## Chapter 1 : Contrasts for Auditory and Speech Training (CAST) By David J. Ertmer

*Listening and Speech Package: Listening Handbook Pt. 1 (His Listening and speech training package ; v. 1) [Frederick S. Berg] on www.nxgvision.com *FREE* shipping on qualifying offers.*

Their purpose was to respond to the needs of servicemen who lost hearing as a result of war service. With little financial restrictions and full access to personnel and available technology, these professionals were able to create what they considered to be an ideal program. I have always considered it as a kind of mythological Camelot, one that could never realistically be emulated now. It consisted of two full months of informational classes, speechreading and auditory training lessons, ongoing hearing aid selection procedures and so on. Things have changed since that time. As the profession developed immediately after the war, fewer and fewer audiologists conducted ongoing therapy with clients. At the present time, the main thrust of practicing audiologists is the administration of sophisticated behavioral and electrophysiological auditory diagnostic procedures and the selection and dispensing of hearing aids. While both are crucial functions, and the latter an absolutely a necessary aural rehabilitation step, for most people with hearing loss it is nevertheless an insufficient response to the problems caused by a hearing loss. Often, a hearing aid alone is not enough. One such reason can be attributed to the scarcity of objective evidence proving the value of these services. There is anecdotal evidence to be sure, but not many carefully controlled studies that demonstrate the long-term effectiveness of a training program. Without unassailable proof of this nature, skeptical audiologists are unlikely to include speechreading and auditory training activities as part of their professional activities. Insofar as speechreading lessons are concerned, while just about all of us who have provided this training devotedly believe in its value, a personal belief is not equivalent to objective evidence. The scientifically oriented clinician requires objective evidence of effectiveness to rationalize their activities. The situation with auditory training is different, as the potential value of this therapy has a firmer theoretical and practical ground to stand on. We know that people with long-standing hearing losses often do improve their speech perception skills after being fit with a hearing aid, apparently as a consequence of prolonged experience in listening and learning to interpret the amplified speech signals. We see this most dramatically with people who have received cochlear implants; some have shown dramatic gains in speech perception performance after a year or two of implant use. If these gains are seen naturally, then it opens the possibility of further progress occurring via an intensive and dedicated training program. Current evidence suggests that such a training program can and does improve speech perception performance. Developing information in neuroscience adds a level of theoretical support for an intensive auditory training program. It is now known that even with adults it is possible to induce structural and physiological changes in the central auditory system with enriched sensory stimulation, that is with training. It seems that an old dog can indeed learn new tricks! We know that we cannot alter hearing sensitivity at the periphery by training; the audibility of signals will not change. There is evidence that this indeed does occur. In other words, while pure-tone thresholds will not improve as a result of training, hopefully speech perception skills can and will. However, even if audiologists wanted to conduct intensive training, it is not a practical option because of the time and costs involved. Audiologists do have to make a living, and while the average cost of hearing aids is very high, it is still not sufficient to recompense an audiologist for personally conducting ongoing and time-consuming speechreading and auditory training sessions. For convenience here, I have separated speechreading and auditory training; in the real world, an audio-visual approach would and should be emphasized. There is a way to provide this training without the cost being prohibitively high. And that is to take advantage of the computer and internet revolution. In the past few years, a number of computer aided training programs have been developed that are designed for people to work on in their homes. These include programs on speech reading and auditory training, separately and in combination, and communication repair strategies. The major cost of such a computer-aided program would involve mainly that of the CD disk s which, while not insignificant, would be much less than frequent personal appointments with a clinician. However, professional monitoring and oversight is desirable and this factor would add somewhat to the cost equation. An effective training program, of any kind, should be based on the

