

Modes of Communication



LECTURE 2

“Although children who are deaf are deprived of meaningful access to spoken language, their brains are fully equipped to acquire language and they must be exposed to it in meaningful ways (Ogden, 1996).”

Language



- Language is made up of socially shared rules that include the following:
 - What words **mean**
 - How to **make new words**
 - How to **put words together**
 - What **word combinations** are best in what situations
- When a person has trouble **understanding** others (receptive language), **or sharing thoughts, ideas, and feelings completely** (expressive language), then he or she has a *language disorder*.

Speech



- Speech = verbal means of communicating
- Speech consists of the following:
 - Articulation
 - ✦ How speech sounds are made
 - Voice
 - ✦ Use of vocal folds and breathing to produce sound
 - Fluency
 - ✦ The rhythm of speech
- When a person is unable to **produce speech sounds** correctly or fluently, or has problems with his or her **voice**, then he or she has a *speech disorder*

Communication



- **Fluent Communication**
 - Consists of sending and receiving linguistically encoded messages

- **Parent/Child communication can be used in order to:**
 - Enjoy, share, request, assist, inform, learn about the world

Communicative Interaction



- In order for communicative attempt by either interactant (i.e., communicative partner) to be successfully received, there are 2 necessary conditions:
 - ✦ Shared focus
 - ✦ Message must be relevant to and interpretable by the listener

Spoken Language



Normally learned through hearing

When hearing is impaired, **special means** must be devised for each child to learn language

Since every hearing loss is different, and every child learns differently, **there is no single approach** to communicating the meaning of language that is best for all children.



COMMUNICATION MODES

Some Commonalities



- All the approaches/modes work toward **developing communication**
- All stress things like **receptive language and expressive language development**
- Most work on **speech development**
- **reading skills**
- It is the degree of the **parent's involvement** with the program of choice that **makes the greatest difference.**

Factors Influencing Communication Mode Decision



- Location of educational programs
- Availability of therapists
- Transportation issues
- Other conditions impacting hearing (malformations)
- Degree of hearing loss
- Family support
- Duration of deafness or hearing loss

Modes of Communication



Visual
Option

Sign
Language

Combined
Options

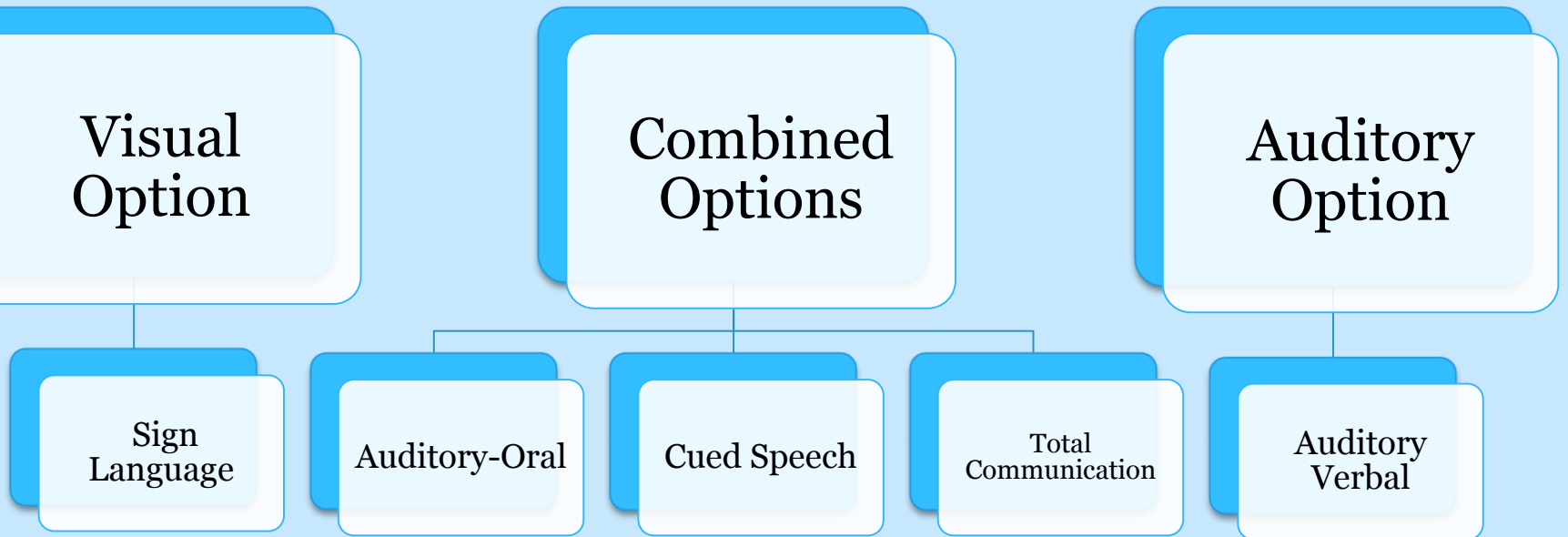
Auditory-Oral

Cued Speech

Total
Communication

Auditory
Option

Auditory
Verbal



Visual Option: Sign Language



- **Characteristics**
 - Completely manual approach
 - Accessible to individuals with hearing loss, regardless of access to audition

Visual Option: Sign Language



- **Definition**
 - Visual/manual language
 - Has its own grammar and linguistic properties
 - Not based on English grammar or sentence structure
 - Used within the Deaf community

