 Language Development

(10 hours)

- 2.1 Aspects of language (phonology, morphology, syntax, semantics & pragmatics) and Overview of theories of language development
- 2.2 Acquisition of spoken language development (0-6 years)
- 2.3 Development of complex conversational competence
- 2.4 Development of divergent/convergent thinking
- 2.5 Development of second language, bilingualism
- 2.6 Factors affecting language development

Unit 3 Methods of Developing Language

(10 hours)

- 3.1 Principles of language teaching
- 3.2 Methods of language development natural, structural and combined methods
- 3.3 Techniques and strategies used in the development
- 3.4 Spoken language (, overview of speech and language facilitation techniques modelling, prompting techniques etc).
- 3.5 Teaching meaningful and interactive conversation
- 3.6 Computer aided language teaching techniques

Unit 4 Language Disorders and Assessment

(10 hours)

- 4.1 Introduction to Childhood language disorders
- 4.2 Characteristics of language disorders
- 4.3 Factors influencing language development in children with hearing loss Language development in children using Hearing Aid and children with Implantable devices
- 4.4 Need, relevance and challenges in the assessment of language
- 4.5 Formal and informal tests of language and communication
- 4.6 Emergent literacy development

Unit 5: Comorbid conditions in children with Hearing Impairment (10 hours)

- 5.1 Role of Sensory motor cognitive & Psycho social integration: what it is and its implications
- 5.2 Attention difficulties: nature and its implications
- 5.3 Perception Development and disorders
- 5.4 Red flags: nature, identification, implications, management and when to refer
- 5.5 The team approach
- 5.6 Case studies

Practicals

- 1.2.1 Obtain and analyze a language sample
- 1.2.2 Obtain and analyze a speech sample
- 1.2.3 Record the language used in daily routine activities of a family (4 children)
- 1.2.4 Track the progress of language development in 2 hearing impaired children for three months.
- 1.2.4. Study children with hearing loss having comorbid conditions

References

- Paul, R., & Norbury, C. (2012). Language disorders from infancy through adolescence: Listening, speaking, reading, writing, and communicating. Elsevier Health Sciences.
- Shulman, B. B., & Capone, N. C. (2010). Language development: Foundations, processes and clinical applications. Jones and Barllet Publishers
- Robertson I. (2009). Literacy and deafness. Plural Publishing
- Haynes, W. O. (2008). Diagnosis in Speech-Language Pathology. Pearson Education, Inc.
- Paul R. (2007). Language disorders from infancy through adolescence. Mosby; Elsevier.
- Mc. Laughlin, S. F. (2006). Introduction to Language Development. Thomson.

- Hulit L. M. (2002). Born to talk: An Introduction to Speech and Language Development. Allyn and Bacon
- Riper C. V. (1996). Speech correction: An introduction to speech language pathology. Allyn and Bacon.
- Riper, C. V. (1996). Speech Correction: An Introduction to Speech Language Pathology. Allyn and Bacon.
- Zemlin, W. R. (1998). Speech and Hearing Science. Allyn and Bacon.

Paper 103: CHILD DEVELOPMENT

(50 Hours)

Objectives

At the end of this course, the students should be able to

- 1) Describe stages and assessment of play in children,
- 2) appreciate disruption of development because of hearing impairment
- 4) Understand the integration of development in four areas of audition, Language, speech and cognition, and
- 5) facilitate incidental learning in young children with Hearing Impairment

Unit 1: Child development stages and learning style

(10 hours)

- 1.1. Developmental milestones (birth to age 5 years) in audition, language (receptive and
 - expressive), cognition and communication in hearing babies and young children
- 1.2. Developmental milestones in cognition and the role of cognition in language Development
- 1.3. Influence of associated factors on child development—culture, community, family and associated problems
- 1.4. Theories of learning and factors affecting learning- classical conditioning, Operant conditioning, reinforcement.
- 1.5. Multiple Intelligence and learning style of children

Unit 2: The significance of play

(10 hours)

- 2.1. Types of play in hearing children
- 2.2 The role of play in child development
- 2.3 Assessing and encouraging play in children
- 2.4 The role of play in language development
- 2.5 Role of the Auditory Verbal Therapist in developing play in children who are deaf or

hard of hearing.

