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Using Berard Auditory Integration Training

to Enhance Functional Performance and Improve Quality of Life

By Sally Brockett, MS, Terrie Silverman, MS, and Ana Brushingham, MBA

n spite of a daily sensory diet and ongoing sensory therapy, seven-yearold Matthew, who was diagnosed with autism after his second birthday. continued to resist activities of daily living, including toothbrushing, bathing, and hair washing. It was especially frustrating for Matthew's parents because his language delay made it even more difficult for them to explain the importance of these personal care tasks. However, soon after participating in a ten-day program of Berard Auditory Integration Training (AIT), Matthew showed increasing tolerance for these activities, and his parents also noticed improving language comprehension, which removed a lot of stress in their lives.

What do other parents report after their child completes Berard AIT?

Reports vary considerably since this program results in a variety of changes in many developmental areas. A mother of a preschool boy with autism in Puerto Rico was very happy to see that, on the seventh day of training, her son suddenly understood that in order to avoid getting his feet wet in puddles, he had to either step over the puddles or walk around them. His ability to solve this problem resulted in far fewer tantrums since he was now able to keep his feet dry. Many parents report other examples of



increased logical reasoning and problem solving.

Improvements in speech and language are very common, with some children saying their first words during the training period and others starting to ask questions or use pronouns and verb tenses correctly. Children who may be unintelligible because they speak at such a rapid pace with poor articulation begin to speak with clarity and put space between the words, so they become more easily understood. Since the ear controls the voice, the facets of vocal tone, volume, and voice quality may show improvement as the auditory system is rebalanced.

Family, friends, and teachers noticed the changes in Matthew and wanted to know more about the program that had triggered these improvements.

Berard AIT was developed by Dr. Guy Berard in France during the 1950s. This

Comments from Parents:

program was introduced in the U.S. in the early 1990s through the book titled The Sound of a Miracle by Annabel Stehli (Stehli, 1991) as well as the major research study done with individuals on the autism spectrum by Dr. Stephen Edelson and the late Dr. Bernard Rimland of the Autism Research Institute (Rimland, Edelson, 1994).

What is Berard AIT?

Berard AIT is a sound-based intervention designed to reorganize or balance an auditory system that is not functioning efficiently. There may be problems with hypersensitivity, delays in timing, distortions in perception, or difficulties with sequencing that disrupt the normal flow of the auditory message. These challenges can lead to severe speech/ language delays or mildly disruptive problems, but they typically do interfere with the individual's ability to achieve optimal performance. In Matthew's case, his auditory hypersensitivity made toothbrushing and hair washing intolerable, and distortions in perception interfered with his ability to understand spoken words. As indicated by the title of Dr. Berard's book Hearing Equals Behavior (Berard, 1993), how we hear our world significantly affects how we behave within that world. One of the main goals of this educationally related program is to rebalance and stabilize the auditory/sensory processing system so the individual achieves greater functional performance and his/her quality of life improves.

Based on studies that have been done and clinical observations, some believe this unique form of stimulation, which is provided with intensity and repetition, creates new neural connections or pathways within the system. The ten days of training serve as the catalyst period during which new, immature connections are formed. The process continues in the following months as the connections continue to be stimulated and integrated through typical daily experiences and sound exposures. Sensory and auditory processing improves and the individual progressively shows increased attention, concentration, speech and language skills, and socialization.

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How is Berard AIT provided?

Qualified professionals are trained as practitioners to provide Berard AIT by approved Berard AIT Instructors, Berard Practitioners usually offer the program at their private centers or through agencies. The music stimulation is always provided directly from the Berard AIT devices. which are currently the Earducator™ or the Audiokinetron.

The client participates in two 30-minute listening sessions per day over a 10-day period. Headphones that are compatible with the Berard AIT device are used to transmit the electronically modulated music to the listener. During Matthew's first session of training, he was quite nervous about wearing the headphones due to his hypersensitivity. However, he quickly realized that it was not painful and was actually helping him to be more comfortable. The music sounds somewhat distorted as the bass is suppressed while the treble is accentuated, and then the bass is accentuated while the treble is suppressed. The modulation occurs at a rapid pace in a random fashion so that the listener cannot anticipate the shifts. In addition, one or two narrow band filters may be used to block specific frequencies for an individual based upon the individual's listening profile.

What preparation is recommended for Berard AIT?

Since the Berard AIT stimulation is presented through the ear, it is important to have a healthy, well-functioning ear. Ear infections, excessive wax or excessive fluid, and high negative Eustachian tube pressure can interfere with sound transmission. It is recommended that the client have these conditions evaluated prior to starting the listening program. Many children with special needs, including autism spectrum disorders, have ear health problems that sometimes go unrecognized but may be interfering with their ability to develop language and accurately process sounds in the world around them.

