Berard Auditory Integration Training Division

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Dear Parents and/or Clients,

Although we do have protocols to use for non-testable clients, Dr. Berard and we have found it helpful to get whatever is possible of a comprehensive audiology evaluation to individualize the AIT program. The testing can usually be obtained from your local professional (usually this is a licensed audiologist or speech/language therapist). Please ask for the following:

- 1. **Tympanogram** looks for normal canal volume and tympanic compliance; this is protocol for all hearing test. An **otoscopic exam** is highly recommended to make sure the ears are clear prior to start of program. Audiologist will use a scope to make sure ears are clear of excessive wax, fluid or infection.
- 2. Pure Tone Air-Conduction Threshold Level testing at <u>all frequencies</u> including: <u>125, 500, 750, 1000, 1500, 2000, 3000, 4000, 6000 and 8000 Hz</u> to the quietest threshold levels. We are especially interested in knowing if the prospective AIT candidate may be hearing sounds below the 0 dB level (-5,-10). This can cause distractibility or feeling easily overloaded by quiet background sounds.
 - a. At the Mid-Point: We may ask for a re-test of the Air-Conduction Threshold Levels as above after the 10th session. Discuss with your AIT practitioner if this will be necessary.
- 3. UCLs (Uncomfortable Loudness Levels). The level at which the person finds any listening levels uncomfortable on all frequencies. This is testing tolerance levels to loud sounds and can indicate painful hearing.
- 4. Weber or bone conduction test of laterality. Put the bone conductor speaker in the middle of the forehead and ask the client to point to where they hear the sound. Set the tone at 40 or 45 decibels. Note where the client hears the buzz tone: in the middle, left or right. Test all frequencies. This test indicates "laterality," i.e. whether the brain is interpreting the vibration of sound in an even balanced way or not. Dylaterality is often associated with a difficulty doing things in an organized manner.
- 5. Otoacoustic Emissions Test: measures inner ears ability to absorb sound
 - a. **Ipsilateral Stapedius Reflex Test** measures ability for middle ear bones to properly move and stimulate inner ear
 - b. Contralateral Acoustic Reflexes measures how well sounds travel along auditory neuron pathways as they cross left to right and right to left

These last tests do not require a response from the client and may lead to a referral to an audiologist specializing in Central Auditory Processing Deficits unless this has already been done. There may be hearing impairments, but not complete hearing loss.

Make sure you leave the appointment with a copy of the audiogram test results. Please **fax the results to us at 828-683-0303**; you may also scan and e-mail results to <u>info@aithelps.com</u>. When an audiogram is not able to be obtained (person cannot be tested), we will use the information on the questionnaire and evaluation with the AIT practitioner to determine specifications for implementing the AIT program. Please call Sarah Gewanter. Multiple hearing tests may be needed during the Berard Auditory Integration Training program and for follow-up. The initial program requires 2 and in some cases 3 hearing tests. Then, there is the 2 to 3 months post AIT testing and sometimes a 4 month post AIT testing (four listening sessions may be given based on the results). A six month follow-up is strongly recommended; we will explain more fully when we do the evaluation.

Sarah Gewanter, MSSW, Director Certified Berard Method AIT Practitioner