

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
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NAME Tharpe, Anne M.	POSITION TITLE		
eRA COMMONS USER NAME tharpeam	Professor		
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Southwestern at Memphis, Memphis, TN		1975	General Studies
University of Arizona	B.S.	1979	Hearing & Sp Sciences
Vanderbilt University, Nashville, TN	M.S.	1980	Hearing Science
Vanderbilt University, Nashville, TN	Ph.D.	1994	Hearing Science

Please refer to the application instructions in order to complete sections A, B, and C of the Biographical Sketch.

A. Positions and Honors

- 1981-82 Research Associate in Audiology, Vanderbilt University School of Medicine, Nashville, TN
 1982-84 Chief of Audiology Services, King Fahad Hospital, Riyadh, Kingdom of Saudi Arabia
 1984-94 Staff Audiologist, Bill Wilkerson Hearing and Speech Center, Nashville, TN
 1986-95 Clinical Instructor, Vanderbilt University School of Medicine, Nashville, TN
 1995-96 Adjunct Assistant Professor, Vanderbilt University School of Medicine, Nashville, TN
 1994-96 Assistant Professor, Louisiana State University Medical Center, New Orleans, LA
 1996-02 Assistant Professor, Vanderbilt University School of Medicine, Nashville, TN
 1997- Fellow and Investigator, Vanderbilt University Kennedy Center
 1999- Guest Faculty, Central Michigan University, College of Extended Learning, Doctor of Audiology Program
 2002- Associate Professor, Vanderbilt University School of Medicine, Nashville, TN
 2004- Associate Director of Education, National Center for Childhood Deafness & Family Communication
 2005- Fellow, American Speech, Language, Hearing Association
 2006- Professor, Vanderbilt University School of Medicine, Nashville, TN

B. Selected Peer-Reviewed Publications

- Bess, F.H., Tharpe, A.M. & Gibling, A.M. (1986). Auditory performance of children with unilateral sensorineural hearing loss. In Bess, F.H., et al. *Children with Unilateral Hearing Loss. Ear and Hearing Monograph*, Jan-Feb.
- Bess, F.H. & Tharpe, A.M. (1988). Performance and management of children with unilateral sensorineural hearing loss. In Barajas, J.J. & Borg, E. (Eds.) *Overview and Evaluation of the Hearing-Impaired Child – Imaging and Audiology. Scandinavian Audiology*, Supplement 30.
- Kenworthy, O.T., Klee, T., & Tharpe, A.M. (1990). Speech recognition ability of children with unilateral sensorineural hearing loss as a function of amplification, speech stimuli and listening condition. *Ear and Hearing*, 11, 4.
- Tharpe, A.M. & Bess, F.H. (1991). Identification and management of children with minimal hearing loss. *International Journal of Pediatric Otolaryngology*, 21.
- Tharpe, A.M., Johnson, G.D., & Glasscock, M.E. (1991). Diagnostic and management considerations of acquired epileptic aphasia or Landau-Kleffner Syndrome. *American Journal of Otology*, May-June.
- Tharpe, A.M., Biswas, G., & Hall, J.W. III (1993). Development of an expert system for pediatric auditory brainstem response interpretation. *Journal of the American Academy of Audiology*, 4.
- Tharpe, A.M. & Ashmead, D.H. (1993). A computer simulation technique for assessing pediatric auditory test protocols. *Journal of the American Academy of Audiology*, 4, 2.
- Tharpe, A.M. & Olson, B.J. (1994). Acquired epileptic aphasia in children or Landau-Kleffner Syndrome. *Journal of the American Academy of Audiology*, 5.

