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Family Dynamics and Auditory Verbal Therapy

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**Abstract**

Auditory Verbal Therapy (AVT) is an intervention approach that is structured around caregiver involvement. While this model emphasizes the need for interventions to occur throughout the week within activities of daily living, many families have different dynamics and are drifting away from the “standard” two-parent structure. This study aims to explore the different family structures and dynamics of children who are receiving AVT services. Findings demonstrated that AVT does not seem to interfere with participation in extracurricular activities, it may be beneficial for families to have different people in the family taking the child to therapy and facilitating therapy at home, and extended family living close may be beneficial to the family and their involvement with Auditory Verbal Therapy.

## **Introduction**

Auditory Verbal Therapy (AVT) is an intervention approach that assists in optimal acquisition of spoken language through listening for children with a diagnosed hearing loss (Dornan, Hickson, Murdoch, & Houston, 2006). AVT has a significant emphasis on caregiver involvement and it is focused on providing children with hearing loss and their families the tools to access audition (Hogan, Stokes, White, Tyszkiewicz, & Woolgar, 2008) utilizing early identification and intervention methods (Hogan et al., 2008). A requirement of AVT is for at least one caregiver to be actively involved in the therapy sessions and to take the skills learned in therapy to their home. With a therapy model that relies on intervention techniques to be implemented throughout the week within activities at home, family dynamics may play a significant role in the success of the intervention. Many families have different dynamics and are drifting away from the “standard” two-parent structure. While professionals realize the importance of family involvement in therapy, there has been little research the family characteristics and/or dynamics of families who participate in AVT services (Neuss, 2006).

### **Impact of Auditory Verbal Therapy on Listening and Spoken Language**

AVT has been shown to improve auditory comprehension, oral expression, total language, and speech skills in children with hearing loss (Dornan et al., 2006). For example, a study conducted by Dornan and colleagues (2006) demonstrated that 70% of a group of children with hearing loss were able to progress to the same level of language as a group of children with typical hearing after participating in a 21-month period of AVT services. Another analysis was conducted to determine the the rate of language development (RLD). Results demonstrated that the RLD was higher for participants during the AVT program than before the start of therapy (Dornan et al., 2006). It is interesting to note that the children who participated in the study were from relatively high socioeconomic backgrounds (Dornan et al., 2006).

### **Factors that Influence Success in Auditory Verbal Therapy**

AVT is an intensive therapy program that requires a tremendous amount of time, dedication, and a learning curve for all family members involved. There are many factors that could potentially increase or inhibit a child's success in such a rigorous therapy program. The idea of socioeconomic status influencing the success of a child in AVT has been studied. Hogan, Stokes, and Weller (2010) investigated the impact of SES on AVT success. Twelve families that qualified as "low income" (i.e., less than £30,000) were provided AVT services at no cost. Results from the study demonstrated that low-income did not affect the success rate of children in AVT (Hogan et al., 2010). While the idea of the parents (or caregivers) being the primary agent of change on the child's listening and spoken language skills is a large factor in the success of a child in AVT (Hogan et al., 2010), this study demonstrated that could happen independent of economic status. Thus, the AVT approach of having therapists work directly with parents to improve listening and spoken language can be successful with families from all SES backgrounds (Hogan et al., 2010); however, less is known about the family dynamics and structure.

Emotional support is an additional factor that can influence the success of a family in AVT. In a study by Neuss (2006), results demonstrated that the added responsibility of caregivers needing to provide intervention at home lead to an increased need for emotional support. If grandparents are involved with supporting the family who is participating in AVT, they also require assistance dealing with their emotions. If siblings are involved with the child in AVT, they also require emotional support (Neuss, 2006). Not only is support required for the caregivers of children involved in AVT, but they also need community resources (Neuss, 2006).

The relationship between parents, therapists, and the child is seen as one of the most important parts of a successful outcome in therapy (Wu & Brown, 2004). The idea of the parents' expectations of AVT has been researched extensively. Parents who have a high expectation of their child succeeding in AVT are likely to carry this expectation out throughout

the duration of the therapy (Wu & Brown, 2004). Parents are also shown to have a higher expectation of success in AVT if grandparents are involved (Wu & Brown, 2004). Teachers have higher expectations of the parents continuing the therapy at home if the mother is employed (Wu & Brown, 2004). This finding is said to reflect a view that parents with a higher socioeconomic status will have better success with their child in AVT (Wu & Brown, 2004). There is a positive correlation between the parents' expectations and the child's success in AVT (Wu & Brown, 2004).