known and accepted principles in learning theory. We know that certain conditions can optimize the transmission and retention of information. These would include frequent, perhaps smaller training increments rather than fewer large time blocs, the active participation of the subject in the learning process rather than passive listening, varied practice material to ensure a challenge but also some degree of success, and immediate feedback regarding errors. All of these apply with a home-based computer aided training program. Equally important is the fact that is the learner who is in charge of the program and is the one who takes personal responsibility for his or her own welfare in his or her own home. A number of such programs are available, all of which, while differing in the details, cover similar ground. The first two described below focus on auditory training with a number of communication "tips" interspersed throughout , the third includes both auditory training and speechreading exercises, blended as desired, while the fourth also includes some of these elements, it also presents exercises in conversational strategies. All focus on areas of communication of particular difficulty to at least some people with hearing loss. Robert Sweetow of the University of California, San Francisco and is described in several recent publications. The program requires training some 30 minutes a day, five days a week, for four weeks for completion. The listening tasks include: This training module consists of sentences in the presence of multi-talker babble, organized into specific topics health issues, money matters, etc. At the beginning of the module, the sentences are presented at a level clearly audible above the background sounds. The listener is required to repeat as much of the sentence as possible silently or out loud. The next screen presents the sentence visually. If the sentence was understand indicated through "yes" and "no" buttons on the screen , then the next sentence presentation is made more difficult to hear. If the sentence was not understood, the correct answer is displayed and played again, after which the listening task is made easier. As the training modules progress, the trainee is presented with increasing levels of listening difficulty, in this and for the other tasks as well. This is intended to replicate rapid speech. This proceeds in the same manner as the preceding activity, except what is modified here is the degree of time compression. This module is similar to the speech in babble exercise, except that only a single speaker comprises the competition. The challenge here is that the primary talker can be a man, woman or child, while the competing speaker can also be one of these three voices. The trainee has to attend to just of these talkers while ignoring the competing talker both are varied. Target Word or short-term memory. In this module the subject is given a target word that will appear in a forthcoming sentence. After hearing the sentence, the task of the listener is to identify the word in the sentence preceding the target word. After three successful presentations, the level of difficulty is increased. Now the target word is revealed after the sentence is presented. Prolonging the period of time between the sentence and target word increases the difficulty of the test and trains short-term memory. In this task, the person hears a sentence in quiet, with one word masked completely by a random sound, such as a car horn or telephone ringing. The listener is then asked to select the correct word including synonyms from four choices that appear on the screen three are possible answers and one is "none". The developers of the program organized a multi-site study to investigate whether LACE was effective in increasing speech perceptual skills. Sixty subjects completed the study, which compared their LACE scores before and after the training program. The subjects were also tested on several standardized speech perception tests that required identification of sentences in noise. For these tests, also, performance improved after the training program. Based on the evidence presented, the program does appear to be effective. More information about LACE can be obtained from www. It is an auditory training program primarily designed for cochlear implant users though it may also be useful for hearing aid users with severe or profound hearing losses. The program consists of a variety of listening tasks ranging in difficulty. Assessment tests determine the level at which training commences for the eight modules. The user manual also contains a printed series of questions to aid a subject in determining the proper level to begin training. It is recommended that users monitor their progress by periodically retaking the tests. All modules provide for immediate feedback when errors are made and include a menu bar that permits a user to stop, pause the session, or to replay the last presentation. This allows the user to replay a sound as often as desired. This is the most basic task in the program. Three sounds are presented in sequence while their corresponding response buttons are highlighted on the computer screen. The job of the listener is to select the tone that differs from the other two an "odd ball" design. Correct and incorrect answers are noted. If answer is

