



VANDERBILT
UNIVERSITY

Homage to Judith Gravel



Anne Marie Tharpe
Vanderbilt School of Medicine
Department of Hearing & Speech Sciences

Early 1980s



1991

- Assistant Professor of Otolaryngology, Department of Otolaryngology, Albert Einstein College of Medicine and the Montefiore Medical Center
- Adjunct Associate Professor, Division of Hearing and Speech Sciences, Vanderbilt University School of Medicine

1991

- Gravel, J.S., McCarton, C.M., Ruben, R.J. Otitis Media in NICU graduates: A one-year prospective study. *Pediatrics* 82:44-49, 1988.
- Gravel, J.S., McCarton, C.M., Ruben, R.J. A prospective study of otitis media in infants born at very-low birth weight. *Acta Oto-Laryngologica* (Stockh) 105:516-521, 1988.
- Wallace, I., Gravel, J.S., Ruben, R.J., McCarton, C.M. Otitis media and language development at one-year of age. *Journal of Speech and Hearing Disorders* 53:245-251, 1988.
- Wallace, I., Gravel, J.S., Ruben, R.J., McCarton, C.M., Stapells, D., Bernstein, R.S. Otitis media, language outcome and auditory sensitivity. *Laryngoscope* 98:64-70, 1988.
- Ruben, R.J., Bagger-Sjoberg, D., Downs, M.P., Gravel, J.S., Karakashian, M., Klein, J.O., Morizono, T., Paparella, M.M. Complications and sequelae. *Annals of Otolaryngology, Rhinology, and Laryngology* (Suppl. 139) 98:46-55, 1989.
- Bernstein, R.S. and Gravel, J.S., A method for determining hearing sensitivity in infants: The Interweaving Staircase Procedure (ISP). *Journal of the American Academy of Audiology* 1:138-145, 1990.
- Yankelowitz, S., Gravel, J., Wallace, I., and Karma, P. A clinical-research form for use in the detection of middle ear effusion. *Ear and Hearing* 12:296-298, 1991.

**Auditory Integration Training:
Placing the Burden of Proof
AJSLP, 1994**



Gravel

**In F.H. Bess, Children with Hearing
Impairment: Contemporary Trends (1998)**

CHAPTER THIRTEEN

**Treatment Fads Versus
Evidence-Based Practice**

Anne Marie Tharpe

"Nothing resembles a new scientific finding like a terrible mistake"—Ira Hirsh

1999

LSHSS

Clinical Forum

Auditory Integration Training

Auditory Integration Training: The Magical Mystery Cure

Anne Marie Tharpe

Vanderbilt University Medical Center, Nashville, TN

2004



Auditory Integration Training
Working Group in AIT



Auditory Integration Training

Working Group in AIT

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). This position statement was developed by the ASHA Working Group on Auditory Integration Training. Members of the Working Group were Anne Marie Tharpe (Chair), Candace Bourland-Hicks, Judy Gravel, Jane Madell, Maurice H. Miller (coordinating committee member), and Gail Linn (ex officio). Richard Nadeau and Susan Foreman, ASHA representatives for professional practices, served as monitoring vice presidents. The Legislative Council approved this document as an official policy of the Association at its March 2003 meeting.

In 1994, the American Speech-Language-Hearing Association (ASHA) Subcommittee on Auditory Integration Training (AIT) was established. AIT is a method proposed for treating a variety of auditory and neurocognitive disorders. www.experimentalmedicine.com had not yet set scientific

standards as a routine care treatment. The subcommittee recommended that ASHA develop a position statement and guidelines regarding AIT, as well as more research funding become available. The 2002 ASHA Work Group on AIT, after reviewing empirical research in the area to date, concluded that AIT has not met scientific standards for efficacy that would justify its practice by audiologists and speech-language pathologists.

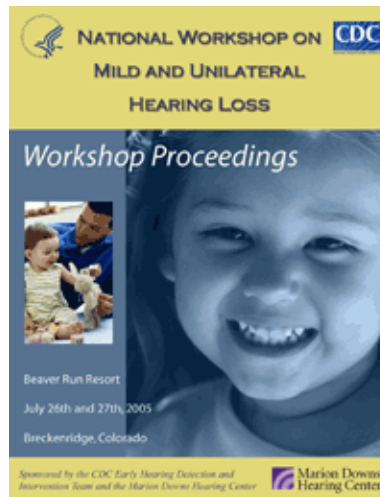
However, well-designed, institutionally approved, research practices designed to assess the efficacy of AIT are encouraged. It is recommended that this position be re-examined should a scientifically controlled studies supporting AIT's effectiveness and safety become available.