Early intervention is mentioned often when Auditory Verbal Therapy is discussed. In a study by Yoshinaga-Itano (1998), children who had their hearing loss identified at 6 months and then began therapy 2 months later had significantly better listening/spoken language skills than those children who were identified and given therapy after 6 months. An early fitting for hearing aids is not effective unless early intervention of therapy is involved (Hogan et al., 2008). The parents are often the first ones to seek early intervention for their children (Hogan et al., 2008). When the parents and therapists work collectively there is a greater chance that early intervention of AVT will be effective (Hogan et al., 2008).

Previous research has documented that certain factors influence the listening and spoken language success of children who participate with their families in AVT services. These include: emotional support, teacher and parent relationships, and when children begin to receive early intervention services regardless of SES. While these characteristics are well documented in the literature, regarding the families who participate in AVT services, there is little that is known about specific family structures and dynamics. Based on this gap in the literature, the question was proposed: what are the characteristics of families who choose to participate in a therapeutic approach that relies heavily on caregiver involvement, specifically AVT? The specific aims were as follows: 1) identify the different family structures of children who participate in AVT, 2) collect information about different family dynamics of children who

participate in AVT, and 3) gather qualitative data from families who participate in AVT about how their family structure and dynamics.

## **Methods**

### **Participants**

This study identified parents who have a child who participates or did participate in Auditory Verbal Therapy in the greater Northwest Arkansas area (including but not limited to Fayetteville, Rogers, Springdale, Bentonville, Lowell). Parents were recruited via email, letter, and/or verbally to participate in an online questionnaire powered by Qualtrics, an online survey software provided by the University of Arkansas. The recruitment of parents and contents of the questionnaire was approved by the Institutional Review Board of the University of Arkansas.

### **Materials**

An online questionnaire 22 questions in length was created. It included questions with fixed answers (i.e., multiple choice), yes/no questions, and free-response questions. The multiple choice and yes/no questions addressed certain aspects of family structure and dynamics. The free response questions tied in their child's therapy, and asked about connections between the answers they recorded and their child's progress in therapy. All 22 questions are in Appendix A.

### **Procedure**

An email was sent to families that met the criteria listed above asking for their willingness to participate in an online questionnaire. A consent form and the link to the questionnaire were attached to the email (see Appendix A). The caregivers were asked to finish the questionnaire to completion. The questionnaire link was left open for data collection for two weeks after the emails were sent. A total of 14 responses were collected. One response was not used for analysis because the questionnaire was not completed.

### **Analysis**

Categorical data about the structure of the families and their dynamics (who works, who takes the child to therapy, etc.) was collected from families who were currently enrolled or had previously participated in Auditory Verbal Therapy (AVT) with a Listening and Spoken Language Specialist certified in AVT. Free response questions regarding family structure and dynamics were also included to determine other factors that may influence a caregiver's participation in family-centered therapy approaches, specifically Auditory Verbal Therapy.

### **Results**

Families receiving AVT services were asked to answer questions pertaining to their family dynamics. Only one family has someone outside of the nuclear family living with them. Eight families reported having extended family living in the same town. Only one family listed no other extracurricular activities other than participating in AVT. Only 6 out of the 13 families have the same person/people taking the child to therapy as facilitating therapy at home. The hardest part of therapy seems to have the themes of hectic schedules and distractions. Nine-two percent of families reported that having multiple children had no effect or a positive effect on participating in AVT.

Quantitative data was collected regarding family dynamics of families involved in AVT services. Fifty-four percent of responses stated that there was one parent in the home who worked, while 46% reported both parents works (see Figure 1). Most of the families (77%) reported that two parents lived in the home, with 23% reporting that there was one parent in the home (see Figure 2). Of the thirteen families who participated in the study, only two reported that mom was not responsible for facilitating AVT practices at home (see Figure 3). One family reported that dad was soely responcble while six families (46%) reported that the responsibility was shared between both parents at home. Only one family (8%) reported a person other than mom or dad facilitated that therapy at home. Parent reported similar results when asked who was responsible for taking the child to AVT services, with results depicted in Figure 4. Overall, it



was reported that the child's mom was responsible for attending AVT sessions most often (54%) and 37% of parents typically both attending. Finally, Figure 5 shows Number of children in the home of families with a child receiving AVT services. No homes had only one child, with 45% reporting two children (i.e., one sibling for the child receiving AVT services), and 31% reporting three children, 15% reporting four children, and 8% reporting five children.

