

[FIRST YEARS](#) > Communication Options Chart

Communication Options

Recall that language and speech are not the same. *Speech* is the **motor act of articulation**, producing sound, whereas *language* is the **knowledge/use of a symbol system to communicate** with others.¹ Language is normally learned through hearing it. When hearing is impaired, however, special means must be devised for each child to learn that language. These "communication options" may include body language, lip reading, finger-spelling, and sign language.

All the communication strategies listed below work toward developing communication, stressing receptive language (understanding) and expressive language development. All work on reading skills; and most on speech development. All require a significant, sustained commitment on the part of the parents/family as the key to the child's success in developing language.

Keep in mind that since every hearing loss is different and every child learns differently, there is no single approach to communicating the meaning of language which is best for all children.

	American Sign Language/ English as a Second Language (ASL/ESL) <i>Bilingual/Bicultural - BiBi</i>	Cued Speech	Oral Auditory-Oral	Auditory-Verbal Unisensory	Total Communication
Definition	The "language of the deaf," American Sign Language (ASL) is a manual language, taught as the child's primary language, and English as	A visual communication system using 8 handshapes in four different locations ("cues") in combination with the natural mouth movements	The "traditional" auditory training approach, AO is conducted with the child in individual therapy and also often includes placement in a group	Similar to the auditory/oral approach, AVT has a strong emphasis on maximizing audition (therefore,	A philosophy more than a communication method, it uses a <i>combination of methods</i> to teach a child, including a formal sign-

a second language. ASL is recognized as a true language in its own right and does not follow the grammatical structure of English. Extensively used within and among the deaf community, a group that views itself as having a separate culture and identity from mainstream society.

of speech, to make all the sounds of spoken language look different. That is, the hand shapes help the child distinguish sounds that look the same on the lips—such as "p" and "b". These cues are used simultaneously with speaking. A particularly good system for a child who may not be able to learn entirely through amplified hearing.

therapy setting with other children with hearing loss. The emphasis of auditory-oral is to teach the child to use his residual hearing (with the aid of amplification and speech (lip) reading and contextual/ visual clues to receive auditory information) with a focus on developing his communication skills to a level that will allow for eventual mainstreaming. AO excludes the use of sign language. Many providers of this approach provide homework for carryover of treatment objectives into the home and other natural environments.

deemphasizing visual cues). AV is conducted in 1 to 2 individual therapy sessions per week and requires that the parent or another caregiver be a participant in each session. Children spend the remainder of their time with their caregivers or in a mainstreamed daycare or preschool placement where therapy objectives are targeted, and where new skills are practiced and generalized.

language system, finger spelling, body language, speech reading, oral speech, and amplification. The [sign language used in total communication](#) is not a language in and of itself, like ASL, but an artificially constructed language following English grammatical structure.

Primary Goals

To be the deaf child's primary language, allowing him/her to communicate before learning to speak or even if the child never learns to speak effectively.

To teach children to understand and accept the *differences* between the hearing and deaf

To develop speech and communication skills necessary to communicate with the wider hearing world

To develop the necessary spoken language skills to be mainstreamed educationally and to function independently in the hearing world.

To develop speech and communication skills, primarily through the use of aided hearing alone, which are needed to function in typical, i.e. "natural," learning and living environments. Emphasizes educational

To use every and all means -- any manner that works! -- to help deaf and hard-of-hearing children communicate.

communities.

mainstreaming - "[inclusion](#)" - as soon as possible.

Receptive Language

Language is developed through the use of ASL. English is taught as a second language *after* the child has mastered ASL.

Child learns to speak through the use of amplification, speech reading and use of "cues" which represent different sounds.

Child learns to speak through a combination of early, consistent and successful use of amplification and speech reading.

Child learns to speak through the early, consistent and successful use of a amplification *only*.

Language (spoken, signed, or a combination of the two) is developed through exposure to oral speech, a formal sign language system, speech reading, and amplification.

Expressive Language

ASL is child's primary expressive language in addition to written English.

Spoken English (sometimes with the use of cues) and written English.

Spoken and written English

Spoken and written English

Spoken English and/or sign language and finger spelling and written English

Hearing

Use of amplification is not a requirement for success with ASL.

Use of amplification is strongly encouraged to maximize the use of remaining hearing.

Early and consistent use of amplification (hearing aids, cochlear implant, FM system) is critical to this method.

Early, consistent and successful use of amplification (hearing aids, cochlear implant, FM system) is critical to this approach.

Use of a personal amplification system (hearing aids, cochlear implant, FM system) is strongly encouraged to allow child to make the most of his/her remaining hearing.

Family / Parental Responsibility

Child must have access to deaf and/or hearing adults who are fluent in

Parents and family members are the primary teachers of cued speech

Parents and family members must be highly involved with child's

Parents and family members play the *primary* role in AV

Parents and family-members should learn the chosen sign

ASL in order to develop this as a primary language. If the parents choose this method, they must become become proficient in ASL to communicate fully with their child.

Outside of the [residential schools for the deaf](#), the Bi-Bi approach is not common.

to their child. They must cue at all times while they speak; consequently, they must learn to cue fluently for the child to develop age-appropriate speech & language.

teacher and/or therapists (speech, aural habilitation, etc). They are expected to incorporate training and practice sessions (learned from therapists) into the child's daily routine and play activities. The family is responsible for ensuring consistent use of amplification.

therapy. They must provide a language-rich environment, make hearing a meaningful part of all the child's everyday experiences, and ensure full-time use of amplification.

language system in order for the child to develop age-appropriate language and communicate fully with his/her family. The family is also responsible for encouraging consistent use of amplification.

For more information

- [Gallaudet University](#)
- [National Association of the Deaf](#)
- ERIC EC Digest #E553: [ASL](#)

- [Language Matters](#)
- [National Cued Speech Association](#)
- [Art of Cueing](#)
- ERIC EC Digest #E555: [Cued Speech](#)

- [Alexander Graham Bell Association of the Deaf](#)
- ERIC EC Digest #E551: [Auditory-Oral Approach](#)

- [Auditory - Verbal International](#)
- ERIC EC Digest #E552: [Auditory-Verbal Approach](#)

- ERIC EC Digest #E559: [Total Communication](#)

Adapted from:

- Help Kids Hear: [Communication Options for Your Deaf / Hard of Hearing Child - An Overview](#)
- Beginnings: [Communications Options - Reference Chart](#) (by permission)

Footnotes:

¹Blum NJ, Baron MA. (1997) Speech and language disorders. In: Schwartz MW, ed. *Pediatric primary care: a problem oriented approach*. (pp. 845-9) St. Louis: Mosby.