

Simple & Effective

Starting a Study Group

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A New Beginning

When an audiologist evaluates a 'child' and diagnoses APD; and when he/she explains to the family how these auditory limitations impact the child's academic-communicative success there is often relief that the problem is known and that it is not a more serious disorder. For the individual just knowing that they are not crazy or mentally challenged is most reassuring. When we explain further that APD is a treatable condition there is generally a sense of hopefulness and optimism. Then when therapy is provided and not only the auditory skills but also the original concerns have improved then there is often joy and a major boost to the child's self confidence.

Therapy has been a missing piece in the audiologic armamentarium. I hope that this group will be yet another vehicle to move our profession further along in the direction that they have been slowly traveling for the past 30+ years. The best thing that we can do is to hone our own diagnostic and rehabilitative skills and provide the best possible service as this will encourage others to broaden the scope of their practice too.

I feel that this group is off on an exciting venture – a win, win, win situation. We benefit, the child and family benefit and society benefits. What makes it so incredible is that the Buffalo Model procedures are simple, inexpensive and take relatively little time (especially

when compared to other therapies like Lindamood-Bell, Fast Forward etc.).

While skype and face-to-face meetings have advantages, at this time email is the most practical approach. I appreciate your enthusiastic responses to joining this group and look forward to working together on this worthy project.

The Buffalo Model

My reasons for organizing this group (what name should we give it?) is that:

1. the Buffalo Model therapy has turned out to be amazing and way beyond my expectations
2. it is easy to give (but it does take some planning)
3. the therapy is rather brief
4. it addresses a broad range of skill levels and disorders (e.g., ADHD, autism, mentally challenged, CI).
5. it is inexpensive
6. not only do the auditory deficits respond so well but the generalization to the family's initial concerns improve as well, and
7. the beneficial results of therapy are measurable

I have not compared the results of the Buffalo Model (B-M) with other approaches but I believe that it is surely comparable or likely superior to most. I do not want to see all these positive characteristics fade away as long as we can make such significant contributions.

Diagnosis & Remediation

The B-M evaluation and the B-M therapies fit together as a hand in a glove. This makes for a coherent system that is not only consistent for us but for the families as well. For Decoding problems we recommend Decoding therapies and look for improvement in the Decoding issues in their child's life. The same is true for speech-in-noise and memory factors. Because of the complexity of AP, APD and the individual differences of the people we work with (e.g., kinds of prior therapies and how long; as well as cognitive abilities) we do not expect a one-to-one correspondence but in the B-M there are so many indicators that we expect the Decoding or memory picture to reflect the benefits of therapy. For me the B-M Questionnaire has been indispensable for retest feedback.

The Next Step

I think our next step as a group should be to get to know one another. It would be nice to know everyone's name and city as well as their work setting/s and something about what they do with APD and what they would like to get/give to the group. I would like to keep the focus on the B-M surely for the time being.

Would each of you send me this type of information for the next issue of S&E. I hope you like the newsletter title (read on). I think it is a good goal in therapy and a good goal in life perhaps.

It is a Sin to Waste

My mother taught us that *it is a sin to waste*. So I will fill the rest of this page with a timely mention of the therapy book that is coming out next month.

If you also get SSW Reports you will get some of the same information, but better twice than not at all.

At the previous EAA summer conference one of the officers said that they had a cash flow problem and would appreciate it if anyone had an item that EAA could distribute to earn some money. This is my favorite professional organization so I decided to write a therapy book for them of the procedures that I have developed and refined over the past 5 decades.

EAA was happy to work with me and provided some proofreaders etc. to help me out. There are 14 chapters and each therapy chapter details one procedure in a readable form (mostly in tables) and includes the therapeutic results (benefits) of each procedure. I think you will enjoy the anecdotes that are included at the end of each chapter. They bring the therapy to life, often make important points and are fun to read (I hope).

The first three chapters are introductory (introduction, APD categories and evaluation, therapy principles). The next 6 chapters deal with specific techniques that address particular APD issues (phonemic decoding and Phonemic Synthesis, Phonemic Training Program, speech-in-noise training, memory and sequencing therapies, Dichotic Offset Training, Localization Clock training). The last 5 chapters are also quite unique (therapy: hard-of-hearing & CIs, therapy for mentally challenged, other populations, group therapy, and monitoring, reevaluations & recommendations). The book is in a loose leaf binder so you can easily copy forms and tables.

The book, "Therapy for APD: Simple, Effective Procedures", will be released at the EAA Summer Conference (July 18-21) with a book signing on July 20. However, you can order it online from their website (edaud.org). The book sells for \$65.00 as we wanted it to be a good value for the audiologists.

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