POSITION STATEMENT

AUDITORY INTEGRATION THERAPY

(Approved by Executive Board of Educational Audiology Association, September 18, 1997)

The mission of the Educational Audiology Association is to provide comprehensive management of individuals who have listening and/or hearing difficulties in all educational environments from birth to graduation from high school. Recently, audiologists in school settings have been approached by parents for information about Auditory Integration Therapy (AIT). This therapy was originally designed for individuals with autism; however, individuals with dyslexia, attention deficit hyperactive disorders, and other disabilities have also received AIT. The intended purpose of AIT is to reduce hypersensitivity to sounds; therefore, since AIT attempts to remediate listening difficulties, educational audiologists are ethically responsible for presenting accurate information and a professional position about a therapy designed to improve listening abilities.

One position statement and one technical report regarding the practice of AIT have been published in the past four years (American Academy of Audiology, 1993; American Speech-Language-Hearing Association, 1994). Both documents described the experimental nature of the therapy (that is, not supported by controlled scientific studies). Although both papers called for such studies to be conducted, none have been forthcoming. Since the publication of these papers, the Federal Food and Drug Administration (FDA) has determined the equipment used for AIT to be Class 3 medical devices which require FDA clearance prior to being used clinically. AIT equipment has not yet received this clearance, and use of said equipment can be considered a violation and the equipment subject to seizure.

The Educational Audiology Association supports the position put forth by both AAA and ASHA, to wit:

Auditory Integration Therapy has not been proven to be a viable treatment for any disability. Only inconsistent, uncontrolled, anecdotal evidence has been provided to support claims of changes in auditory performance. Educational audiologists must advise parents of the risks of experimental procedures such as Auditory Integration Therapy, and of their right to request a forthright statement of expected outcomes by providers of such experimental methods. Furthermore, the Educational Audiology Association warns that without controls to protect against excessively loud auditory stimuli, Auditory Integration Therapy may cause harm to a child’s auditory system.

References