OPTION

Project Aim

Characterize language development trajectories of children who are deaf or hard of hearing, are learning to develop listening and spoken language, and have attended OPTION programs between the ages of 3-5 years.

Background

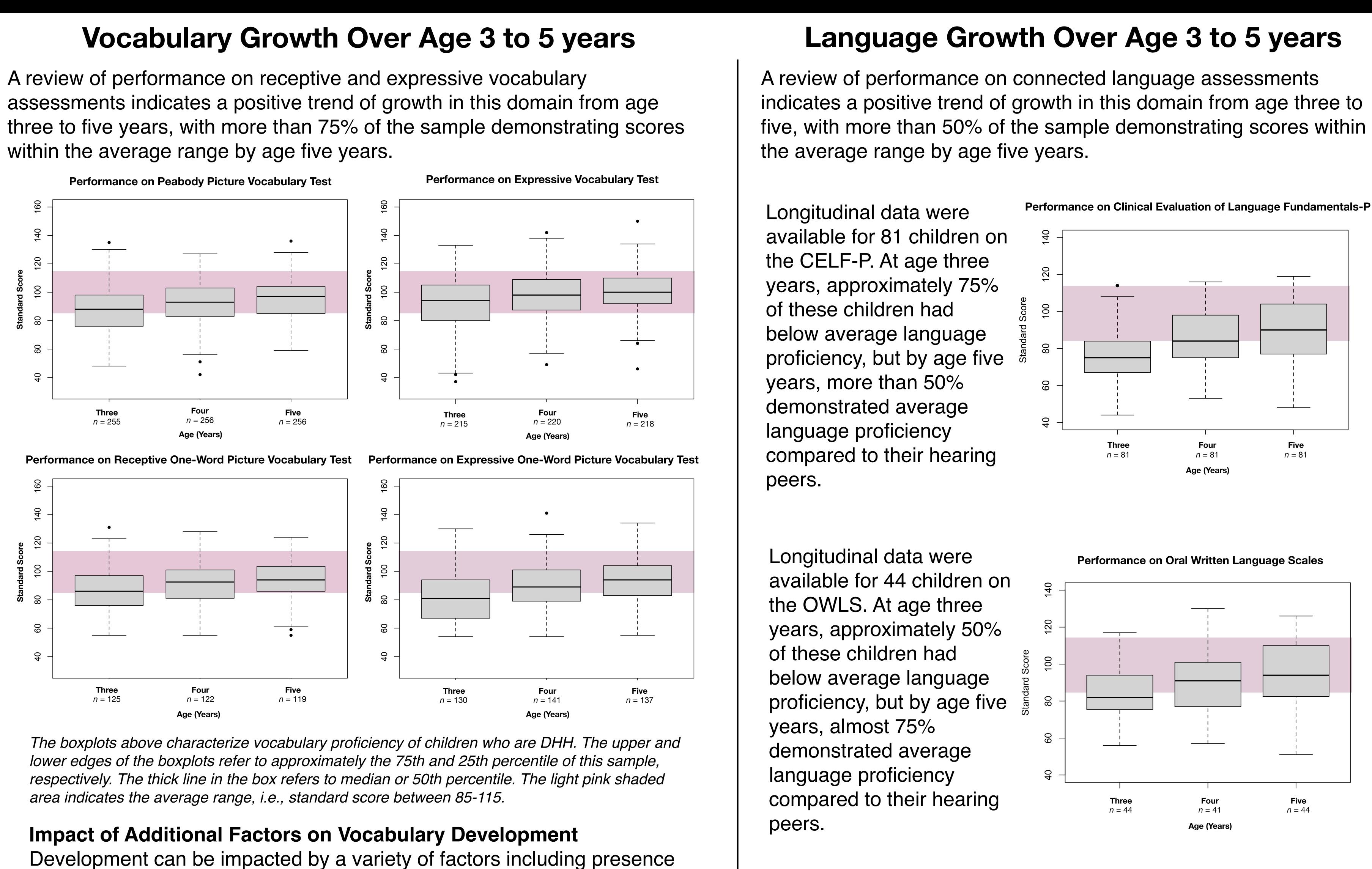
- Children who are deaf or hard of hearing (DHH) can develop listening and spoken language when they receive early diagnosis, early access to sound through hearing technology, and early intervention.
- •OPTION programs are a consortium of schools and intervention programs that provide listening and spoken language (LSL) intervention to infants, toddlers and children who are DHH.
- •OPTION programs in the US, assess vocabulary and language proficiency annually, and enter outcomes data into the Listening and Spoken Language Data Repository (LSL-DR).
- •Outcomes for children on whom three data points for standardized vocabulary and/or language assessments at age three, four, and five years were available, were analyzed.

