

COMMUNICATION OPTIONS

*“The future has never just happened.
It was created.”*

—Will and Ariel Durant



Introduction

What Parents Should Know About Communication Approaches

Parents and professionals alike have debated for many years the best ways to provide communication skills and education for deaf and hard-of-hearing children. As a result, multiple communication methods have developed. This section will not resolve the debate, or identify the best method of communication for your child, but rather serve as a guide to assist you to better understand the communication options for your infant/child and the questions to consider. For the purposes of this resource guide ten categories of communication methodology are listed. Some have variations and subcategories so this list and the descriptions are not all inclusive.

Before beginning your journey through the different communication methods outlined in the following pages, it is important to consider some of the following questions and issues. Most importantly however, remember that you as parents and other family members, along with the infant/child who has a hearing loss, are all team members in communication. Parents and other family members, along with the infant/child, must create a communication system in order for a language system to develop and be successful.

It helps to have a general understanding of all available communication options before learning about a particular one more in depth. When you are given balanced and objective knowledge, it is much easier to make choices that are right for your infant/child and family. Parents use one or more of several modes to communicate with their deaf or hard of hearing infant/child.

As parents, you are the best people to determine the most appropriate communication option/s for your infant/child, and those that will also be in the best interests of your family as a whole. Some communication options require a large commitment in terms of time and/or financial resources. A decision to use one particular method over another must be made after careful consideration of all available options and the resulting consequences for the entire family.

Remember, there are successful children and adults using each of the many communication options. Communication between you and your infant/child, as well as other family members will be critical in helping your infant/child learn language. Two-way communication, responding to your infant/child and encouraging him/her to respond to you, is the key to your infant/child's language development. As described below, there are many different ways to communicate with your infant/child, as well as, many different philosophies about the communication methods. As you think about how your family communicates now with your infant/child and how you would like to communicate with him/her in the future, you are beginning the process of considering your infant/child's communication method/s.

A good way to decide on an approach to communication is to decide what will be best for your infant/child and family. Be open about all the methods and language choices. Ask questions. Talk to adults who are deaf and hard of hearing and other families with children who have a hearing loss. Discuss, read, and gather as much information as you can about the different methods.

Every so often, recheck your infant/child's language skills to determine if the decision is meeting his/her needs as well as your family's. If needs change, or you discover another path that better helps your infant/child, view this as a positive step toward discovering his/her best way of communicating. If a method isn't best for your infant/child, it is neither your nor his/her fault. Remember, as stated above, you may find it beneficial to combine some communication options.

Consider the following items when choosing how to communicate with your infant/child:

- Is the communication option chosen in the best interest of your infant/child and family?
- Does it allow your infant/child to have influence over his/her surroundings, discuss his/her feelings and concerns, and participate in the world of imagination and abstract thought?

- Does the communication option allow all your family to communicate with your infant/child? If not, where can you get support for teaching family members how to communicate with him/her?
- Does the communication improve your relationship with other family members? It should promote enjoyable, meaningful communication among all family members and allow your infant/child to feel part of your family and know what is going on.
- How is your infant/child going to be able to communicate with peers and the community?
- Do you and your family understand the commitment this choice will require?

“I understand how you feel about your deaf child. It is not your fault. Your deaf child is normal like other people. Just he can’t hear. There is no difference about that. All you do is give the child love and take good care of him, trust him and be kind to that child. The child will know that you love him. My advice is you better learn how to sign to your child. The child will understand you. Please learn to sign for his own sake.”

— Brandy (age 14)

Fact Sheet

- The earlier deafness or hearing loss is identified, the better chances a child has to acquire language, whether spoken or signed.
- Each child is unique. It is important to understand the full nature and extent of a child's hearing loss or deafness. It is also important to understand how each family member and caregiver will communicate with the child. Get to know the services that are provided in your community for infants and children through early intervention in preschool and elementary school.
- Optimizing residual (existing) hearing may be advantageous. Children may benefit from hearing aids or cochlear implants. This is a decision that you should discuss with your infant/child's health care providers.
- Exploring the options and, if possible, working with professionals in teams can be beneficial. Your infant/child may visit a pediatrician, an otolaryngologist (ear, nose and throat physician or ENT), an audiologist, and/or a speech-language pathologist. Ask each to keep the others informed about your infant/child's visits. However, only you can make sure this happens. Remember, you are your infant/child's best advocate, or voice to the world. Coordinated care can be a big help to you and your infant/child.
- It is important to interact with your deaf or hard-of-hearing infant by holding, facing, smiling, and responding to your infant from the very beginning. All of the caregivers in the infant/child's life should keep interacting with him/her. Children need love, encouragement, and care from their families.



Frequently Asked Questions

How do I communicate with my infant/child and how will he/she communicate with me and the rest of the world?