SL Primary Goals



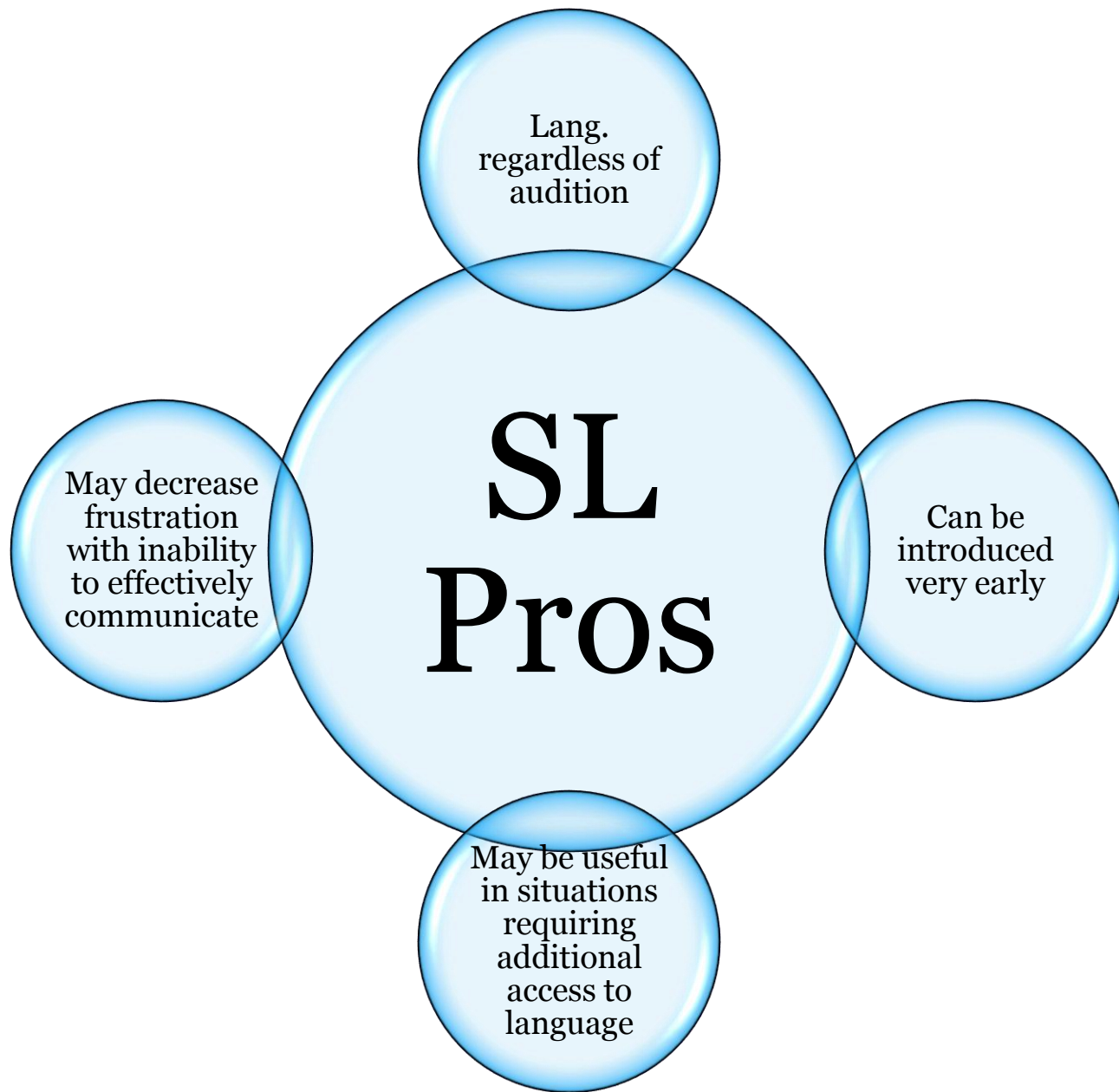
- To establish SL as **primary** language
- **Visually** introduce language for development internally
- Used as a basis for developing **English as a second language.**
- Develop a **positive self-image**, with regards to hearing loss
- Communication, access, and the ability to identify with the Deaf community
- May favor the **individual's choice** to wear amplification

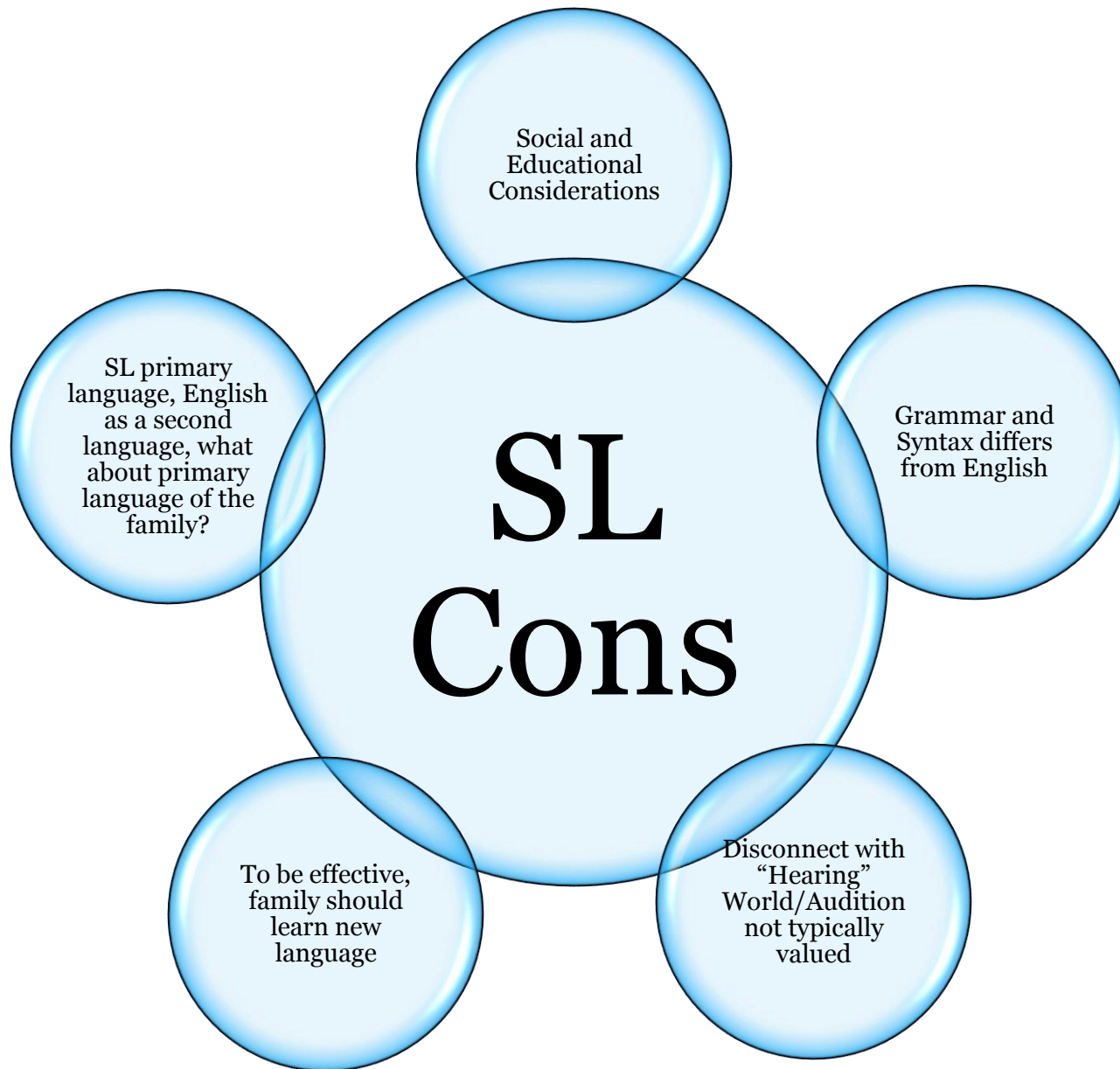
SL: Language Development



- **Receptive language**
 - Develop early language concepts
 - Developed as primary language through immersion
 - Written English typically taught after development of SL

