

# **DR. Guy Berard's Auditory Integration Training**

*In*

**Chennai  
January 8 to 17, 2016**

**Faridabad  
January 19 to 28, 2016**

- ◆ *Autism, Pervasive Developmental Disorder*
- ◆ *Speech and Language Dysfunction, Cognitive Impairment & Dyslexia*
- ◆ *Vestibular Processing Dysfunction & Central Processing Disorder*
- ◆ *Attention Deficit Disorder (with or without hyperactivity)*
- ◆ *Hyperacute/hypoacute Sensitive Hearing*
- ◆ *Asperger's Syndrome, Fragile X Syndrome, Down Syndrome,*
- ◆ *Dyspraxia, Hyperlexia, Tourette Syndrome, Rett Syndrome & Bipolar disorder*

**Auditory Integration Training (AIT) is a treatment that was developed in the 1960s by a French otolaryngologist, Dr. Guy Berard. It was intended to "reeducate" the hearing process. According to Dr. Berard, "Everything happens as if human behavior were largely conditioned by the manner in which one hears"(1993, p.4).**

**The theoretical premise of AIT is that "distortions" in hearing can produce problems in both behavior and cognition. The treatment represents an attempt at reducing these distortions.**

**Theories purporting to explain the effectiveness of AIT stress the manipulation of the signal (music) as a unique means of affecting various parts of the auditory and central nervous system. It has been suggested that AIT may result in such diverse effects as strengthening the tympanic membrane and middle ear muscles, recognizing dysfunction in the cerebellar-vestibular system, selectively inhibiting the brain areas responsible for loudness, tolerance and arousal, and improving the mechanisms responsible for selective inhibition (Sait, 1997).**

**The treatment involves listening to 20 half-hour sessions of music modified in frequency, intensity and laterality over a period of 10 days.**

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Rehab  
Service**

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Dear Parent/Guardian

If you are interested in enrolling your child to participate in Auditory Integration Training, in Chennai, please complete the following and send along with a deposit of **USD \$500.00 by November 30, 2015**, to ensure your child's space in the session. The balance of **USD \$1000.00** will be due on the first day of the treatment.

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Deposit required in full: USD **\$1500.00**

\_\_\_\_\_ December 24 to January 02, 2016 Lowell, MA

\_\_\_\_\_ January 08 to January 17, 2016 Chennai, India

\_\_\_\_\_ January 19 to January 28, 2016 Faridabad, India

Please indicate the most convenient times with "1", the second most convenient with a "2", etc.

\_\_\_\_\_ 9:30 AM - 10:00 AM & 2:00 PM - 2:30 PM  
\_\_\_\_\_ 10:00 AM - 10:30 AM & 2:30 PM - 3:00 PM  
\_\_\_\_\_ 10:30 AM - 11:00 AM & 3:00 PM - 3:30 PM  
\_\_\_\_\_ 11:30 AM - 12:00 PM & 4:00 PM - 4:30 PM  
\_\_\_\_\_ 12:00 PM - 12:30 PM & 4:30 PM - 5:00 PM

Please arrive at least 10 minutes before your scheduled time. If you have any questions, please feel free to call me at 978-458-EARS (3277), Cell 508-397-3277 or send an email.

Sharda Ramlackha M.A.