Unit 3: Understanding behavior of children

10 hours

- 3.1 Techniques and strategies of behavior management, Behaviour analysis, behaviour modification principles, types of behaviour management, parental role.
- 3.2 Rules and adaptation for discipline in young children
- 3.3 Parents guidance in behavior management and techniques of behavior modification
- 3.4 The relationship between learning and behavior
- 3.5 Management of children with delayed milestones

Unit 4: Assessments and procedure

10 hours

- 5.1 Importance and need for assessments
- 5.2 Informal and formal assessments in language and speech of the children between 0 to 5 years
- 5.3 Relevant standardized assessments for the children from 0 to 5 years
- 5.4 Listening: from simple to complex and how to develop it
- 5.5 Managing disruptive behavior of children- case studies.

Unit 5: Behavioural perspectives in children with comorbid conditions 10 hours

- 4.1 Sensory integration: what it is and its implications-meaning and nature in HI,
- 4.2 Attention deficit, causes and implications
- 4.3 Conditions related to hearing impairment--sensory integration deficit, Autism spectrum, ADHD, and learning disability
- 4.4 Red flags: What they are, identification, implication and management
- 4.5 The team approach to help children with additional issues

Practicals

- 1.3.1 A case study: to track the progress of 3 children with hearing impairment for 3 months
- 1.3.2 Write action plan for a Red Flag case
- 1.3.3 Observe and track development of normal hearing and children with hearing Impairment
- 1.3.4 Observe and record the behavior of a 3-years old normal hearing child in a group of hearing impaired children
- 1.3.6 Write a behaviour modification plan for a child with behaviour issues
- 1.3.7 Assessment of play in children and role of AVT in developing play in children with Hearing impairment
- 1.3.8. Use live audio and video samples.

References

- Owens Jr, R. E. (2014). *Language disorders: A functional approach to assessment and intervention*. Pearson Higher Ed.
- Cole, E., & Flexer, C. (2007) Children with Hearing Loss Developing Listening and Talking Birth to Six, Plural Publishing
- Hurlocl; E.B. (2005). Child growth and Development. Tata Mc. Graw Hill Publishing Company, New York
- Hurlocl; E.B. (2006). Developmental Psychology. A life span approach, Tata Mc. Graw Hill Publishing Company, New York

- Meaningful Auditory Integration Scale (MAIS) and Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS)
- Meece J.S & Eccles J. L (Eds) (2010) Handbook of Research on schools, schooling and Human Development, Routledge
- Mittal S (2006). Child Development, Experimental Psychology, Isha Books, Delhi
- Nisha M (2006) Introduction to Child Development, Isha Books, Delhi
- Papalia, D.E and Olds, S. W (2005) Human Development, Tata Mc. Graw Hill Publishing Company, New York
- Santrock J.W (2006). Child Development. Tata Mc. Graw Hill Publishing Company, New York
- Santrock J.W (2007). Adolescence. Tata Mc. Graw Hill Publishing Company, New York
- Brisbane, E.H (2004). The Developing child, Mc. Graw Hill USA
- Cobb. N.J (2001) The child infants, children and adolescents. Mayfield Publishing Company, California
- Berk L.E. (2000), Human Development, Tata Mc. Graw Hill Company, New York
- Flexer, C. (1994) Facilitating Hearing and Listening in Young Children. Singular Publishing Group, Inc. San Diego
- Boehm, A. (1986). Boehm Test of Basic Concepts—3; The Psychological Corporation, San Antonio, TX
- Bracken, B. (1984). Bracken Basic Concept Scale-revised. The Psychological Corporation, San Antonio
- TXWadsworth, B. J. (1979) Piaget's Theory of Cognitive Development. Longman, NY

SEMESTER II Paper 201: HEARING AND AMPLIFICATION TECHNOLOGIES

(50 Hours)

Objectives

At the end of this course, the students should acquire knowledge of

- 1) The auditory mechanism and its working,
- 2) The audiometric tests and differential diagnosis,
- 3) Implantable and non-implantable devices-
- 4) The benefits and limitations of amplification systems,
- 5) Candidate selection and programming,

Unit 1: Anatomy and Physiology

(10 Hours)

- 1.1. Anatomy of the ear
- 1.2. Physiology of hearing
- 1.3. Classification of hearing loss.
- 1.4 .Causes of hearing loss (congenital and acquired: Syndromic and non-syndromic)
- 1.5. Auditory plasticity. Effect of age of intervention, experience based plasticity

Unit 2: Applied Audiology

(10 Hours)

- 2.1. Hearing evaluation (pre and post implantation): Protocol for infant hearing screening
 - (formal as well as informal): High risk register
- 2.2. Auditory verbal international audiological protocol and techniques for neonatal hearing screening
- 2.3. Different types of auditory tests: Tympanometry and middle ear acoustic reflex: Evoked potentials in hearing assessment
- 2.4. Trans tympanic electrically evoked ABR: Oto acoustic emission and new born hearing screening
- 2.5. Need for test battery approach: Importance and limitations of different tests/ approaches of hearing evaluation: use of aided audiogram, speech perception tests, outcome questionnaires, linking audiological findings to management.