- **Expressive language**
 - SL fluency along with written English





Auditory Option: Auditory-Verbal



- **Definition**
 - Used to develop spoken language through listening
 - Requires aggressive audiological management
 - One-on-one therapy
 - Does not allow manual communication or speechreading
 - Caregivers required to participate

A-V Primary Goals



- Utilize the following:
 - Any residual hearing
 - Appropriately fit amplification (HAs, FMs, CIs)
 - Develop age-appropriate spoken language via audition only, without the addition of visual cues
- Support inclusion in school and integration into hearing community

A-V: Language Development



- **Receptive language:**
 - Developed using audition
 - Early, consistent, and developmentally appropriate therapy
 - Visual strongly discouraged

- **Expressive language:**
 - Spoken and written language

A-V: Hearing

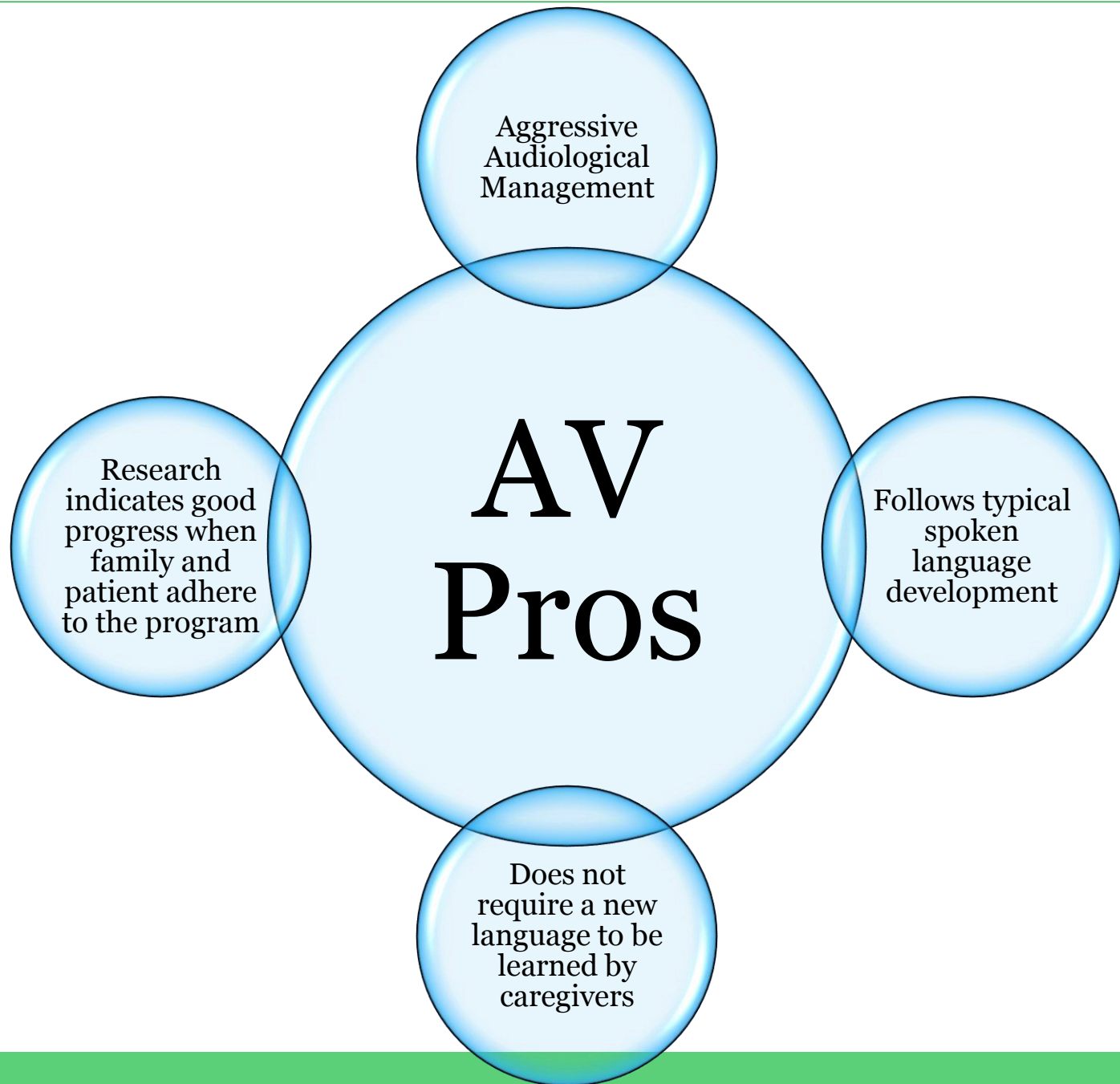


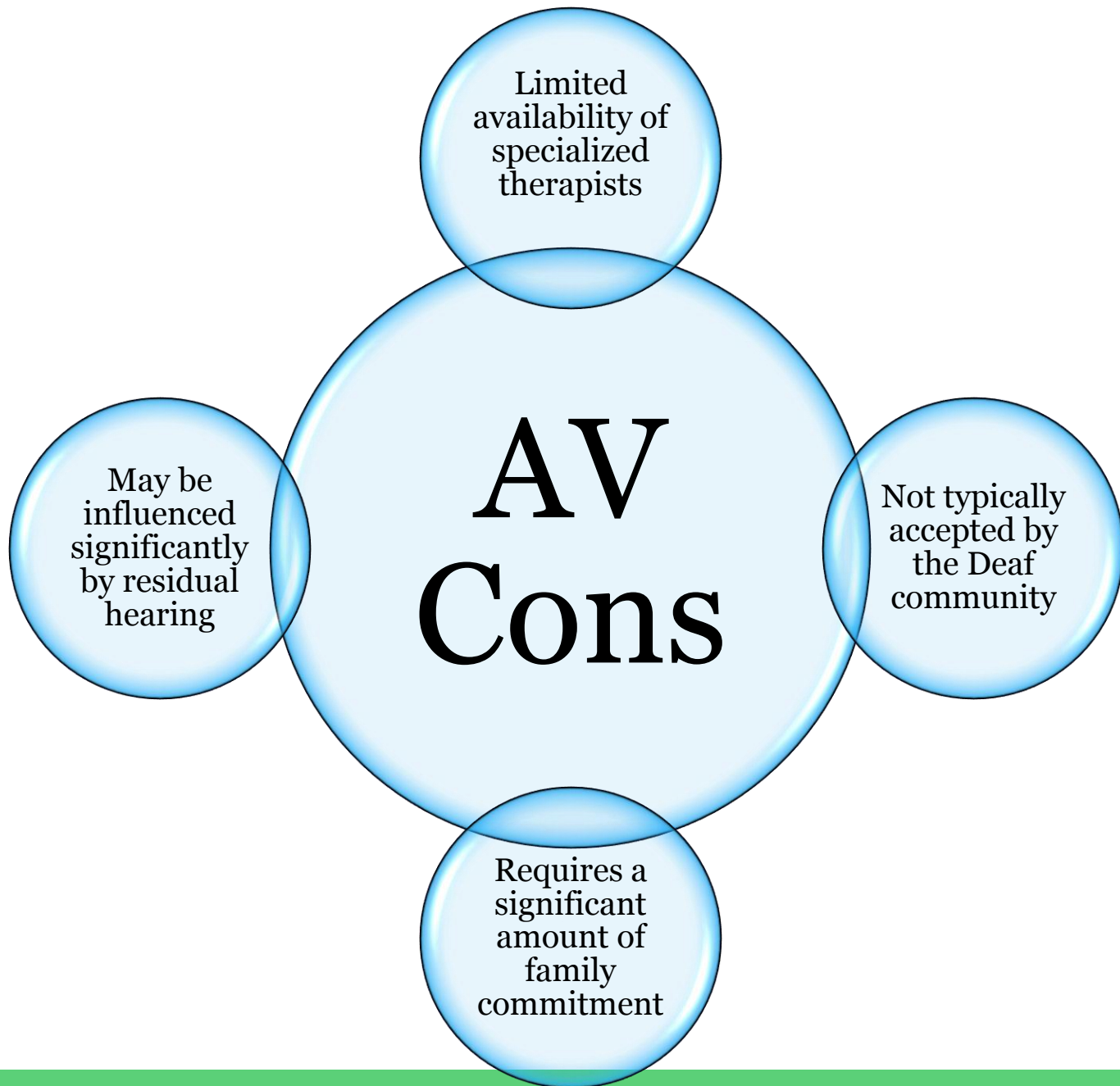
- Personal amplification (early and consistent)
- Requires adequate residual hearing for skill development with regards to spoken language
- Requires ongoing auditory management

A-V: Primary Caregiver Responsibilities



- Must incorporate language learning activities into daily routines
- Use of sound as meaningful part of daily experience and communication
- **Participate** in therapy sessions to learn strategies. Use strategies learned at home on a consistent basis.
- Learn to create the optimal listening learning environment





A-V Case Study



- **Patient A**

- Severe to profound sensorineural hearing loss identified at birth via NBHS and Follow-up
- Audiological Treatment: Fit with hearing aids at 2 months of age
- Audiological Treatment: Cochlear implantation right ear at 1 year; cochlear implantation left ear at 2.5 years
- Therapeutic Approach and Communication Mode: Family chose Auditory-Verbal

Combined Option: Cued Speech



- **Definition**
 - Visual communication system
 - Uses eight hand shapes in four positions
 - Used in combination with natural mouth movements of speech to aid in clarification of spoken language
 - Demonstrates pronunciation of English words for every spoken syllable
 - Aids the development of verbal language, speech reading, and speaking

Cued Speech: Primary Goals



- Develop internal spoken language, communication skills, and reading ability
- Uses combination of listening, specific visual cues and speechreading
- Support inclusion in school
- Integration into the hearing community
- Support literacy

Cued Speech: Language Development



- **Receptive Language:**
 - Early, consistent, and CLEAR communication
- **Expressive Language:**
 - Spoken English
 - Sometimes with expressive cues
 - Written English