incorrect, the correct answer is highlighted on the screen and the tone is replayed. The user may repeat the correct answer as often as desired. At first, the pitch separation of the target tone is quite distinct from the other two. As the module continues, the pitch separation decreases and distinguishing the target from the other two tones becomes progressively more difficult. This task may be particularly useful for people with cochlear implants in comparing the sensations that occur when electrodes widely and narrowly spaced are stimulated. The user clicks on the icon that produces the sound in question. Difficulty is increased by gradually increasing the number of choices from two to six. The most difficult level includes background noise along with the stimuli. This task first requires a listener to select which one of three identical words are spoken by the different gender speaker two are the same gender and one is different. Difficulty is increased by requiring a user to identify the gender of the speaker after hearing a word spoken. Vowel and consonant recognition. With these two modules, Sound and Beyond now moves into direct speech perception training. Both of these modules first expose listeners to differences between the speech sounds, proceeding from acoustically dissimilar phonemes to those which are similar acoustically. There are five levels in each of these modules, with the later ones requiring not just a discriminative response same or different , but an identification of the specific vowel or consonant used a more difficult listening task. The difficulty of the identification task increases as a user proceeds to a higher from a lower level, with the number of choices increasing from two to nine. In order to proceed to a higher level, certain performance criteria are built into each level. The listener must exceed this "bar" before proceeding to the next level.

## Chapter 2 : Prices - Autism Treatment

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Auditory intervention for Autism and other Developmental delays Sometimes the brain just needs to be re-organized. The brain is the same way. To organize the brain, you almost have to play a game with it. Repetitive activities, challenge it, get feedback from it, change things up a bit to strengthen it and make it work optimally for you. We go through the ears to get to the brain! Within the ears resides a lot of body functions. So the ears are very important in how your child performs daily. If they are struggling with skills that their peers are mastering, these characteristics of a listening problem may be what is holding them back from climbing the developmental ladder. Lollipop Listening Therapy is a great addition to your therapy routine that can start to lay down new pathways and re-connect them to their body, the world around them and you! We sell this system all over the world as a home-based program see our home-based listening packages. Call today to register. Lollipop tones up the middle ear muscles and make them stronger so they are better filters of sound. And just the opposite can be true too. If their ears are just not picking up that information, well, you have a very un-responsive child, "in their own world" not able to make any sense out of language, they may have balance issues, writing issues, motor planning issues, attention issues. The list goes on and on. And put them back on task. We hear from all around us, not just right and left. They listen more with their bones their body. That can be very painful, distracting, and cause melt downs and behavior issues. We want their ears to be the first entrance of sound, not their body. Lollipop trains the brain to process all of the frequencies of sound. This is important for a few reasons. That is a reason why a lot of children with special needs are non-verbal. And keep in mind all brain and body functions are related to the frequencies of sound. Good listeners are good learners. Poor listeners are poor learners. Click HERE to see if your child resembles these characteristics and how we can change the brain to create a better listener. You MUST change the way their ears pick up sounds and the way their brain processes them to create a better listener and better learner. Circuit trains the ears and brain and tones up the middle ear muscles so that sounds are processed correctly; 2. Incorporates our "body program" that works the sensory system and to get them grounded into their body. If you have questions, just contact me through this website at This email address is being protected from spambots. You need JavaScript enabled to view it. If you are interested in the home-based listening program call Washington, DC time, USA to order, or order on line from our listening therapy packages. If you are interested in coming to our listening center in Dumfries, VA call

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## Chapter 3 : Learning Language | Hearing Loss | NCBDDD

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Shop Listening Skills To develop good listening skills, a child needs to know vocabulary and grammar. You can develop good listening skills early on during play, yes play! Below are fun games to play with your child. Make sure you have fun and praise your child for good listening! Top 5 games that target listening skills 1. Pretty cool, if you ask me! This works on following directions and attention. Give your child directions to follow to find the treasure. For example, if you hide a toy under the bed. First say, jump 3 times. Walk through the door. Pick up the bear and put it down. Look under the bed. Children will find it funny. This game will work on following directions and listening. You can make it as easy or hard as you want to! Take turns giving directions for what to clean up. Have your child give you directions and you give your child directions. Your child will have fun telling mommy and daddy what to do! The house will get cleaned AND your child will work on listening. Multi-tasking at its best! Reading If you only have time to try one game today, try reading! Talk about the illustrations. You can even ask prediction questions such as "what do you think will happen next? Talk about your thinking process. Your child will learn how to answer questions and how to think about stories by listening to you! Instilling a love for reading at a young age will only benefit your child! While reading, you work on vocabulary, listening abilities, grammar, story structure, answering questions, and more! Other Needed Skills To follow directions and listen well, children need to a have a:

## Chapter 4 : IELTS Listening Practice Tests | IELTS Essentials

*Contrasts for Auditory & Speech Training (CAST) provides speech-language pathologists, audiologists, and teachers of the hearing-impaired with ready access to pictures for formal listening practice with children three to twelve years of age.*

ASL is a complete language. People communicate using hand shapes, direction and motion of the hands, body language, and facial expressions. ASL has its own grammar, word order, and sentence structure. People can share feelings, jokes, and complete ideas using ASL. Like any other language, ASL must be learned. People can take ASL classes and start teaching their baby even while they are still learning it. A baby can learn ASL as a first language. Children can use many other skills with ASL. Finger spelling is one skill that is almost always used with ASL. MCE is a code for a language â€" the English language. Children and adults can use many other communication tools along with MCE. This helps them understand each other better. CASE is flexible, and can be changed depending on the people using it. Other communication tools can be used with CASE. Often, finger spelling is used in combination with CASE. Cued Speech Cued Speech helps people who are deaf or hard-of-hearing better understand spoken languages. Cued Speech allows the person to make out sounds and words when they are using other building blocks, such as speech reading lip reading or auditory training listening. Hand shapes represent the letters in the alphabet. Finger Spelling is used with many other communication methods; it is almost never used by itself. Or, the parent might put a first finger over her mouth and nose to show that the child needs to be quiet. Babies will begin to use this building block naturally if they can see what others are doing. This building block is not taught, it just comes naturally. It is always used with other building blocks. This building block is often used in combination with other building blocks such as hearing aids, cochlear implants, and other assistive devices. Listening might seem easy to a person with hearing. But for a person with hearing loss, Listening is often hard without proper training. Like all other tools, the skill of Listening must be learned. Often a speech-language pathologist a professional trained to teach people how to use speech and language will work with the person with hearing loss and the family. Spoken Speech People can use speech to express themselves. Speech is a skill that many people take for granted. Learning to speak is a skill that can help build language. Speech or learning to speak is often used in combination with hearing aids, cochlear implants, and other assistive devices that help people maximize their residual hearing. A person with some residual hearing may find it easier to learn speech than a person with no residual hearing. Since speech can only be used by a person to express him or herself other building blocks, such hearing with a hearing aid, must be added in order to help the person understands what is being said so they can communicate with others. Speaking may seem easy to a person with hearing. But for a person with hearing loss, speaking is often hard without proper training. Like all other communication tools, the skill of speaking must be learned. Speech Reading Speech Reading or lip reading helps a person with hearing loss understand speech. You can see this for yourself in a mirror. A good speech reader might be able to see only 4 to 5 words in a word sentence. Children often use speech reading in combination with other tools, such as auditory training listening , cued speech, and others. But as a child gets older, he or she will still need some training. Sometimes, when talking with a person who is deaf or hard-of-hearing, people will exaggerate their mouth movements or talk very loudly. Exaggerated mouth movements and a loud voice can make speech reading very hard.

## Chapter 5 : SPICE for Life Auditory Learning Curriculum â€“ Supporting Success For Children With Hearin

*Training takes around twenty minutes a day for eleven complete auditory training sessions. Independent clinical trials have confirmed that LACE improves listening skills in noise by over 30%. If you find that your listening and communication skills have diminished over time, give LACE a try today.*

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## Chapter 9 : Formats and Editions of Listening and speech training package [www.nxgvision.com]

*Listening is the ability to accurately receive and interpret messages in the communication process. Listening is key to all effective communication. Without the ability to listen effectively, messages are easily misunderstood. As a result, communication breaks down and the sender of the message can.*