Reference this material as: American Speech-Language-Hearing Association (2004). Auditory Integration Training [Technical Report]. Available from www.asha.org/policy.
Index terms: auditory integration training
DOI: 10.1044/policy.20.2004.00200

Reference this material as: American Speech-Language-Hearing Association (2004). Auditory Integration Training [Technical Report]. Available from www.asha.org/policy.
Index terms: auditory integration training; Board; method; outcome; scientific; therapy; treatment; auditory integration training; Associated document: Technical report
Document type: Position statement

Members of the Working Group were Anne Marie Tharpe (chair), Candace Bourland-Hicks, Judy Gravel, Jane Madell, Maurice H. Miller (coordinating committee member), and Gail Linn (ex officio).

Centers for Disease Control & Prevention Workshop Proceedings (2005)



Trends in Amplification

<http://tia.sagepub.com>

Early Intervention for Children With Unilateral and Mild Bilateral Degrees of Hearing Loss

W. June Holstrom, Marcus Gaffney, Judith S. Gravel, Robert F. Oyler and Danielle S. Ross

Trends Amplif 2008; 12; 35
DOI: 10.1177/1084713807312172

The online version of this article can be found at:
<http://tia.sagepub.com/cgi/content/abstract/12/1/35>

Trends in Amplification

<http://tia.sagepub.com>

Amplification Considerations for Children With Minimal or Mild Bilateral Hearing Loss and Unilateral Hearing Loss

Sarah McKay, Judith S. Gravel and Anne Marie Tharpe
Trends Amplif 2008; 12; 43
DOI: 10.1177/1084713807313570

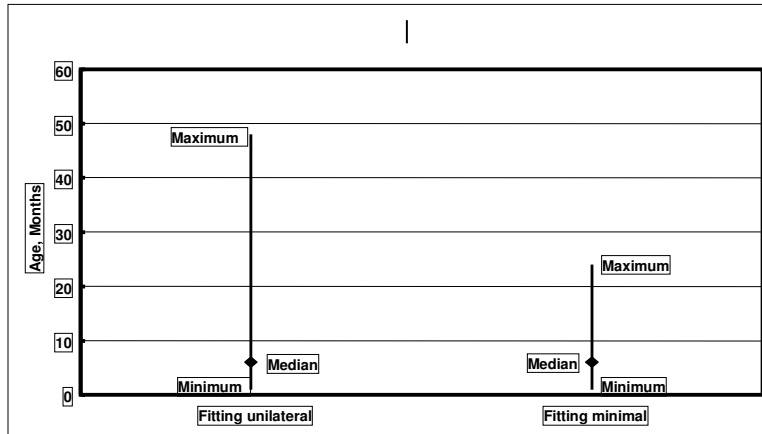
The online version of this article can be found at:
<http://tia.sagepub.com/cgi/content/abstract/12/1/43>

Amplification Considerations for Children with Unilateral Hearing Loss

Candidacy for conventional hearing aid (*CHOP Guidelines*)

- Age
 - 12 months or older
- Degree of Loss
 - Mild to moderately-severe hearing loss in the affected ear
- Type of Loss
 - Sensorineural, mixed or permanent conductive
- Should have usable word recognition abilities in the affected ear (if obtainable)

Earliest Age for Fitting of Amplification



- Median and range for earliest age at which audiologists would consider fitting young children with UHL and MBHL with amplification.
- 6 months median age identical; wider age range for earliest age for fitting for UHL than MBHL

Phonak Video Series

- Phonak Video Focus 1 - Pediatric Hearing Assessment
- Phonak Video Focus 2 - Pediatric Hearing Instrument Fitting
- Phonak Video Focus 3 - FM Systems for Children: Rationale, Selection, & Verification Strategies
- Phonak Video Focus 4 – Hearing Care for Infants: Strategies for a Sound Beginning



Created by:
 Patricia A. Rowsh, M.A.,
 Richard C. Snowball, Ph.D.,
 Judith S. Gravel, Ph.D.

Judy the Leader

- Joint Committee on Infant Hearing: Year 2007 Position Statement and Guidelines for Early Hearing Detection and Intervention Programs. *Pediatrics* 2007
- Joint Committee on Infant Hearing: Year 2000 Position Statement and Guidelines for Early Hearing Detection and Intervention Programs. Published simultaneously: *American Journal Audiology* 2000;9:9-29; *Pediatrics* 2000;106:798-817; *Audiology Today* 2000; August: 6-27.
- Chair - Panel for the Development of *Clinical Practice Guidelines: Hearing Loss in Children 0 – 3 years*. New York State Department of Health Early Intervention Program

Judy's International Passion

- With Andrea Bohnert in Germany
- With me in Switzerland 2 years ago
- With Ora Buerkli and me in Switzerland





Summer 2008



Gravel (2008)
Vanderbilt Bill Wilkerson Center Commencement



*“Ask both ‘why’ and ‘why not’. Analyze the present;
challenge traditional thinking of ‘what is’ with the
broader question of ‘what could be’.”*