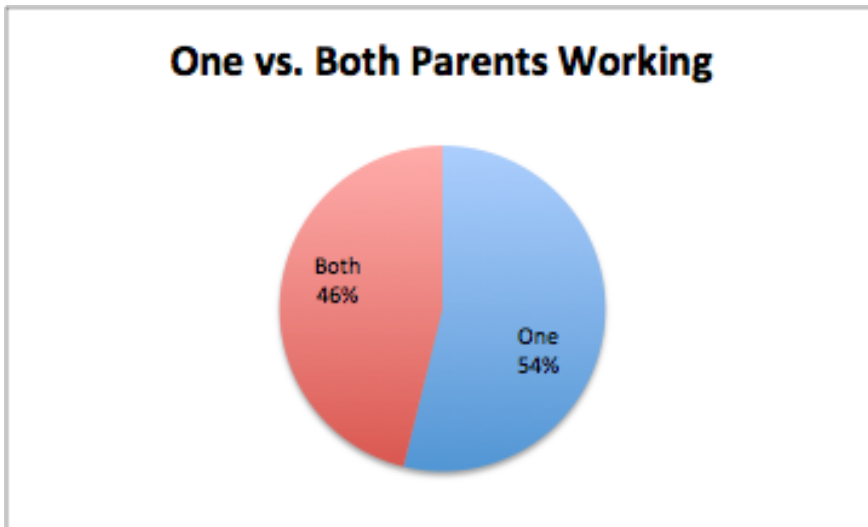


Figure 1. Number of parent who worked outside the home.

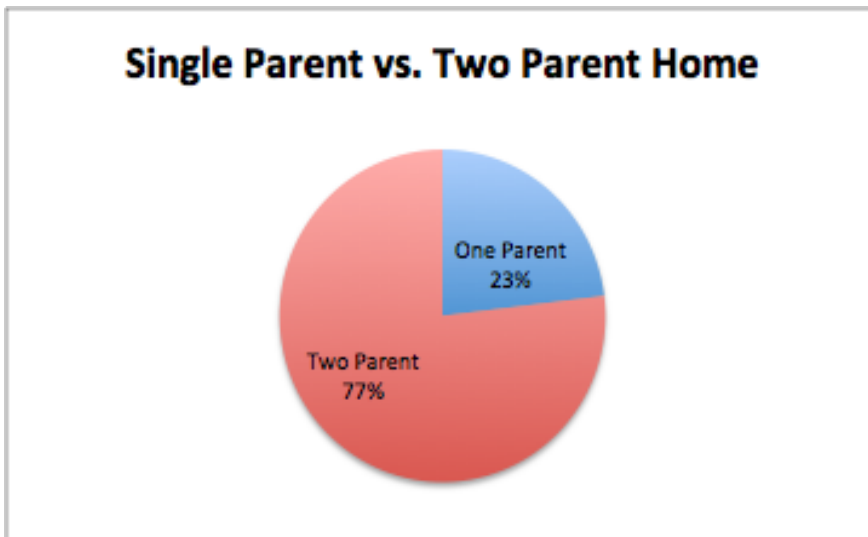


Figure 2. Number of people who lived in the home.

