

What's the Evidence?

Is Auditory Integration Training effective for children with behavioural disorders?

Key findings

- The Tomatis Method is a complementary or alternative treatment which is only provided privately. The treatment is a form of Auditory Integration Training.
- Currently, there is no high quality evidence that Auditory Integration Training can provide improvement in children's functioning or communication over what would be expected with typical development over time.

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What were we asked?

A parent queried what the evidence was for Tomatis treatment, and whether it was simply a calming therapy or had some medical benefits. Tomatis is a specific type of sound therapy used with children with ADHD, Autistic Spectrum Disorder (ASD) and Learning Difficulties (LD).

What did we do?

In 2011 we searched the Cochrane Library, TRIP database, PubMed, NHS Evidence and guidance issued by the National Institute for Health and Clinical Excellence (NICE). In November 2014 we searched these databases again to update this report.

We asked an academic speech and language therapist, as well as contacting The Listening Centre which is the UK centre for 'listening therapy', providing therapy based on the Tomatis method. We asked about their programme, and whether there was evidence to support the improvements that

they claim; we also asked the cost and time required for assessment and therapy.

What did we find?

The Tomatis Method is a complementary or alternative treatment which is only provided privately. The treatment is a form of Auditory Integration Training and involves listening to music (typically Mozart) modulated using a special device, and following a prescribed programme over several months. Other similar programmes include Berard system and Johansen sound therapies.

Providers do not intend the treatment as a calming therapy and claim an impressive range of functional benefits, particularly communication skills, for children with a variety of conditions.

The Listening Centre recommends an initial treatment regime of approximately 16 weeks, involving 3 treatment periods using the 'Electronic Ear', interspersed with 2

break periods. Parents are asked to pay £60 for an initial consultation, after which they can decide whether to take up the treatment. The initial treatment regime costs £1345, which includes the first consultation fee. The Electronic Ear is not available for parents to buy, so all treatment takes place at the Listening Centre, which will in most cases mean that parents also need to pay for accommodation costs. Children can return to the Listening Centre for further treatments, usually once a year, which would be 7 days in length and in 2011 cost £295. Children are assessed at the end of treatment periods with a listening test, and a copy of this report can be provided.

Auditory integration training (AIT) for children with autism was the subject of a Cochrane Review published in 2004, revised in 2007 and 2011¹. Several published research studies did not meet the strict criteria for being considered scientifically reliable. The results of the studies they did include did not show any conclusive effectiveness (functional benefits) from the AIT treatment. A statement by the American Speech-Language-Hearing Association states that AIT has not met scientific standards for efficacy that would justify its practice by audiologists and speech-language pathologists². A clinical trial of Tomatis treatment was published in 2008³; this too was inconclusive with children receiving placebo (sham) treatment making similar progress to those receiving Tomatis therapy.

We would like to hear your feedback on this summary – please email us at penclu@exeter.ac.uk if you have any comments or questions.

In 2013, national UK guidance was published that stated AIT should not be used to manage speech and language problems in children and young people with autism.⁴

Research Autism updated their review of AIT in 2014 and found some high quality research evidence which suggests it is not effective to improve symptoms of autism. Although they suggest it may be of limited use in helping with sensory problems, such as hyperacusis, they advise caution because of potential hazards.⁵

What do we think?

Currently, there is no high quality evidence of improvement in children's functioning or communication over what would be expected with typical development over time.

Signposts to other information

Research Autism has clearly written information on the available evidence for auditory integration training:

<http://www.researchautism.net/interventions/4/auditory-integration-training-and-autism>

References

1. Sinha Y, Silove N, Hayen A and Williams K. Auditory integration training and other sound therapies for autism spectrum disorders. Cochrane Database of Systematic Reviews 2011, Issue 12.
2. American Speech-Language-Hearing Association. (2004). Auditory Integration Training [Position Statement]. Available from www.asha.org/policy.
3. Corbett BA, Shickman K, Ferrer E. (2008) Brief report: the effects of Tomatis sound therapy on language in children with autism. J Autism Dev Disord. 38(3):562-6.
4. National Institute for Health and Care Excellence. (2013).The management and support of children and young people on the autism spectrum. NICE clinical guideline 170. Available from <http://www.nice.org.uk/guidance/cg170/evidence>
5. Research Autism (Oct 2014) Auditory Integration Training and Autism. Available at: <http://www.researchautism.net/interventions/4/auditory-integration-training-and-autism>

Note: the views expressed here are those of the Peninsula Cerebra Research Unit (PenCRU) at the University of Exeter Medical School and do not represent the views of the Cerebra charity, or any other parties mentioned. We strongly recommend seeking medical advice before undertaking any treatments/therapies not prescribed within the NHS