Most infants and toddlers, whether they have a hearing loss or not, use their eyes, their faces, their voices, their hands, and sometimes their whole bodies to give “communication signals”. Look for these signals from your infant/child and respond to them as a form of communication. This is your infant/child’s way of telling you that he/she is hungry, needs a diaper change, is tired of being in the same position, may want a hug, or needs some attention.

What is the difference between a language and a communication method?

A language is a shared “code” that defines the meaning of words and the rules for how words are combined to convey ideas to others. English and American Sign Language (ASL) are examples of languages. Communication methods are various ways to help a child learn one or both of these languages. Most communication methods are ways to learn or represent English. For example, ASL is a separate language and the bilingual method is a way of learning two languages.

How can I understand my infant/child’s early attempts to communicate with me?

All infants communicate through smiles, crying, and body language. By looking for these behaviors, you will begin to better understand your infant/child and recognize when he/she is hungry, in need of a diaper change, or is perhaps looking for the comfort of close body contact. As a result of better understanding your infant/child’s actions, you and your child will begin to develop non-spoken methods of communication.

How do I get my infant/child’s attention?

Try using a normal tone of voice and call your infant/child’s name, tap gently on a shoulder, and wait for a response, or move so that your infant/child can see you. Try to be close to your infant/child and at eye or ear level. Children respond to things that are rewarding or meaningful. For example, have a reason for getting your infant/child’s attention – to give a favorite toy or a bottle. Make sure to always rein-

force your child’s request for attention with a smile and a hug.

Where can I learn about communicating in sign with my infant/child?

Early Intervention will help locate the resources for instruction in sign language. There are many resources in Alaska skilled in providing information about both early language development as well as sign language development, including videotapes and books. The chance to communicate on a regular basis with people who use sign language is one of the best ways to learn.

What do people mean by “options” for communication?

One meaning of term “options” refers to the choice of a main method of learning language and communicating with others. In this use of the word option, listening and speaking as the main method is one option. Sign language, whether or not accompanied by listening and speaking, is a second option.

A second meaning of the term “option” uses American Sign Language as the first and main language of a person who is deaf as one option, and the use of English, whether the English is through a listening and speaking (oral) mode or through a signed (visual) mode as another option. There are many combinations and variations of the main communication options.

What is the spoken language approach?

A Spoken Language Approach is an approach to teaching infants/children with hearing loss that focuses on developing speech and listening skills. Any spoken language approach requires a commitment on the part of the parents and families to work with professionals to stimulate their infant/child’s spoken language development throughout their infant/child’s day. Specific communication options that develop spoken language abilities include the Auditory/Oral, Auditory-Verbal, and Cued Speech approaches. These are described in more detail earlier in this section.

How can I teach my infant/child to speak if he/she can't hear?

There is no one answer to this question. There are too many variables in hearing loss. In addition, some people think that talking is very important and others think that being able to communicate clearly through any method is most important. In general, infants learn to talk through listening and beginning to copy what they hear, and by learning that using voice and words can be used to get their needs met. Advances in auditory (hearing) technology help many children who are deaf or hard of hearing learn to talk through the same way. For some children, learning sign language provides a first language and spoken language comes later. To encourage spoken language, put the hearing aids on your child whenever he/she is awake. Make your voice interesting, talk about things that have meaning for your child and always reinforce your child's attempts to communicate with voice or words.

Is Sign Language the Same Around the Globe?

No one form of sign language is universal. For example, British Sign Language (BSL) differs notably from ASL. Different sign languages are used in different countries or regions.

Where Did American Sign Language (ASL) Start?

The exact beginnings of ASL are not clear. Many people believe that ASL came mostly from French Sign Language (FSL). Others claim that the foundation for ASL existed before FSL was introduced in America in 1817. It was in that year that a French teacher named Laurent Clerc, brought to the United States by Thomas Gallaudet, founded the first school for the deaf in Hartford, Connecticut. Clerc began teaching FSL to Americans, though many of his students were already fluent in their own forms of local, natural sign language. Today's ASL likely contains some of this early American signing. Which language had more to do with the formation of modern ASL is difficult to prove. Modern ASL and FSL share some elements, including a substantial amount of vocabulary. However, one cannot be substituted for the other.

How Does American Sign Language (ASL) Compare With Spoken Language?

In spoken language, the different sounds created by words and tones of voice (intonation) are the most important devices used to communicate. Sign language is based on the idea that sight is the most useful tool a deaf person has to communicate and receive information. Therefore, ASL uses hand shape, position, movement, body movements, gestures, facial expressions, and other visible signals to form its words. Like any other language, fluency in ASL happens only after a long period of study and practice.

