

Language & Learning

Decisions... Decisions

Communication Options

There are important times for learning to listen, and there are important times for learning to communicate. We think that most hearing children have finished learning basic language communication skills before they begin kindergarten. Adults and children communicate through language, and babies with normal hearing begin paying attention to language and learning language as soon as they are born. Deaf babies with Deaf parents also begin to pay attention and learn as soon as they are born. Hearing parents and babies and Deaf parents and babies share a common language. They share that language because they can understand each other.

When parents have normal hearing and their babies have hearing loss the communication pattern can be interrupted. The family needs to find some form of communication that everyone can understand. The decision about how to communicate in your family will be a very important one.

The types of communication most commonly used are:

- **Auditory-Verbal (A-V)**, or the use of only hearing in developing speech and language. If your baby has enough residual hearing, or can use residual hearing well, then early use of auditory/verbal methods can be helpful. Audiograms do not always predict which children will be able to learn enough language through auditory/verbal methods alone.
- **Oral/Aural communication**, or the use of hearing and speechreading. If your baby has enough usable residual hearing to learn language from listening, then this modality is a good choice. However, your baby will still need good hearing aids, a quiet environment, language stimulation, and help from you and your infant/family specialist in order to develop speech and language.
- **Cued Speech**, or the use of hand shapes and speechreading to support your baby's listening. Many sounds look alike on the face and children with limited hearing can become confused. Cued speech is a way of showing English clearly. Manually Coded English (MCE), or a way of expressing the English language on the hands. For children with profound hearing loss, MCE can be a good tool for learning English grammar and beginning to read. For long and complicated ideas, MCE is not always the best way to communicate visually; however, many hearing, English speaking parents use MCE with their babies.
- **American Sign Language**, (ASL) or the language of the Deaf Community in the United States. Any idea that can be expressed in English can be completely expressed visually in ASL, so many parents try to give their children the chance to meet people who are fluent in ASL. That way, even very young babies have access to adults and children communicating with each other. However, ASL is hard for hearing parents to learn quickly.

Sometimes a family will find a single form of communication works best, and sometimes families may use more than one form. For example, one family may choose auditory/verbal or oral methods for a child who is going to receive a cochlear implant at one year of age. Another in this situation may sign to the baby until the implant, and then transition to oral approaches. A baby with both Deaf and hearing family members may learn sign language while using residual hearing to develop spoken language. Another child may speak clearly but do best with an interpreter in school. Some families use cued speech along with oral/aural communication methods.

A decision about communication options will be the most helpful if parents gather information first. It is valuable to spend time talking with professionals and other parents, reading and scanning the internet. Information gathering is the first step in making your early decisions. It is especially important to know that decisions can be changed, based on the needs of your child's communication needs. Over time, you will become a good observer of your child's communication needs. These observations will be a useful guide.