Is Auditory-Verbal Therapy Effective?

Our Hear and Say research shows that children with hearing loss in an Auditory-Verbal Therapy program:

- Graduated with no gap between their chronological and language ages and developed spoken language in line with normally hearing peers (Constantinescu, Dornan, Rushbrooke, Brown, McGovern, Close, Hickson & Waite, submitted; Dornan, Hickson, Murdoch, & Houston, 2007, 2009; Dornan, Hickson, Murdoch, Houston, & Constantinescu, 2010; Fulcher, Purcell, Baker, & Munro, 2012; Hogan, Stokes, While, Tyszkiewicz, & Woolgar, 2008; Rhoades & Chisolm, 2000).

- Made, on average, 12 months progress in 12 months for their spoken language development, which is in line with expectations for children with normal hearing (Dornan, Hickson, Murdoch, & Houston, 2007, 2009; Dornan, Hickson, Murdoch, Houston, & Constantinescu, 2010; Rhoades & Chisolm, 2000).

- Progressed 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).

- Achieved age appropriate spoken language as early as 6 months after amplification and around 12 months of age - when identified at birth and fitted with optimal amplification and enrolled in Auditory-Verbal Therapy before 12 months of age (Constantinescu, Waite, Dornan, Rushbrooke, Brown, Close & McGovern, submitted).

- Performed better for spoken language and listening than a matched group of children in an Auditory-Oral (listening and lip reading), or Bilingual-Bicultural program (AUSLAN and written English) by 3 years of cochlear implant use (Dettman, Wall, Constantinescu, & Dowell, 2013).

- Achieved comparable social inclusion outcomes to normally hearing peers (Constantinescu, Phillips, Davis, Dornan, & Hogan, submitted).

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References


