

Auditory-Verbal Therapy as evidence informed practice (EIP) for infants wearing cochlear implants

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Introduction: Parents of infants who receive cochlear implants (CIs) have already chose that their primary concern is how their child will develop spoken language. Infants will develop spoken language comparable to their hearing peers only if they receive the best primary treatment approaches there are today or even better treatment practices which are evidence informed (EIP).

Aim: The aim of this work is to reveal the best clinical practice that SLPs need to implement for handling infants with CIs and whether this clinical approach is an EIP.

Methodology: The systematic review was conducted following PRISMA guidelines (Preferred Reporting Items for Systematic reviews and Meta-Analyses). Search terms were chosen based on the research questions and used in a search in two databases of Google Scholar and Pubmed/Medline. Papers meeting the criteria were reviewed. Ten articles of the last twenty years reported outcome measures about receptive, expressive language development, auditory/speech perception and whether parent's use of alternative communication models positively influence speech intelligibility, recognition and reading outcomes.

Results: Results revealed that AVT helped CI children to outperform peers in bilingual-bicultural programs in speech perception and receptive vocabulary assessments or be at a similar level on speech, language and self-esteem. AVT improved live-voice speech perception, rate of language development and sent CIs in the normal range for receptive vocabulary development. Less improvement noted in the area of reading.

Conclusion/Discussion: AVT approach can positively assist infants develop spoken language and support full integration into mainstream society. This position is supported by research findings of young CIs comparable to their hearing peers. Overall studies suggest AVT as a positive clinical approach for spoken language of young CIs and provide evidences that there is no advantage for the use of other alternative communication models before or after CI.

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Submitted to the 2nd SLT Conference in Greece, November 2019