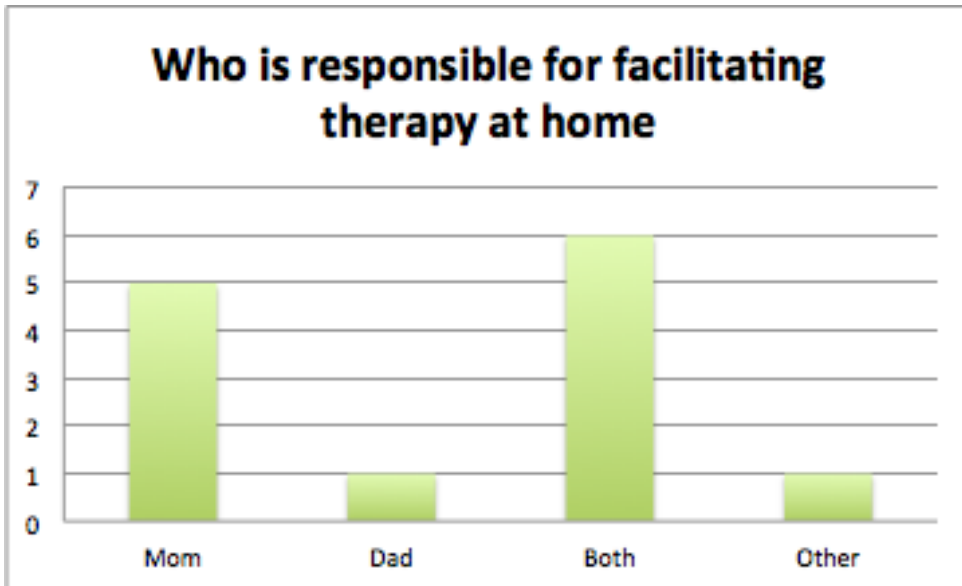


Figure 3. Parent(s) responsible for facilitating AVT practices at home.

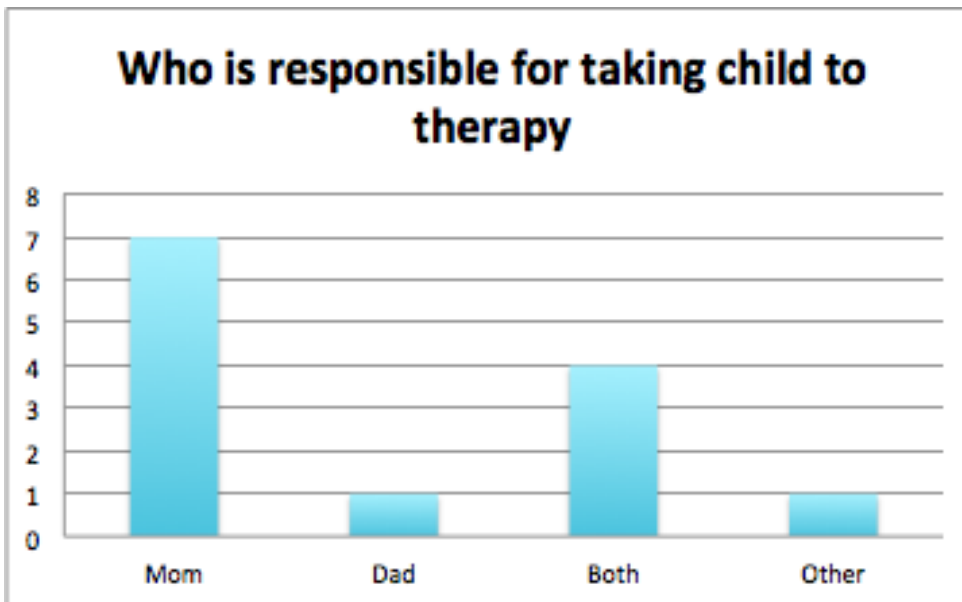


Figure 4. Parent(s) responsible for taking child to AVT session.