Even though ASL is used in America, it is a language completely separate from English. It contains all the basic features a language needs to function on its own. It has its own rules for grammar, punctuation, and sentence order. ASL evolves as its users do, and it also allows for regional usage and jargon. Every language expresses its features differently and ASL is no exception. Whereas English speakers often signal a question by using a particular tone of voice, ASL users do so by raising the eyebrows and widening the eyes. Sometimes, ASL users may ask a question by tilting their bodies forward while signaling with their eyes and eyebrows.

Just as with other languages, specific ways of expressing ideas in ASL vary as much as ASL users themselves do. ASL users may choose from synonyms to express common words. ASL also changes regionally, just as certain English words are spoken differently in different parts of the country. Ethnicity, age, and gender are a few more factors that affect ASL usage and contribute to its differences.

Why Does American Sign Language (ASL) Become a First Language for Many Deaf People?

Parents are often the source of a child's early acquisition of language. A deaf child who is born to deaf parents who already use ASL will begin to learn ASL as naturally as a hearing child picks up spoken language from hearing parents. However, language is learned differently by a deaf child with hearing parents who have no earlier experience with ASL. Some hearing parents choose to introduce sign language to their deaf children. Hearing parents who choose

to learn sign language often learn it along with their child. Nine out of every ten children who are born deaf are born to parents who hear. As with any language, being around other children and adults who use ASL is also very helpful in learning the language.

Why Emphasize Early Language Learning?

Parents should introduce infants/children to language as early as possible. The earlier any child is exposed to, and begins to learn language, the better that infant/child's communication skills will become. Research suggests that the first six months are the most important to an infant/child's development of language skills. All infants should be screened for deafness or hearing loss before they leave the hospital or within the first month of life. Very early discovery of an infant/child's hearing loss or deafness provides parents with an opportunity to learn about communication options. Parents can then start their infant/child's language learning process during this important stage of development.

What Does Recent Research Say About American Sign Language (ASL) and Other Sign Languages?

Some studies focus on the age of ASL is first learned. Age is an important issue for people who learn ASL, whether it is a first or second language. For anyone to fully understand any language, exposure must begin as early as possible, preferably before school age. Other studies compare the skills of native signers and non-native signers to determine differences in language processing ability. Native signers of ASL consistently display more accomplished sign language ability than non-native signers, again emphasizing the importance of early exposure and learning.

Some studies focus on different ASL processing skills. Users of ASL have shown ability to process visual mental images differently than hearing users of English. Though English speakers have the skills needed to process visual imagery, ASL users demonstrate faster processing ability suggesting that sign language enhances certain processing functions of the human brain.

Why is early communication important?

A child's first years are an important time for developing communication and language. That's why dis-

covering a hearing loss early is so important. After a hearing loss is diagnosed, then a plan to teach your infant/child language through hearing aids, cochlear implants, and/or sign language, can be developed. Specific strategies exist to encourage early communication. Some language strategies are specific to auditory (hearing) communication, and others to visual (sight) communication. However, many techniques are common to sign and speech communication.

What are some ways to encourage early communication?

- Watch closely for your infant/child's communication "signals" and respond to them. This will help your child learn that words/signs are a good way to get his/her needs met, to express feelings, and to get attention.
- When you pick up your crying child to comfort, feed or change him/her, talk/sign about what is happening.
Example: "Daddy's here." or "Are you hungry now? It's time to eat."
- Follow your child's gaze to see what is capturing his/her attention.
Example: (In response to your child looking at the family pet.) "There's Fluffy. She is our cat." or "You see Boots, our dog."
- Respond to points and gestures from your infant/child. Think about what your child is trying to convey and give him/her the words/signs for that person, object or action.
Example: (In response to your child pointing at a teddy bear.) "That's your bear." or "Do you want your bear?"
- Respond to your child's facial expressions. Let your child know that you understand and provide him/her with the appropriate words/signs.
Example: "Oh, you look sad. What's wrong?" or "You're a happy baby!"
- Use lots of facial expression when you communicate with your infant/child and be certain that your expression matches your words/signs.
Example: "Do you want more cereal?" combined with raised eyebrows and a questioning look.

- Use natural gestures in combination with words/signs.
Example: “Let’s change your diaper” while pointing to your infant/child’s diaper.
- Help your infant/child learn about reciprocal, or “back and forth” communication.
Example: “Do you want a drink?” then pause to give your infant/child a chance to respond. At first he/she may just look, point, or vocalize (speak) for his or her turn. In response, you give your infant/child a drink and model the appropriate answer by saying/signing, “Yes, you want a drink.” This helps your child learn both the words/signs and the correct way to answer a question.

What are some ways to encourage listening and speech?