EDUCATION & THERAPIES

Since the use of headphones is required during the listening sessions, it is helpful to acquaint the child with headphones prior to the start of training. Practicing at home with headphones that cover the ear like an earmuff and using a variety of music at a soft volume helps the child become familiar with and accept headphones. Berard Practitioners typically offer suggestions on ways to help those who may be defensive about things touching their head. Matthew's mother used brushing therapy before the listening sessions to calm him. Visual cues were used to show him that he would first listen and then go to the playground or have other activities that he chose.

Who may benefit from this program?

Individuals with auditory and sensory processing problems have difficulty interpreting daily experiences and may be potential candidates for this program. Their ability to hear and communicate is compromised, and behavioral and social skills are often affected as a result.

Individuals with one or more of these conditions may benefit from Berard AIT:

Berard Practitioners are trained to look at the presenting concerns that parents, teachers, or therapists report or that are observed by the Berard Practitioner, rather than simply base a decision on the diagnosis of the individual. The Berard program may impact many developmental areas and create a variety of positive changes in functional performance. Therefore, when there is a delay or weakness in any of these areas, participation in Berard AIT may be a good option. In Matthew's case, his difficulties with sensory processing and language comprehension were good indications that he was a candidate for the program.

In addition to these considerations, there are evaluation procedures that may also be helpful. Whenever individuals are able to cooperate with the Berard listening profile, this screening may be done to determine how the individual hears across all the frequencies. The procedures for this evaluation are different from the standard audiogram and must be done by a professional familiar with the Berard listening profile. Matthew did not have the attention and ability to understand the evaluation, so he did not complete this procedure. Many young children with autism and children with limited attention are not able to cooperate with this evaluation; however, if they meet other criteria, they may be good candidates for Berard AIT.

There are also standardized tests such as the Screening for Auditory Processing Disorders (SCAN) (Keith, 2000) or the Test of Auditory Perceptual Skills (Gardner, 1996) that provide important information to use in determining the need for Berard AIT. Individuals identified on The Sensory Profile (Dunn, 1999) as "definite difference" or "probable difference" may also be considered as candidates for this training program.

Consultation with the Berard Practitioner is one of the best ways to identify whether or not the individual demonstrates the difficulties that may show a good response to Berard AIT. Though it is not possible to guarantee that a specific individual will definitely show benefit from the training, approximately 60 to 75% show notable improvements, and some show quite significant gains. There are also a small number who may not demonstrate much response. After a consultation with the Berard Practitioner who carefully reviewed Matthew's case, Matthew's parents felt confident that this was the next step in their journey to assist him with his sensory and language difficulties.

Is there research to support **Berard AIT?**

Berard AIT has been studied since the early 1990s when it was introduced in the United States. The most extensive study was completed by the Autism Research Institute and published in the American Journal of Speech-Language Pathology (1994). This study included 445 children and adults with autism and reported a significant reduction in sound sensitivity as well as worthwhile improvement in various aspects of comprehension and behavior. A summary of many of the studies on AIT is available at http://www.berardaitwebsite.com/

sait/aitsummary.html.

There is also pre-AIT and post-AIT data on groups of individuals and on single cases that have completed Berard AIT posted at www.ideatrainingcenter.com. This data includes standardized tests and behavior rating forms that were used to document the effectiveness of the training.

Possible benefits that may occur with Berard AIT include improvements in:

Matthew's mother used brushing therapy before the listening sessions to calm him.

Results from Berard AIT Practitioners around the world document that when the Berard protocol is used in conjunction with Berard equipment, positive results are achieved. Berard Practitioners throughout the world obtain improvements in functional performance, such as more complex language, tolerance for self-care activities, increased cooperation, and decreased sound sensitivity. Of course, this does not mean that every individual will show the same degree of change. As with all interventions and educational approaches, there may be some who show a milder response or who are nonresponders. Parents must review research and studies on sound-based programs before selecting one. There are many programs offered now – more than ever - so it is important to understand the potential results of each program.

References:

Berard, G. (1993). *Hearing Equals Behavior* (Trans.). New Canaan, CT: Keats. (Original work published 1982).

Dunn, W. (1999). The Sensory Profile. The Psychological Corporation.

Gardner, M.F. (1996). *Test of Auditory-Perceptual Skills - Revised* (TAPS-R). Psychological and Educational Publications, Inc.

Keith, R.W. (2000). *Test for Auditory Processing Disorders in Children – Revised* (SCAN-C). The Psychological Corporation.

Rimland, B, & Edelson, S.M., (1994). The Effects of Auditory Integration Training on Autism. *American Journal of Speech-Language Pathology* (1994).

Stehli, A. (1991). *The Sound of a Miracle: A Child's Triumph over Autism.* New York: Doubleday.

Resources:

For more information on Berard AIT and the international list of Berard AIT Practitioners, please visit:

www.BerardAlTwebsite.com:

The official Berard AIT website offers information about Dr. Berard's method and a worldwide listing of Berard AIT Practitioners.

www.berardaitwebsite.com/BAITIS.htm:

Website for the Berard AIT International Society, the professional organization.

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