AV spoken language outcomes

There is now a plethora of research studies documenting the benefits of hearing technology (such as digital hearing aids and auditory implants etc.). Earlier implantation (18 months and under) and bilateral implantation are well documented as good predictors of improved language outcomes (Dettman et al., 2016; Hammes et al., 2002; Collett et al., 2005; Niparko et al., 2010; Verhaert, Willems, Van Kerschaver, Desloovere, 2004; Wie, 2010). Another well documented predictor of good spoken language outcomes is effective, family-centred, early intervention (Holte et al., 2012; Holzinger, Fellinger, & Beitel, 2011; Moeller, 2000).

In 1993, the first study of outcomes of auditory-verbal graduates was published in the Journal of the American Academy of Audiology (JAAA). Although the survey produced no specific outcome, the respondents, (involved professionals) felt the hearing aid users were fully mainstreamed (Goldberg & Flexer, 1993). The same authors published follow up surveys 10 years later in 2001 (Goldberg & Flexer, 2001) and 25 years later in 2018 (Lim, Goldberg & Flexer, 2018). The 2001 study suggested that the early fitting of sensory aids and cochlear implant technology, coupled with family-focused early intervention emphasizing auditory learning, helped to provide for even greater independence and community participation of these later graduates. In the 2018 study, results from over 200 graduates reinforced the positive outcomes reported in the earlier studies.

There is now a growing number of studies that have investigated the outcomes of AV graduates. There are a number of studies that have employed a quasi-experimental design and although do not include age/language age matched control groups, used assessments that have been standardised on typically developing children with typically hearing in the US and UK. These studies show the positive impact of AVT and examples of ‘best practice’ in developing spoken language in children with hearing loss. However, there is a call for future studies to utilize well-controlled group designs to minimise the role of external variables as well as strengthen the evidence base for AVT (Kaipa & Danser, 2016).

Research studies from Auditory Verbal UK have found that children’s rate of language development was significantly accelerated from pre to post programme (Hogan, Stokes, White, Tyszkiewicz, & Woolgar, 2008); that financial status of the family per se is not a factor that influences spoken language outcomes for families participating in AV therapy (Hogan, Stokes, & Weller, 2010); that approximately 80% of children who spend at least 2 years on the programme achieve age appropriate language (Hitchins & Hogan 2018); and 1 in 2 children with additional needs, who spend at least 2 years on the programme, achieve age appropriate language (Hitchins & Hogan, 2018). You can view some of AVUK’s publications here.

Research from around the world shows that children in an AV therapy programme: graduate with no gap between their chronological age and equivalent language age and develop spoken language in line with their hearing peers (Dornan, Hickson, Murdoch & Houston, 2007, 2009; Fulcher, Purcell, Baker, & Munro, 2012; Rhoades & Chisolm, 2000); progress at the same rate for listening, spoken language, self-esteem, reading and mathematics as a matched group of children with normal hearing (Dornan, Hickson, Murdoch, Houston, & Constantinescu, 2010); demonstrate advanced spoken language skills relative to other children who had received standard early intervention (Percy-Smith et al., 2017).

Hogan and Lim (2016) review evidence and explore how much it influences a board understanding of AV.
References