Cued Speech: Hearing

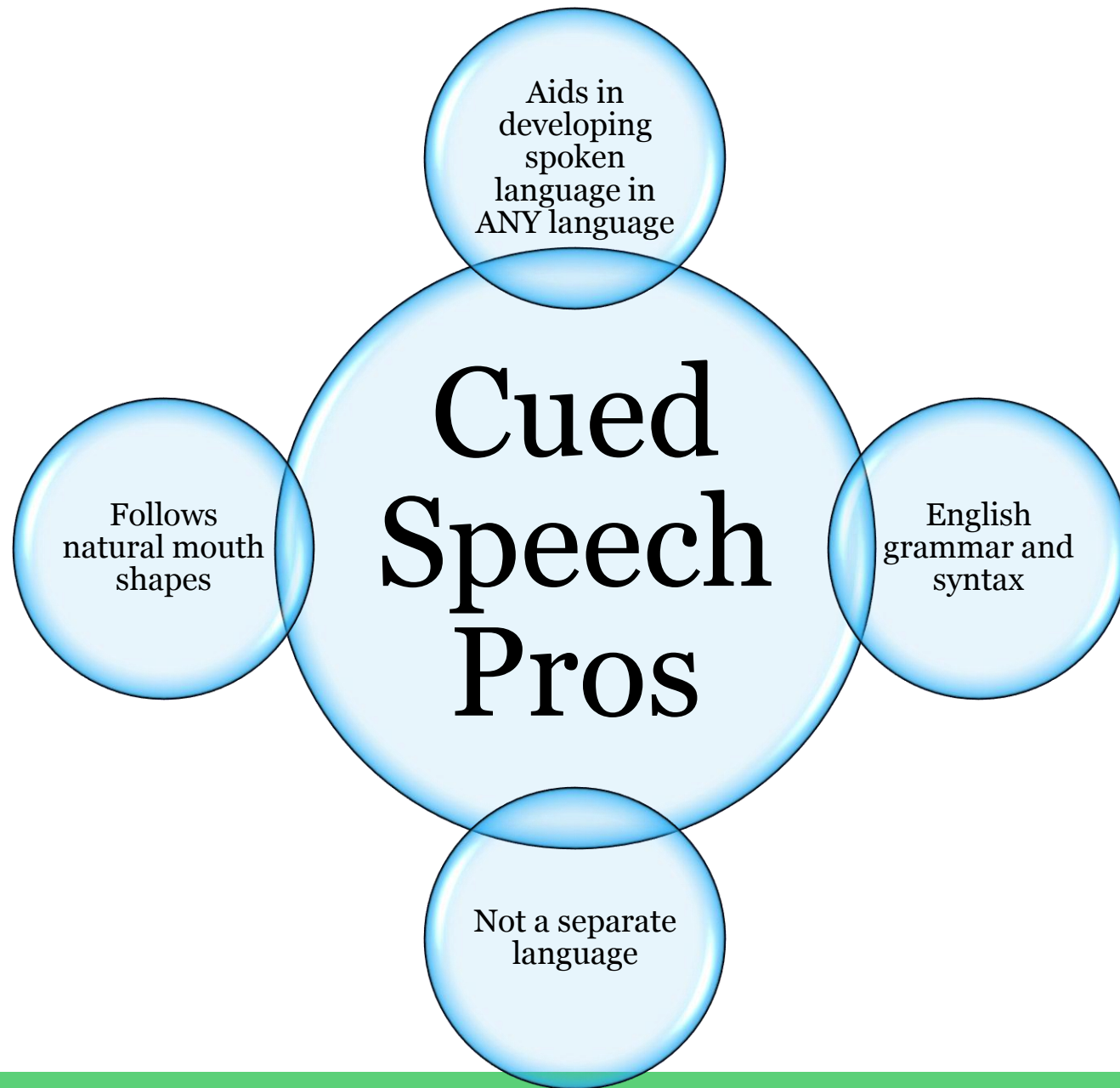


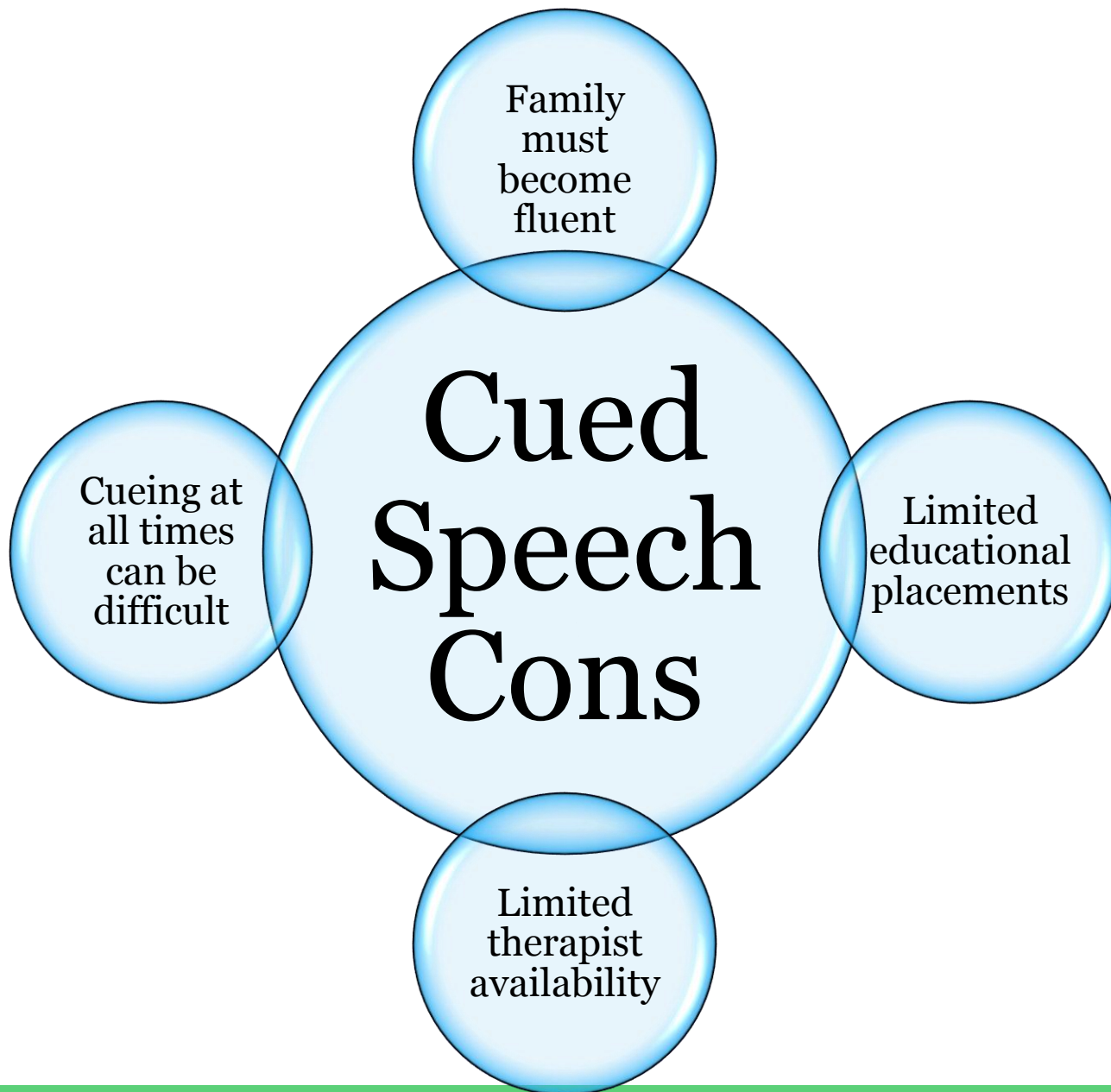
- Encourages early and consistent use of personal amplification
- Develop maximum use of residual hearing
- Ongoing auditory management required

Cued Speech: Primary Caregiver Responsibilities



- **MUST** learn to cue fluently (all immediate family members)
- Encourage use of amplification consistently
- Cue at **ALL TIMES** when speaking
- Develop skill and fluency through classes, practice, and consistent use (may take a year)





Combined Option: Auditory - Oral



- **Definition:**
 - Emphasizes development of speech and language through maximum use of amplified residual hearing and speech reading
 - Assists in communication, language development, and speech

Auditory – Oral: Primary Goals



- Develop internal spoken language and communication skills through simultaneous listening and speech-reading
- Support inclusion in school
- Integration into hearing community

A-O: Language Development



- **Receptive Language:**
 - Use of early and consistent training using speechreading and hearing