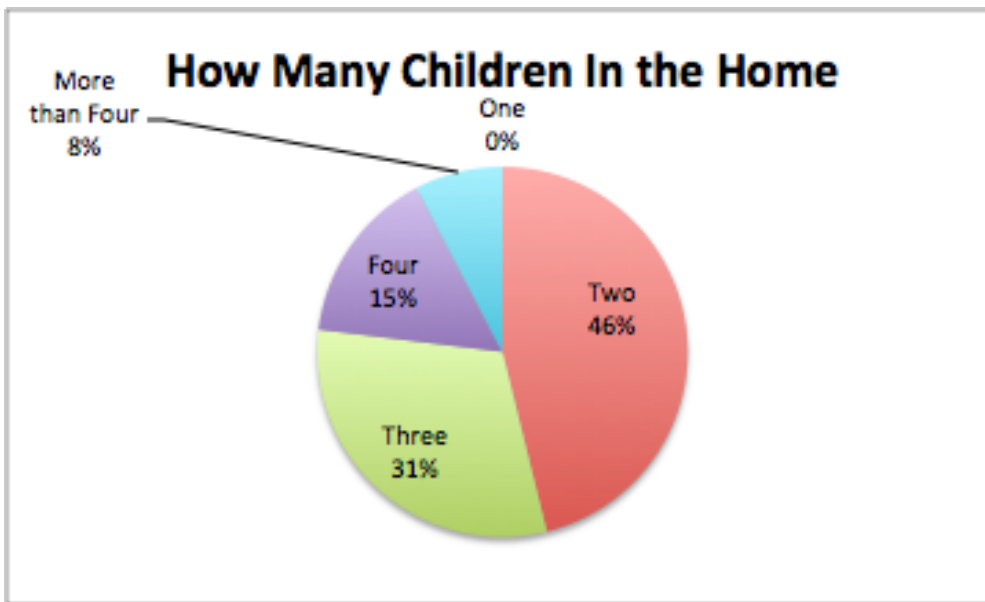


Figure 5. Number of children in the home of families with a child receiving AVT services.

### Conclusions and Future Directions

Family involvement is an important component of AVT and as such, this study attempted to describe the family dynamics of families receiving AVT services for a child with hearing loss. Families were asked to complete a survey to explore the different family structures and dynamics of children who are receiving AVT services. Findings demonstrated that AVT does not seem to interfere with participation in extracurricular activities, as all families reported involvement in the community in some way. This is encouraging, as the time investment for participating in AVT services for a child who has a hearing loss is substantial.

Looking at other family dynamics, there was a split for how many families were a dual income home. No one reported that having both parents work negatively impacted their ability to facilitate AVT practices at home. All families had multiple children and did not report that to be an issue with AVT. Also important to note is that the parent, whether mom or dad, who most often attended the AVT session was not the same parent who most often facilitated therapy in the home. Additionally, only one family reported having an extended family member actively involved in AVT, demonstrating that parents are the primary facilitators of activities in the home.

This was an explorative study and data were only collected from thirteen families from

one region of the US. As such, findings should be interpreted with care and taking into consideration the very limited number of participants. With this in mind, it is still interesting to note that all families reported the ability to successfully participate in AVT services while juggling many of the same factors, including multiple children, dual income homes and extracurricular activities, as families who do not have a child with a hearing loss. Thus, it is important when counseling families that are interested in exploring if AVT is an appropriate intervention plan that you can invest the time needed for this intensive therapy approach while maintaining a healthy family balance.

A larger study could be conducted limited to children who are currently enrolled in Auditory Verbal Therapy. There could be further research on the impact of extended family on success of intervention. Further research with a larger sample size could be conducted to examine correlational relationships between family dynamics and success in family-centered therapy approaches. Thus, it may be beneficial to explore the impact of having the same person or people in the family taking the child to therapy and then facilitating therapy at home.

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## Appendix A

1. Do you live in a single parent or two parent home?
2. How many children do you have?
3. Does your extended family (anyone outside of nuclear family – mom, dad, daughters, sons) live with you?
4. Does your extended family (anyone outside of nuclear family – mom, dad, daughters, sons) live within the same town?
5. Does both or one parent(s) work?
6. Please list any extracurricular activities that are time consuming for your family (i.e. sports, clubs, church activities, etc.).
7. Who is responsible for taking child to therapy?
8. Who is responsible for facilitating therapy at home?
9. Does having (single/2) parents affect therapy?
10. Does having (1, 2, 3, 4, more than 4) children affect therapy?
11. Does living (without/with) extended family affect therapy?
12. Does living in the same town (without/with) extended family affect therapy?
13. Does having (both/one) parent working affect therapy?
14. Does having (other activities/no extra activities) affect therapy?
15. Does having (1,2) people taking your child to therapy affect therapy?
16. Does having (1, 2) people facilitating therapy affect therapy?
17. What is the hardest part of your family structure when it comes to therapy at home?
18. What is the best part of your family structure when it comes to therapy at home?
19. What aspects of your family help with therapy at home?
20. What aspects of your family make therapy at home more difficult?
21. Are there any other factors not mentioned previously that help make therapy more productive?



22. Are there any other factors not mentioned previously that make therapy at home more difficult?