

## Comparing the Bérard and the Tomatis Methods of Auditory Training

### Report On A Project Comparing The Bérard Approach Of Auditory Integration Training With The Tomatis Method Of Audio-Psycho-Phonology, Based On The Outcomes For A Group Of Children With Autism.

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The differences between the Tomatis and the Bérard approaches to auditory training are detailed in the following article, which is available on the website of the Autism Research Institute:-

*Improving the Auditory Functioning of Autistic Persons: A Comparison of the Bérard Auditory Training Approach with the Tomatis Audio-Psycho-Phonology Approach*

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This report adds some comments about the experience of 5 children with Autism who underwent both treatments during the period of 1990 and 1996.

A group of children with the diagnosis of Autism who all attended the same school for children with Autism were given the opportunity through a sponsorship in 1991 and 1992 to attend three sessions of Tomatis Audio-Psycho-Phonology with a certificated practitioner.

Each of the three sessions included 100 hours of treatment, given as sessions of approximately three hours per day, daily, at the practitioners' rooms. During these sessions the children were free to play, draw, or rest as they wished, as prescribed in the treatment protocol. Parent consultations were held by the practitioner in separate sessions.

Two of these children had readily-identifiable auditory hyper-acusis, since they spent much of their day with their hands covering their ears, and showed many behaviours associated with distress caused by sounds. Another of the children, the only girl of the group, had suspected although not identified hyper-sensitivity.

In evaluating the outcomes from the three 100-hour sessions of Tomatis therapy, it was recorded that;

1. The parents reported benefit from the individual consultations with the practitioner (in terms of feeling supported)
2. The girl who had an artistic flair and spent her sessions drawing copiously seemed to improve in her creative style.

The only negative outcome was a disturbing reaction from the younger of the boys with auditory hyper-acusis. His mother reported that he had become completely passive, almost 'like plasticine'. While previously he had tended to be stereotyped, following limited and set routines, after these sessions he became even more limited to the extent that he stood where he was put, or sat where he was set down. He ceased all exploration or participation. During the sessions he would pull the blanket over his head and lie without moving for their duration. This withdrawal gradually receded, and his mother reported that after 6 months he had almost regained his pre-treatment levels of activity.

No lessening of auditory hyper-acusis was observed in any of the children, in fact the older boy's discomfort continued to worsen until it reached the point where he was unable to join the family for meals or for walks in the forest.

After the three sessions of Tomatis APP therapy had concluded, there was a period of one year during which these children proceeded with their daily scholastic routines. This was the 'psycho-educational' approach to teaching, which involved an adapted curriculum, with speech therapy and occupational therapy supports.

In 1993 and 1994 these children were able to attend a practitioner of the Bérard Method of Auditory Integration Training. The families sought the treatment on an individual basis, without sponsorship.

These sessions totaled ten hours of auditory integration training, split into two half-hour sessions per day, for ten consecutive days.

As with the Tomatis sessions, headphones were worn to listen to the music. During the sessions, children were allowed to play with 'fidgets', but not read, draw or write. Parent information and conversations were held during the half-hour listening sessions.

The outcomes for the children were noticeable as follows:

1. The three children with hyper-acute and painful hearing had immediate benefits after AIT, that enabled them to become more participant in their families.
2. The boy who had regressed severely during the Tomatis sessions, reacted in the opposite way to AIT – he began to explore his environment, he ceased body-spinning, his high-pitched stereotyped squeals lessened. These changes meant that his mother had to keep a watchful eye on him as he began to climb the fence and wander away. This occasionally led to difficulties as the family adjusted to his being more 'present' as this was unexpected behaviour for him, but it was seen as a positive change away from his stereotypies.
3. The older boy with severe painful hearing was able to rejoin his family for mealtimes and enjoyed the school holidays in a noisy house without difficulty for the first time.
4. There were reports of improved social responsiveness in all the children.

One of the children, the boy with the stereotyped behaviours, went on to take three sessions of Bérard AIT, and began to develop speech after the third ten-hour training had completed.

## **SUMMARY**

It was apparent that the outcome for these 5 children with autism was more positive after one ten-day session of Bérard AIT than after the three sessions of the Tomatis therapy.

It was also noted that there were no significant negative outcomes for any of the children, other than some tiredness during the ten days of the sessions.

It was noted that the Bérard AIT had a positive impact on painful hearing (auditory hyper-acusis) for all three the children who were identified with this problem.