Unit 3: Technology

(10 Hours)

- 3.1. Technology for hearing restoration using cochlear implant
- 3.2. Surgical issues and methods
- 3.3. Candidacy for cochlear implant and realistic expectations (Pre-lingual and post lingual) duration of deafness, age of intervention, use of hearing aid.
- 3.4. Application of intra-operative and post-operative measures (Aided audiogram, electrically evoked ABR (eABR), trans-tympanic eABR, electrically evoked compound action potential, electrically evoked stapedial reflex, cortical auditory evoked potentials (electrically evoked and acoustically evoked).

3.5. CI programming: device activation: Mapping and re-mapping

Unit 4: Technology for hearing restoration

(10 Hours)

- 4.1. Hearing aids-features and expected outcomes
- 4.2. Middle ear implant
- 4.3. Implantable bone conduction devices
- 4.4. Auditory brainstem implant
- 4.5. Assistive listening devices: Nature and benefits
- 4.6. Benefits and limitations and different amplifications and their selection / fitting
- 4.7. Care and maintenance of the devices including CI

Unit 5: Challenges and issues relating technology

(10 Hours)

- 5.1. Challenges and issues related to candidacy and outcome of amplificatory and implantable technology.
- 5.2. Medical and radiological
- 5.3. Hard failures and soft failures
- 5.4. Recent advances in hearing restoration (Bilateral hearing, bi-modal hearing, Electro acoustic hearing, cochlear implantation in single sided deafness) gene and stem cell therapy.
- 5.5. Care and maintenance of different systems: Trouble shooting and counseling

Practicals

- 2.1.1. Cochlear Implant Programming (10 sessions)
- 2.1.2. Should prepare observatory notes and report on clinical practicum which should include different ways of establishing "T" levels (threshold level) and "M" or "C" levels (comfort levels).
- 2.1.3. Importance of impedance field telemetry / impedance telemetry
- 2.1.4. Care and maintenance of the device
- 2.1.5. Observation and reporting on "Switch on programs", change volume levels
- 2.1.6. Counseling and decision making session: The students should acquire knowledge on realistic expectation on the outcome of CI relating to bilateral severe to profound Sensory neural hearing loss, auditory neuropathy spectrum disorder, single sided deafness in children, congenital inner ear or auditory nerve anomalies,
 - ski slope sensory neural hearing loss, subject with congenital atresia
- 2.1.7. Troubleshooting of cochlear implants and hearing aids.

References

- Kompis, M. B., & Caversaccio, M. D.(Editors) (2015). Implantable Bone Conduction Hearing Aids. Karger
- Hall, J. W. (2014). *Introduction to Audiology Today*. Pearson Higher Ed.
- Frederick, N. M., & John, G. C.(2014). Introduction to Audiology: Global Edition. Pearson, 2nd Edition
- Naik P.S (2013) Counseling skills for Educationists. Soujanya Books
- Pickles, James O. An Introduction To The Physiology Of Hearing. Brill, (2013).
- Pal O. B (2011) Educational and Vocational Guidance and Counselling. Soujanya Books
- Michael J. R. (2012). Cochlear Implants and Other Implantable Hearing Devices. Plural Publishers, California
- Jace, W., & Erin, S. (2010). Programming Cochlear Implants (Core Clinical Concepts in Audiology). Plural Publishers, California
- John, K. N. (Editor) (2009). Cochlear Implants: Principles and Practices. LWW.
- Arthur, S. (2008). Digital Hearing Aids. Thieme Publishers
- Zemlin W. R. (1998). Speech and Hearing Science. Allyn and Bacon.
- Brad, A. S. (1998). Clinical Audiology: An Introduction. Singular

Paper 202: PARENT EMPOWERMENT AND CURRICULAR SUPPORT

(50 Hours)