- **Expressive Language:**
 - Spoken English
 - Written English

A-O: Hearing

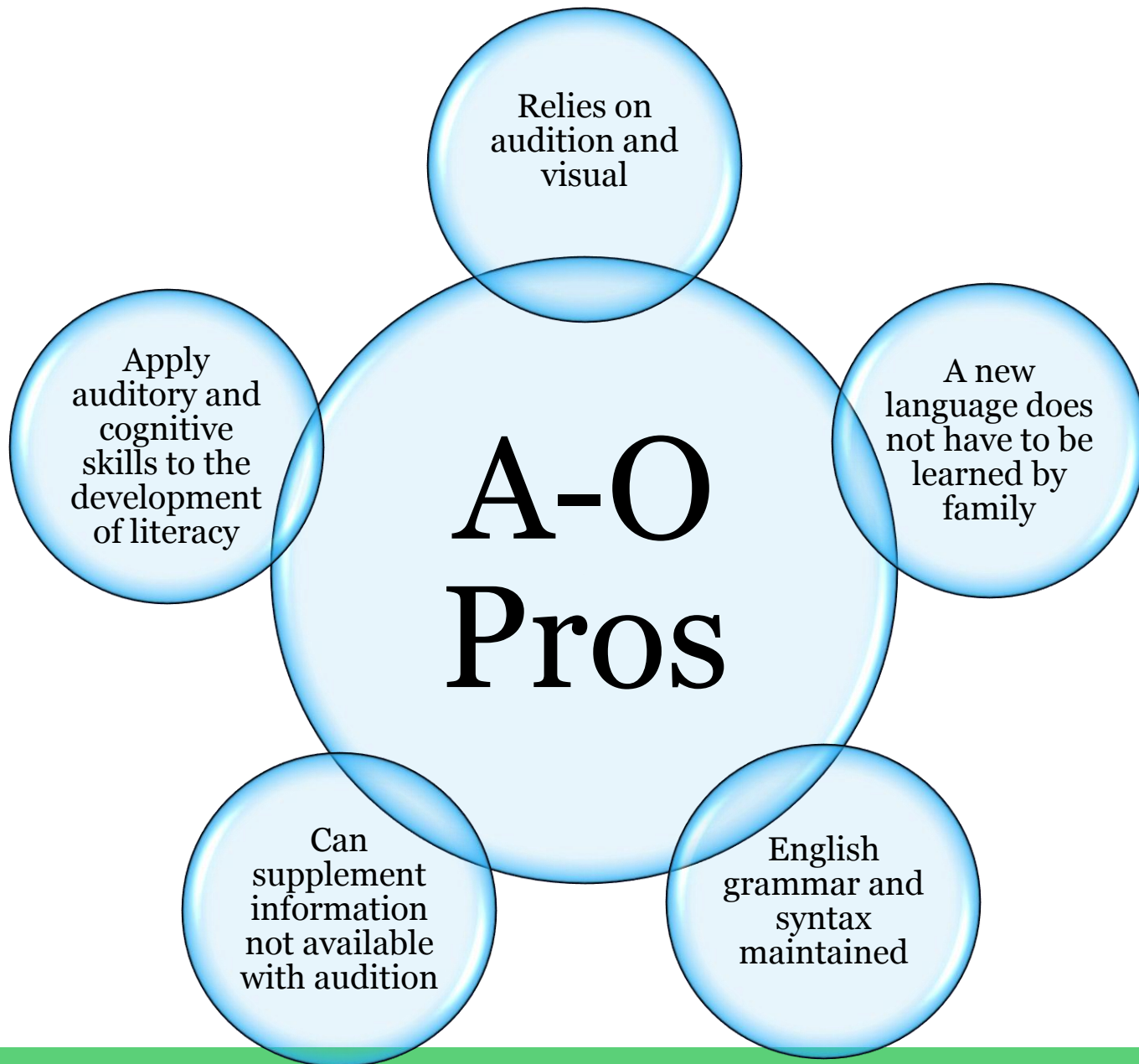


- Early and consistent use of personal amplification to maximize use of residual hearing
- Ongoing auditory management

A-O: Primary Caregiver Responsibilities



- Incorporate strategies learned into daily tasks.
- Use amplification consistently
- Work with teachers and therapists to learn strategies
- Create an optimal oral learning environment



Relies on
audition and
visual

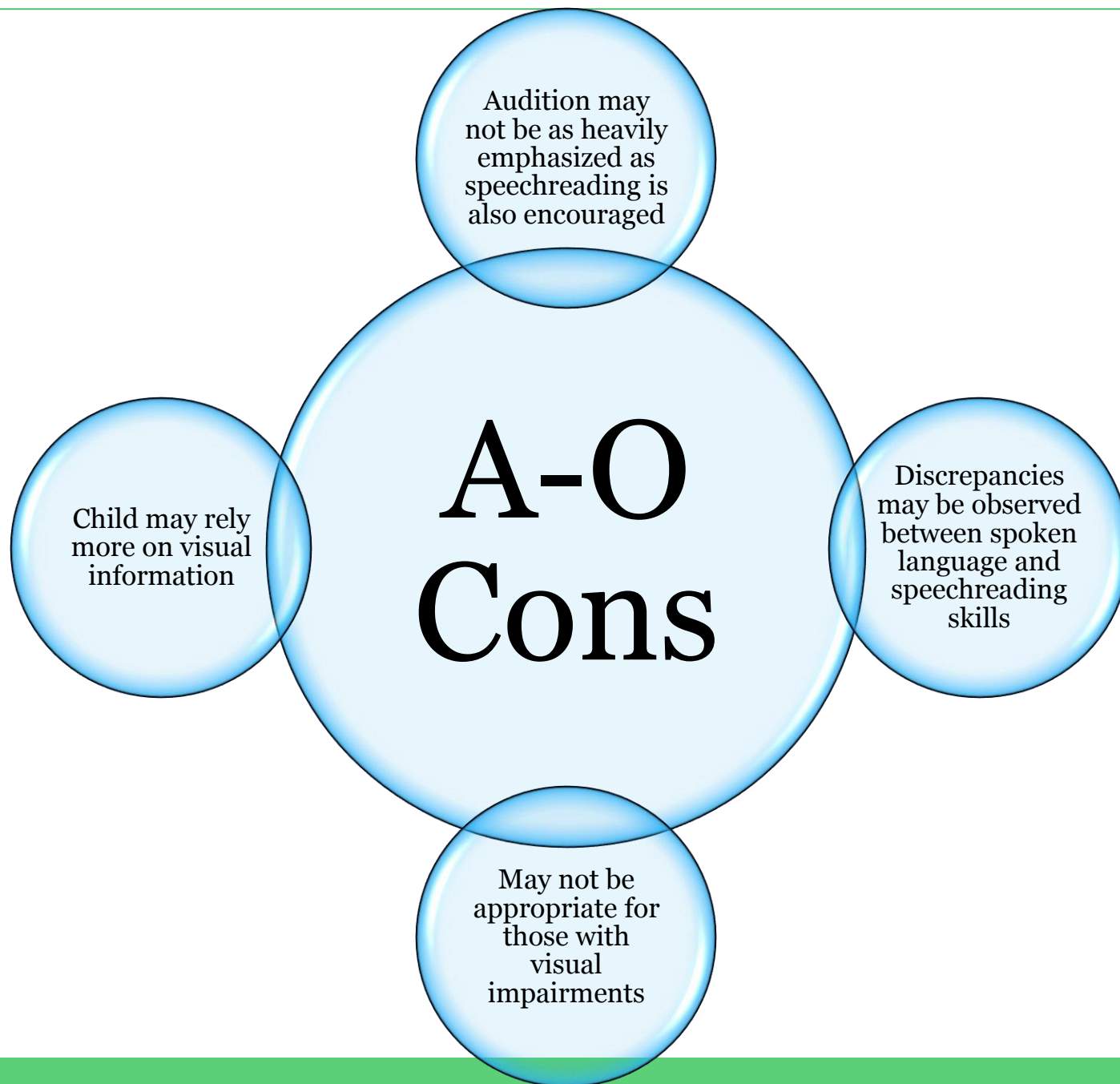
A new
language does
not have to be
learned by
family