- Encourage your child to wear his/her hearing aids during all waking hours.
- Point out interesting sounds and show him/her what is making the sound. The dog barking, a favorite toy’s noise, or the car horn signaling that Mommy is home are some examples.
- Get close to your infant/child when you talk. The farther away you are from the hearing aid microphone, the less your infant/child can hear. By moving closer, you will also lessen the interference from other noises in the room. If your infant/child has a cochlear implant, these same techniques will also work.
- Make your voice as interesting as possible. Use lots of intonation (up or down inflection) when you talk to your infant/child. Phrases such as “all gone” and “bye-bye” are much more interesting with a lot of voice inflection.
- Encourage your infant/child to vocalize and use his or her voice for communication. Show how happy and excited you are when your infant/child does use his/her voice. Your response encourages your infant/child to vocalize again.

What are some ways to encourage early visual communication?

- Respond to all vocalizations as if they were communication. If your infant/child babbles “ba ba” when looking at the bottle, you can say, “Yes, here’s your bottle.”
- Pay close attention to your infant/child’s hand movements and respond positively to this “manual babbling” in the same way that you might respond to early vocalizations. When your infant/child uses a handshape that resembles the word “mama,” your excited response encourages him/her to use this handshape again.
- Pay close attention to what your infant/child is looking at and provide the sign. Make the sign very close to the object your infant/child is looking at, or bring the object into his/her sight and then make the sign. For example, when it’s time to get dressed, you might hold up your infant/child’s shoes and when he/she looks, sign “shoes”.
- Make visual communication as interesting as possible by using gestures, facial expressions, and whole body movement along with signs. Using all these forms of visual communication will help to capture your infant/child’s attention.
- Wait to be certain that you have your infant/child’s attention before signing. You may need to wait patiently until your child looks up before starting to sign, or gently tap your child’s shoulder to get his or her attention.
- Make your signs easy to see by positioning yourself at your infant/child’s eye level and by making your signs slowly and clearly.

Communication Options

American Sign Language (ASL)

American Sign Language is language in which the placement, movement, and expression of the hands and body are part of the language. Research has shown that ASL is a complete language with its own grammar and language rules. ASL is considered by the Deaf community to be the native language of people who are deaf. It is often the chosen language for people who are deaf, even when they are fluent (understand) in both ASL and English. Children born to parents who are deaf learn ASL in the same way that hearing children learn spoken language from hearing parents. Since ASL is not a “method” of learning English but a separate language, hearing parents must work with those who “speak” ASL to learn the language in order to give their infant/child the best opportunity to learn ASL. (For more information see Deaf Culture section).

Aural-Oral

In this method, listening is the main method for learning language. Speech is the main method of expressing language. The use of existing hearing is very important. Children are encouraged to use aided hearing (hearing aids or cochlear implants) during their waking hours. For this method to work, aided hearing must be within a range where speech can be heard. If an infant/child cannot hear speech, even with hearing aids, then a cochlear implant may be an option. In addition to listening, an infant/child is encouraged to watch the speaker to get more information from speechreading or lipreading, facial expressions, and gestures. Hearing through hearing aids or through a cochlear implant, even in the best of cases, is not the same as typical hearing. Early intervention will include certain strategies for increased emphasis on listening and communication. This approach does not include the use of sign language. The philosophy behind this method is to prepare children to work and live in a hearing society.

Auditory-Verbal

This method follows a specific philosophy within the broader aural-oral category. Development of language through listening and the use of existing hearing are very important to this method. Use of hearing aids

and/or cochlear implants will be the same as in the aural-oral method. One-on-one teaching with a specially trained auditory-verbal therapist is an important part of this method. There is little, if any, emphasis on visual clues such as speechreading or gesture during therapy sessions. Parents participate in all therapy sessions and use the same techniques at home. Families who use an auditory-verbal approach are encouraged to place their children in regular preschool and general education classes rather than special education or deaf education classes. The goal of auditory-verbal practice is to assist children who are deaf or hard of hearing to grow up in regular learning and living environments, allowing them to become independent, participating, contributing citizens in mainstream society. The method's philosophy supports the idea that children with all degrees of hearing loss deserve a chance to develop the ability to listen and to use their voice to communicate.

Manually Coded English (MCE)

This method uses a visual (signed) form of the English language. English is visually represented (coded) through manual signs. There are a number of systems for manually coding English and each one has its own rules and variations. Most of the systems use American Sign Language signs as a base and also use English word order. Since manually coded English follows English language rules, it is easier for hearing parents to learn and use with their infants/children. All sign language methods require a commitment from all family members to learn and use signs for all communication with the infant/child. If you choose sign communication, it is important for you to learn sign as quickly as possible so that your infant/child can learn language from you in the same natural way that an infant/child with hearing learns from his/her parents.

Simultaneous Communication (Sim-com)

See Total Communication.

Total Communication (TC)

This method refers to a combination of oral communication and signed communication. In the simultaneous method, parents are encouraged to both