Objectives

At the end of the course, students should be able to

- 1) List the factors that determine readiness for inclusive education.
- 2) Develop skills in reading books to babies and young children so as to maximize development of their auditory memory and receptive and expressive language skills.
- 3) Prepare the parents for inclusive education
- 4) Guide and coach the parents to develop auditory skills in their children, and
- 5) Be able to facilitate normal integration of hearing impaired children

Unit 1: Impact of hearing impairment on family

(10 Hours)

- 1.1 The Grieving process and stages of grief
- 1.2 Coping mechanism and stress management
- 1.3 Family system and impact of hearing impairment on family
- 1.4 Understanding of the diversity of culture, language and family
- 1.5 Different structures of family system and family counselling techniques

Unit 2: Development of skills of parents as partners

(10 Hours)

- 2.1 Adult learning styles to develop skills of parents
- 2.2 Skills of parents in behaviour management technique
- 2.3 Skills of parents in developing language of their children through daily routine
- 2.4 Parental interactions and conversations with their children
- 2.5 Planning and execution of auditory verbal techniques

Unit 3: Emergent Literacy

(10 Hours)

- 3.1 Using language to communicate and developing vocabulary and categories
- 3.2 The role of the Auditory Verbal Therapist in the development of pre-reading skills: Techniques of reading to babies and young children
- 3.3 Emergent reading and writing skills
- 3.4 Role of executive functions in reading: Guiding and coaching parents in reading
- 3.5 Phonemic awareness and sight word recognition
- 3.6 Using numbers in daily experiences: Understanding simple mathematical operations

Unit 4: Integration and Mainstreaming

(10 Hours)

- 4.1. The importance of reading and strategies for the development of reading
- 4.2 Curricular objectives that meet local standards in areas of instruction
- 4.3 Process of developing individualized educational plans
- 4.4. Development of social interaction skills in children

4.5 Importance and development of experience books

Unit 5: School Readiness and Inclusive Education

(10 Hours)

- 5.1 Concepts of school readiness and transition and the role of transition period in Preparation of integration
- 5.2 Recommendations for mainstreaming and the factors influencing recommendations
- 5.3 Parents readiness for integration in regular schools and to develop parents' Advocacy
- 5.4 Formal and informal assessments of child readiness for integration in regular schools
- 5.5 Strategies of pre-teaching and post-teaching language needed for academic assessments

Practicals

- 2.2.1 Observe parent guidance simulate role
- 2.2.2 Undertake field trips for environmental studies and write a report of language & Knowledge enhancement opportunities identify barriers and facilitations.
- 2.2.3 Guide and coach the parents in strategies, techniques and procedures in AVT
- 2.2.4 Test for parents' awareness of their role.
- 2.2.5 Prepare picture stories for development of verbs categories
- 2.2.6 Prepare an arithmetic kit for developing mathematical concepts
- 2.2.7 Video analysis of parents.

References

- Tye-Murray, N. (2015). Foundations of aural rehabilitation: Children, adults, and their family members. Nelson Education.
- Shah A (2008) Basics in Guidance and Counselling, Global Vision Publishing House
- Sharma V.K (2005) Education and Training of Educational and Vocational Guidance, Soujanya Books
- Kapunan R.R (2004) Fundamentals of Guidance and Counselling. Rex Printing Company, Phillipines
- Rao V.K & Reddy, R.S (2003) Academic Environment: Advice, Counsel and Activities, Soujanya Books
- Luterman, D. (2002). When your Child is Deaf. A Guide for Parents, New York Press
- Di-EL Cochlear (2004)- Inventory of Early Language
- Robertson, L. (2000). Literacy Learning for Children Who Are Deaf or Hard of Hearing. The Alexander Graham Bell Association, Washington, DC

- Anderson.P.S & Labb.D (1988) Language skills in elementary education. (4th Edition). New York
- Flexer, C. (1994) Facilitating Hearing and Listening in Young Children. Singular Publishing Group, Inc. San Diego
- Madell, J.R. (1998). Behavioral Evaluation of Hearing in Infants and Young Children Thieme Medical Publishers, Inc. New York, N.Y.
- Rossetti, L. (1990). The Rossetti Infant-Toddler Language Scale: A Measure of Communication and Interaction. Lingui Systems, Inc., East Moline, Il.
- Nayak A.K (1997) Guidance and Counselling, APH Publishing, Delhi