English
grammar and
syntax
maintained

Can
supplement
information
not available
with audition

Apply
auditory and
cognitive
skills to the
development
of literacy

**A-O
Pros**



Audition may not be as heavily emphasized as speechreading is also encouraged

Discrepancies may be observed between spoken language and speechreading skills

May not be appropriate for those with visual impairments

Child may rely more on visual information

A-O Cons

A-V

A-O

Audition Only

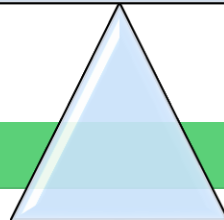
Audition +
Vision

Amplification

Amplification

Huge Parental
Requirement

Speechreading



Combined Option: Total Communication



- **Definition**
 - Uses simultaneous oral and manual modes of communication
 - Includes speech, speechreading, fingerspelling, natural gestures, and residual hearing

Total Communication: Primary Goals



- Goal is to provide input of both auditory and visual stimulus simultaneously. Both are utilized all the time for concurrent development.
- Develop internal spoken language and communication skills through simultaneous use of a manual sign system, etc.
- Support integration into both the hearing and the Deaf communities

TC: Language Development



- **Receptive Language:**
 - Exposure to a combination of sound and sign-based systems in speech reading and hearing

- **Expressive Language:**
 - Sign language
 - Fingerspelling
 - Spoken Language
 - Written Language

