

Rethinking expectations for children with hearing impairments



Catherine White and Rosie Richardson discuss the role of Auditory Verbal Therapy

The introduction of the Newborn Hearing Screening Programme and advances in hearing technology have opened new avenues for children with hearing impairment.

Children are being diagnosed earlier than ever before and are being fitted with the latest hearing technology, allowing even the most profoundly hearing-impaired children to hear.

Spoken language learning is an auditory process that usually develops naturally in typically-developing babies.

When there is a hearing impairment auditory development becomes interrupted and this has a significant impact on children's social, emotional and spoken language development.

Over 90% of children with hearing impairment are born into hearing families (Lynas, Huntington and Tucker, 1988). So, it comes as no surprise that most parents want their children to learn to listen and talk.

Historically, this has been hard to achieve. Late diagnosis, late fitting of hearing aids and the limitations in technology meant that spoken language outcomes were often poor.

In addition to delayed language, they also developed poor literacy skills and poor speech intelligibility.

Expectations for spoken language development were rooted in poor outcomes and the goal of developing age-appropriate speech and language was considered unrealistic.

Even today, leading text books in speech and language development continue to state that children with hearing impairment learn most effectively through the visual modalities.

As a result, much intervention continues to focus on compensating for the children's impaired hearing by using visual and tactile modalities (Hulit and Howard, 2006).

Therefore, therapy typically encourages children to use lip-reading, pictures, gesture, touch and/or sign language to support their understanding of speech.

Changing times

"With the technology and early Auditory Verbal intervention available today, a child with a hearing loss can have the same opportunity as a

child with typical hearing to develop audition, speech, language, cognition, competence in conversation and academic skills." (Flexer, 2000).

Research shows spoken language is an auditory process and therefore, the most effective way of learning spoken language is through hearing (Flexer, 2000).

The Auditory Verbal (AV) approach aims to maximise children's spoken language through listening rather than visual cues.

The goal is for them to achieve age-appropriate spoken language so they can integrate successfully in mainstream school.

In Auditory Verbal Therapy (AVT), expectations are high, yet rooted in firm evidence (Eriks-Brophy, 2004; Rhoades, 2006) as well as clinical experience.

Parents are central to the AV approach. Therapy sessions aim to coach them to maximise their child's listening and use of spoken language learning by providing deliberately enhanced environments for language learning.

This is achieved through both play and conversations, so children are unaware they are in a 'therapy' session.

Auditory Verbal therapists model techniques and strategies that parents can use at home to maximise their child's opportunity to listen, think and talk as part of everyday life.

Auditory Verbal Therapy is diagnostic, meaning the therapist is constantly checking the child's current abilities and planning what they need to learn next, within a developmental framework.

Parents and therapists remain highly focused on the task in hand, namely to close the gap between a child's chronological age and their language age, and to achieve age-appropriate language by school entry.

The emphasis on listening during individual sessions enables children to become skilled listeners.

In the more difficult auditory conditions of everyday life the child is able to make optimal use of auditory cues in combination with all other visual cues available.

Monitoring progress

Most children enter the programme with an already existing language delay and a reduced rate of language development.

The aim of AV intervention is to accelerate the rate of language growth in order to close the language gap. This is an achievable goal for the majority of hearing-impaired children.

Our expectation is they will make at least time over time progress, ie six months' language growth over six months' time. The rate of language will therefore equal to one.

In order to close the gap, children have to develop language at an even faster rate than one.

If this does not occur, further investigations can identify the underlying cause and make the necessary changes to his package of support.

For this group of children, the cause is often over and above the hearing impairment itself (eg, cognitive deficiency, language disorder, oromotor speech disorder or auditory processing disorder).

At Auditory Verbal UK (AVUK), we use the Pre-School Language Scale 3-UK assessment every six months to obtain language age equivalence scores and monitor a child's rate of progress.

We recently conducted a study of 37 children who had been attending fortnightly AV sessions at AVUK for a minimum of 12 months (Hogan *et al*, 2008).