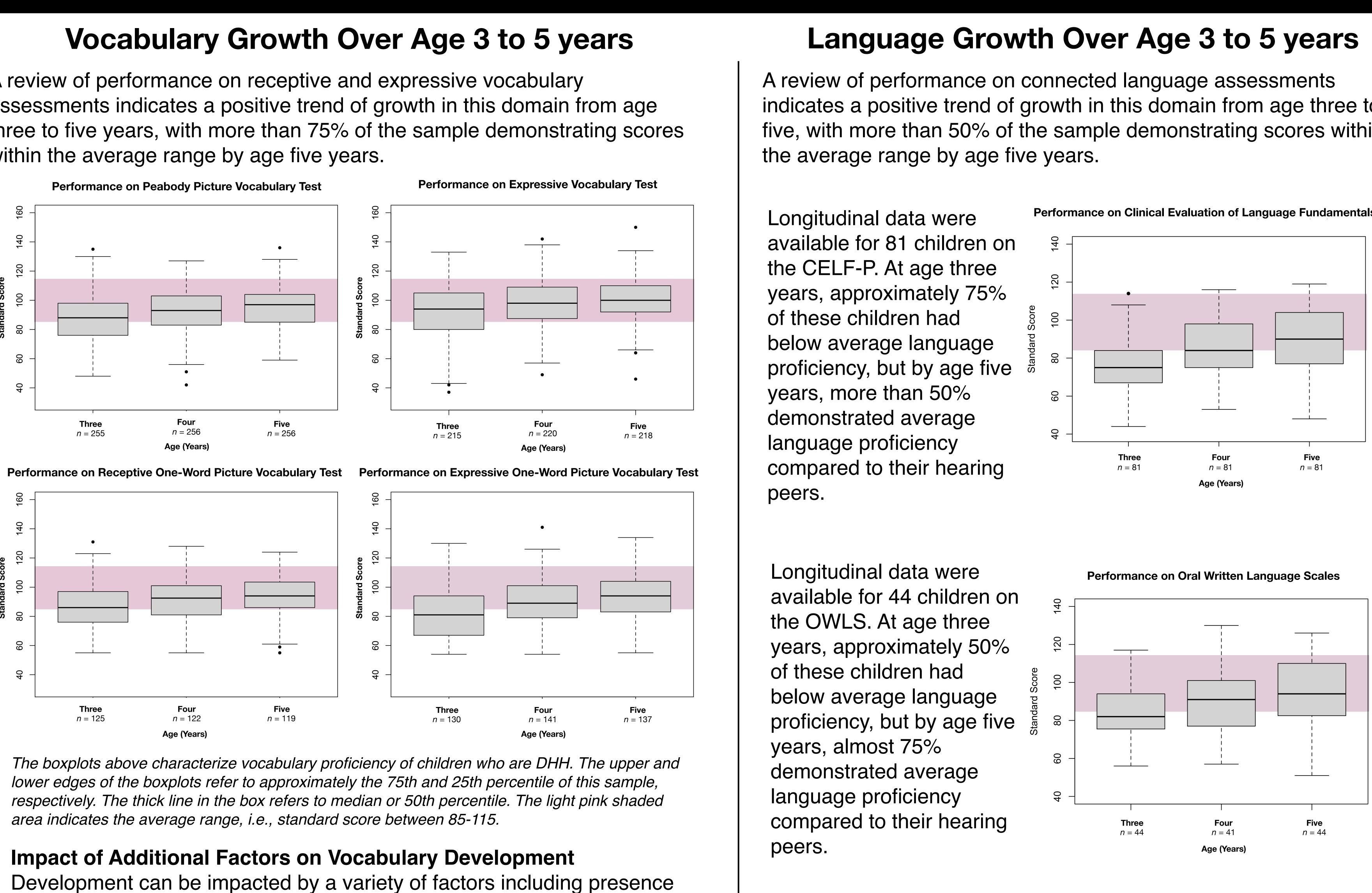
Participant Demographics

Vocabulary scores at age three, four, and five years, on the **PPVT & EVT** or **ROWPVT & EOWPVT** were available for 404 children. Language scores on **CELF-P** or **OWLS** were available on 125 of these children. **Gender -** Female (49%), Male (51%) Hearing Technology - Bilateral cochlear implants (36%), Bilateral hearing aids (27%), Bimodal - HA, CI (29%), BAHD/Softband (8%) Age at Intervention in OPTION program - at or before 18 months (42%), 19-36 months (47%), after 36 months (11%). Approximately 20% of children demonstrated

additional impacting factors. **PPVT** = Peabody Picture Vocabulary Test, **EVT** = Expressive Vocabulary Test, **ROWPVT** = Receptive One-Word Picture Vocabulary Test, **EOWPVT** = Expressive One-Word Picture Vocabulary Test, **CELF-P** = Clinical Evaluation of Language Fundamentals - Preschool, **OWLS** = Oral Written Language Scales

Results





of additional disabilities, prematurity, other medical diagnosis, etc. The combined effect of these additional factors on learning has been indicated in the LSL-DR for each child. The table below compares the scores of the children whose learning is not impacted by additional factors (DHH) and those whose learning is impacted (DHH+) at age five.

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Language Outcomes of Children who are Deaf or Hard of Hearing in OPTION Programs Uma Soman, Meredith Berger, Betsy Brooks, Ronda Rufsvold, and Tamala Bradham

Carle Auditory Oral School, Clarke Schools for Hearing and Speech, Moog Center for Deaf Education, CCHAT Sacramento, Vanderbilt University Medical Center, and OPTION Schools

| | DHH | | | DHH + | | |
|-----------|------|------|------|-------|------|------|
| ercentile | 25th | 50th | 75th | 25th | 50th | 75tł |
| PPVT | 87 | 99 | 107 | 77 | 88 | 100 |
| EVT | 93 | 102 | 113 | 86 | 96 | 104 |
| OWPVT | 86 | 95 | 105 | 81 | 92 | 99 |