TC: Hearing

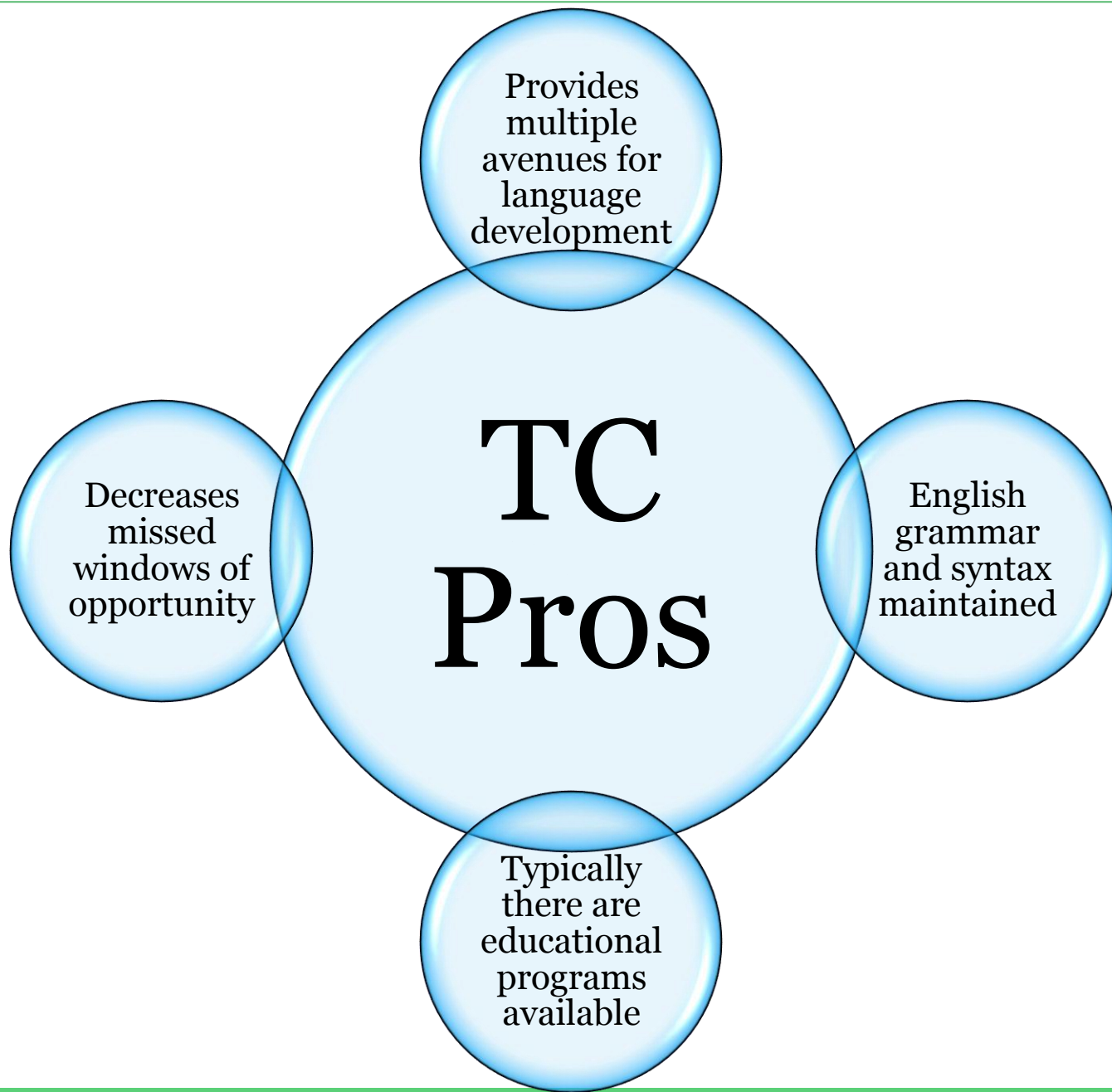


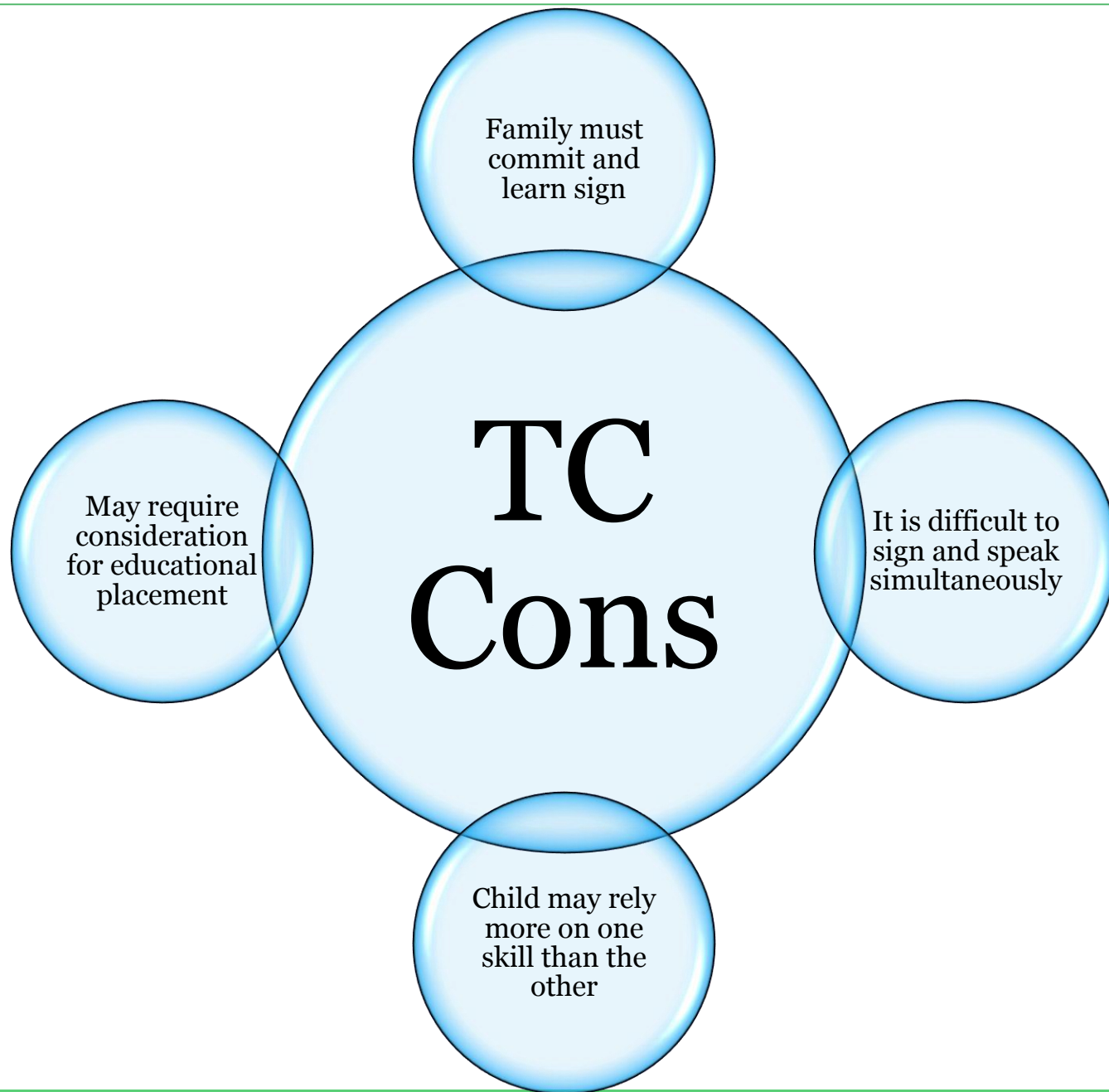
- Encourages use of personal amplification to maximize use of residual hearing
- Requires ongoing audiological management

TC: Primary Caregiver Responsibilities



- All family members **MUST** learn and use the chosen sign language system
- Encourage consistent use of personal amplification
- Develop skill by signing consistently with experienced signers





Family must
commit and
learn sign

TC
Cons

It is difficult to
sign and speak
simultaneously

Child may rely
more on one
skill than the
other

May require
consideration
for educational
placement

Language Development: Regardless of Selected Mode



Language development must be fostered early in children

There are “**windows of opportunity**” which occur, the mode selected needs to be utilized early on to fully access those opportunities

“Studies estimate that as much as 90% of what young children learn is attributable to the reception of **incidental** conversation around them.” (Flexer, C. 1999)

Family Checklist



- Recognize responsibilities
- Learn/educate for informed decisions
- Choose a communication mode
- Learn and begin using communication mode
- Communicate with child using **chosen communication mode**
- Include child at all times
- Determine the main communication model
- Include the entire family
- Research education approaches, programs, schools
- Start early, time is critical

Questions Parents Should Consider



What communication approaches are available?

What features does each approach encompass?

Will training be required to use the approach?

What are specific family responsibilities associated with each approach?

Do you know what your options are when deciding which mode of communication?

Questions Parents Should Consider



How well do you feel you understand the options?

Have you been able to experience each in person? Or at least the ones of interest to you?

Do you understand all test results?

How much time do you have to devote to learning the methodology of the desired communication option?

Where do you see your child in 10 years?

Considerations from the Professional's Perspective



- How do we deal with the social views of each of the approaches?
- How do we support the parent in their decision?
- Can we support the family if their decision doesn't mesh with our own recommendation?
- When do we refer?
- What about when the “system” fails to support the parent's decisions?

Commitment



- All modes require a commitment on the part of the family in order for them to be able to adequately communicate with their child.
 - “I want my child to sign. They can teach him that at school. It isn’t as difficult as some of the other options.”
 - “I made sure my child received a cochlear implant. Now they are not talking, and it is your fault. No one told me that they would need to go to therapy.”

Developing Therapeutic Approach



- **Regardless of the mode chosen:**
 - Primary goal should be to provide an active language enriched environment for the child, so that receptive and expressive language is enhanced

When to change an approach?



- Lack of significant progress
- Lack of compliance with recommendations for a specific approach
- When one approach may not work
- Family dynamics change
- Educational placement changes
- Hearing levels have changed, possibly affecting expectations