

Table 1. Core Components, Principles, and Practical Application Examples of Auditory-Verbal Therapy (AVT)

Core components	Principles of AVT*	Practical application examples
Early identification and diagnosis of hearing loss and immediate use of amplification.	1. Promote early diagnosis of hearing loss in newborns, infants, toddlers, and young children, followed by immediate audiologic management and Auditory-Verbal Therapy.	Newborn hearing screenings. Yearly auditory evaluations.
	2. Recommend immediate assessment and use of appropriate, state-of-the-art hearing technology to obtain maximum benefits of auditory stimulation.	Follow up with audiologist after failed hearing screening. Be fitted for hearing aids as soon as possible. Participate in cochlear implant consultation, as appropriate.
Guide, coach, and support parents as they become the primary agents of change in the process of training a child with hearing loss to use hearing as the primary sensory modality.	3. Guide and coach parents to help their child use hearing as the primary sensory modality in developing listening and spoken language.	Have parents document hearing technology use to achieve maximal amplification during all waking hours.
	4. Guide and coach parents to become the primary facilitators of their child's listening and spoken language development through active consistent participation in individualized Auditory-Verbal Therapy.	Provide parents with weekly objectives to facilitate listening, speech, and language in the home environment.
	5. Guide and coach parents to create environments that support listening for the acquisition of spoken language throughout the child's daily activities.	Limit background noise. Talk through activities such as folding laundry, picking up toys, etc.
	6. Guide and coach parents to help their child integrate listening and spoken language into all aspects of the child's life.	Facilitate diverse language experiences.
	7. Guide and coach parents to use natural developmental patterns of audition, speech, language, cognition, and communication.	Facilitate understanding of developmental milestones of children with typical hearing. Scaffold learning opportunities.
	8. Guide and coach parents to help their child self-monitor spoken language through listening.	Child learns to self-correct speech when necessary. Child identifies need to repair communication breakdowns using their auditory feedback loop.
AVT practitioner's specific role in assessment, progress monitoring, treatment efficacy, and professional collaboration.	9. Administer ongoing formal and informal diagnostic assessments to develop individualized auditory-verbal treatment plans, to monitor progress, and to evaluate the effectiveness of the plans for the child and family.	Complete auditory skills checklists. Document speech productions and progress. Analyze speech and language samples.
	10. Promote education in regular schools with peers who have typical hearing and with appropriate services from early childhood onwards.	Meet with professionals within the child's school environment. Tailor the school environment for optimal listening and spoken language.

* As directly listed in Estabrooks, W., MacIver-Lux, K., & Rhoades, E. A. (2016). *Auditory-verbal therapy: For young children with hearing loss and their families, and the practitioners who guide them*. San Diego, CA: Plural Publishing, Inc. and <http://www.agbell.org/principles-of-LSLS/>