- Tharpe, A.M., Rassi, J., & Biswas, G. (1995). Problem-based learning in audiology. *American Journal of Audiology*, 4, 1.
- Tharpe, A.M. (1996). Concerns regarding integration training (AIT). *Current Opinion in Otolaryngology & Head and Neck Surgery*, 4.
- Tharpe, A.M. & Biswas, G. (1997). Characterization of problem solving in audiology: implications for training. *American Journal of Audiology*, 6(1), 31-42.
- Tharpe, A.M. & Clayton, E.W. (1997). Newborn hearing screening: Issues in legal liability and quality assurance. *American Journal of Audiology*, 6, 5-12.
- Tharpe, A.M. (1999). Auditory integration training: The magical mystery cure. *Language, Speech and Hearing Services in Schools*.
- Bourland, C., Tharpe, A.M., & Ashmead, D.H. (2000). Behavioral auditory assessment of young infants: Methodological limitations or natural lack of auditory responsiveness? *American Journal of Audiology*.
- Tharpe, A.M. & Bess, F.H. (1999). Minimal, progressive, and fluctuating hearing losses in children: Characteristics, identification, and management. In Roizen, N.J. & Diefendorf, A.O. (Eds), *The Pediatric Clinics of North America: Hearing Loss in Children*, v 46(1), Philadelphia: W.B. Saunders Co.
- Tharpe, A.M., Fino-Szumski, M.S., & Bess, F.H. (2001). Survey of hearing aid fitting practices for children with multiple disabilities. *American Journal of Audiology*, 10(1), 32-40.
- Tharpe, A.M., Sladen, D., Huta, H., & Rothpletz, A.M. (2001). Practical considerations of real-ear-to coupler difference measures in infants. *American Journal of Audiology*, 10(1), 41-49.
- Tharpe, A.M. & Ashmead, D.H. (2001). A longitudinal investigation of infant auditory sensitivity. *American Journal of Audiology*, 10(2), 104-112.
- Tharpe, A.M., Ashmead, D.H., & Rothpletz, A.M. (2002). Organization of attention in deaf children with and without cochlear implants. *Journal of Speech, Hearing, Language Research*, 45(2), 103-113.
- Schmida, M.J., Peterson, H.J., & Tharpe, A.M. (2003). Visual Reinforcement Audiometry Using Digital Video Disc and Conventional Reinforcers, *American Journal of Audiology*, 12(1):35-40.
- Rothpletz, A.M., Tharpe, A.M. & Ashmead, D.H. (2003). Responses to targets in the visual periphery by deaf and normal hearing adults, *Journal of Speech, Hearing, Language Research*, 46.
- Rothpletz, A.M., Tharpe, A.M., & Grantham, W. (2004). The Effect of Asymmetrical Signal Degradation on Binaural Speech Recognition. *Journal of Speech, Hearing, Language Research*.
- Tharpe AM & Sladen D (2004). Keeping Paediatric Patients Motivated During the Cochlear Implant Rehabilitative Process, *Cochlear Implants International*.
- Tharpe AM, Ricketts T, & Sladen DP (2004). "FM Systems for Children with Minimal to Mild Hearing Loss", In: D Fabry & CD Johnson (Eds), Access Conference Proceedings.
- Ricketts TA, & Tharpe AM (2005). "Directional Microphone Technology for Children". In: Seewald, RC & Bamford J (Eds.), A Sound Foundation Through Early Amplification 2001: Proceedings of the Third International Conference.
- Tharpe AM & Haynes DS (2005). "Auditory Neuropathy/Dysynchrony: A Mountain or a Molehill?" In: Seewald, RC & Bamford J (Eds.), A Sound Foundation Through Early Amplification 2001: Proceedings of the Second International Conference.
- Tharpe AM, Bess FH, Sladen D, Schissel H, Couch S, & Schery T (2006). "Auditory Characteristics of Children with Autism", *Ear & Hearing* 27(4), 430-431.
- Bagatto MP, Seewald RS, Scollie S, & Tharpe AM (2006). "Evaluation of a Technique for Measuring the Real-Ear-to-Coupler Difference in Young Infants", *Journal of the American Academy of Audiology*.
- Sladen D, Tharpe AM, Ashmead DH, Grantham W, & Chunn M (2006). "Visual Attention in Deaf and Normal Hearing Adults", *Journal of Speech, Hearing, Language Research*, 48(6), 1529-37.
- Sladen DP, Tharpe AM, Ashmead DA, & Walden T (in review). Emotion Recognition and Theory of Mind in Deaf and Normal Hearing Children.

C. Research

Ongoing

H324C040101

DOED/Field Initiated Research

1/1/05-12/31/07

Principal Investigator/Program Director (Last, First, Middle):

A Comparison of Home-and Center-Based Intervention Settings for Infants and Toddlers with Hearing Loss

The primary objective of early intervention for the child with hearing loss who is going to be oral is the fostering of communication skills, specifically speech and language development. This is facilitated through improvements in auditory input. In order to achieve early speech and language skills, infants and toddlers must have acoustic accessibility to the speech and language models in their environment. Because of the difficulty in ensuring consistent acoustic accessibility in typical home environments, infants and toddlers with hearing loss and their families may experience better communication outcomes when early intervention is conducted in a center-based environment, where acoustic conditions can be controlled. The objectives of this study are (1) to develop a best-practices early intervention strategy for children with hearing loss and their families and (2) to conduct research designed to determine the efficacy of center-based versus home-based early intervention services for infants and toddlers with hearing loss.