The results showed that at the end of the study, over 70% of the children were developing spoken language at a rate greater than one and

therefore, were already closing the language gap.

The children on our programme typically attend fortnightly sessions for up to three years and over 70% of the children in our study entered mainstream school with age-appropriate language.

Clinical experience and research therefore show the majority of hearing-impaired children can indeed learn spoken language on a par with their hearing peers, and they do it well.

Shifting expectations

The greatest disadvantage for children with a hearing impairment is not the impairment itself, but the low expectations held of them.

One parent commented, "Many professional people are unable to tell you what can be achieved for fear of reprisals, fear of the emotional anguish for parents if they do not achieve the achievable.

"So they don't take the chance, they don't tell you that you could do more, they don't push you, they encourage small gains when so much more could be achieved."

There are still parents of newly-diagnosed children who do not know their child has the potential to develop spoken language through listening.

Many professionals are also unaware of the potential these children now have because of a lack of information.

The challenge today is to shift our expectations so they become aligned with the evidence-based outcomes we now know can be expected and pursuing the training needed to keep our practice in line with technological advances.

Taking part

The Department for Education and Skills Early Support Programme and literature for families detailing communication approaches (2006), describes AVT as an option that should be available to all families of children with hearing impairments.

The National Deaf Children's Society's policy on informed choice (2007) states that services working with families of hearing-impaired children should offer comprehensive, unbiased and evidence-based information about all communication options so families can make informed choices that reflect their own culture, values and views and meet the needs of their child.

Auditory Verbal UK is the only centre in Europe exclusively offering AVT to families of hearing-impaired children.

Its goal is for every family to be able to choose and access certified AVT where it is

appropriate for their hearing-impaired child or children.

At present, there are four certified Auditory Verbal therapists in the UK – professionals who are qualified in speech and language therapy, education of the deaf or audiology and who have undertaken three years' postgraduate training in AVT.

Auditory Verbal UK has developed a diploma in AVT in collaboration with Aston University.

This is a part-time, flexible learning diploma offered through blended, computer-based distance learning.

It includes a four-week clinical placement and can be completed in one or two years. Auditory Verbal UK has also launched the first RCSLT-registered AV specific interest group and offers intensive one-day courses at its centre.

If you would like to find out more about please contact us.

Catherine White – Auditory Verbal therapist and SLT, AVUK, Oxfordshire
Email: catherine@avuk.org

Rosie Richardson – SLT, AVUK, Oxfordshire
Email: rosie@avuk.org

References:

- Department for Education and Skills Early Support Programme. *Helping you choose: making informed choices for your child*. Nottingham: DfES publications, 2006.
- Eriks-Brophy A. Outcomes of auditory-verbal therapy: a review of the evidence and a call for action. *Volta Review* 2004; 104:1, 21-35.
- Flexer C. The Power of Hearing. In *The Listener: Journal of the learning to listen foundation*. Summer 2000; 30-33.
- Hogan S, *et al*. An evaluation of Auditory Verbal Therapy using the rate of early language development as an outcome measure. *Deafness and Educational International* 2008; 10:3, 143-167.
- Hulit L, Howard M. *Born to talk*. 4th Edition. Boston: Pearson and Allyn and Bacon, 2006.
- Lynas W, Huntington A, Tucker I. *A critical examination of different approaches to communication in the education of deaf children*. Manchester: The Ewing Foundation, 1988.
- National Deaf Children's Society. Policy on informed choice (2007). Available online: www.ndcs.org.uk/about_us/policies/informed_choice.html
- Rhoades EA. Research outcomes of Auditory-Verbal Intervention: Is the approach justified? *Deafness and Education International* 2006; 8:3, 125-143.

For information visit:

- www.hearing.screening.nhs.uk
www.avuk.org
www.agbellacademy.org
www.aston.ac.uk/lhs/pgcourses/
01pgdipauiditoryverbaltherapy/