| OWPVT | 84 | 95 | 105 | 73 | 85 | 94 |
| | | | | | | |

Comparison between vocabulary and language growth of children who are DHH and attend OPTION programs is difficult given that data on language outcomes are available on only a subset of the sample.

However, these boxplots show that the median scores improved over the three year period, indicating that many children made more than a year's progress in year's time, similar to the vocabulary growth trajectories.

These box plots also demonstrate that even in a partial subset, variability in language outcomes at age five years, was greater than variability in vocabulary outcomes at age five years. This prompts additional investigation of factors and processes that impact connected language development in children who are DHH.

Conclusions

- In this sample of 404 children who are deaf or hard of hearing, learning to develop listening and spoken language, and attended an OPTION program, children demonstrated age appropriate receptive and expressive vocabulary proficiency by age five years.
- Children whose learning was impacted by additional factors also demonstrated improved vocabulary skills by age five.
- Language growth trajectories of a subset of 125 children from this sample also indicate growth over time. However, a fewer proportion of children demonstrated average language proficiency by age five years and there was more variability in outcomes.

These findings suggest that many children who are DHH and receive intervention in OPTION programs, are catching up to their hearing peers. They benefit from the specialized LSL intervention at an OPTION program. By age five years, many children transition to mainstream educational settings performing similarly to their hearing peers, while some children, need support to continue to "catch up" to their hearing peers.

Acknowledgements

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