

## ► **Communication in hearing impaired individuals**

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### Introduction

What do hearing impaired children need to accomplish with language?

How is a suitable communication approach chosen?

Communication Options (Table 1)

### **Introduction**

Communication is an essential aspect of normal development for all humans. Knowing a language enables us to communicate our needs, feelings and ideas to others. All hearing impaired individuals have different communication needs and different communication options are available to meet these needs. For some, they benefit enough from hearing aids to be able to sufficiently access spoken language. For others, this may be difficult so sign language may be more appropriate for them. *For different communication options see Table 1.*

### **What do hearing impaired children need to accomplish with language?**

- ❖ Communicate effectively with family members for bonding to occur;
- ❖ Develop cognitive abilities important for their personal development;
- ❖ Acquire knowledge about the world around them;
- ❖ Communicate fully with the world, especially using modern technological equipment;
- ❖ Communicate with both hearing and hearing impaired individuals;
- ❖ Be independent.

### **How is a suitable communication approach chosen?**

This usually depends on:

- ❖ Degree of hearing loss: children with a profound hearing loss are less likely to fully perceive conversational speech without amplification than children with a mild hearing loss;
- ❖ The family's hearing status;
- ❖ Home language(s);
- ❖ The child's functional use of spoken language or sign language, i.e., the child's preferred mode of communication.

In many hearing families, communication with a hearing impaired child is usually a combination of sign language and spoken language. In deaf families, it cannot be assumed that sign language will be preferred by families. Besides, different communication modes may be used at different times, for different purposes, with different people and in different contexts.

The individual's needs in different situations have to be considered when selecting a communication option. The child's family makes the choice, based on unbiased information given by the professionals involved with the child (e.g., ENT consultant, speech-language pathologist, teacher of the deaf, audiologist, etc.). Family choices are respected and parents are allowed to make an informed final decision.

### **Which communication approaches are commonly used in Malta?**

Currently, most young Maltese children use an auditory-oral approach, where they access spoken language using hearing aids or a cochlear implant. Some children and teenagers have been educated through a sign bilingual approach. In recent years, a number of hearing impaired teenagers and adults have chosen sign language as their preferred communication mode.

### **Conclusion**

Different children excel in and prefer different communication modes. To date, no single approach is available for all hearing impaired children so individual approaches need to be developed. Despite debates on the best ways to provide communication skills, health professionals and educators usually agree that:

- ❖ All hearing impaired children can learn to communicate using either one or a variety of these different approaches, depending on which is most suited to their needs and abilities;
- ❖ The earlier the hearing loss is identified, the better is a child's chances of acquiring language (spoken or signed);
- ❖ Each child is unique and has different needs and abilities which need to be catered for;
- ❖ Consistently optimising residual hearing using amplification (hearing aids or cochlear implants) may be advantageous;
- ❖ Frequent interaction with the child forms the basis for effective communication.

**Table 1 Communication options**

	<b>Auditory-oral (oralism)</b>	<b>Sign Language (SL)</b>	<b>Sign Bilingualism</b>	<b>Total Communication</b>	<b>Artificial systems</b>
<i>Definition</i>	Focuses on developing any residual hearing using amplification (hearing aids or cochlear implant) and speechreading to develop speech production skills. Spoken language is promoted. Sign language is not encouraged but natural gesture may be used.	Manual languages (e.g. Maltese Sign Language, British Sign Language, American Sign Language, etc.) are considered true languages with a grammar of their own. SL is widely used within the deaf community since it is a natural visual language, readily accessible to hearing impaired individuals.	Sign language is taught as a first language and a spoken language (e.g., Maltese) is taught as a second language. Thus the language of the deaf community and that of the hearing community are both used.	Uses all means of communication available to communicate with a child, including fingerspelling, signs, natural gesture, speech reading, body language, oral speech. This has been heavily criticized since SL and spoken language have different linguistic parameters so cannot be used simultaneously.	These are sign systems not true languages (e.g., Makaton, Cued Speech, Signed English, Signalong, Paget-Gorman, etc.). Most systems were developed as visual tools to help the child learn spoken language. These systems usually use a sign for every spoken word.
<i>Primary goals</i>	To develop speech and communication skills necessary for integration into the hearing community.	To enable the child to communicate even if the child never learns to speak effectively. It prepares a child for access to the deaf community.	To enable children to become bilingual, that is, competent and proficiency in sign language and a spoken language, sufficient for an individual's needs, as a child and as an adult.	To provide an easy communication method between the hearing impaired child and his hearing interactors. The child's simultaneous use of speech and SL is encouraged along with other visual and contextual cues.	To develop speech and communication skills for integration into the hearing community.
<i>Receptive language</i>	Child learns to speak through early and consistent use of amplification and speechreading.	Language is developed through the use of sign language.	Language is developed through the use of sign language. Spoken language is taught as a second language after the child has mastered sign language.	Language (spoken, signed or a combination) is developed through exposure to speech, SL, speechreading and the use of amplification.	Child learns to speak using amplification, speechreading and visual cues which represent different sounds.
<i>Expressive language</i>	Spoken and written Maltese (or any other spoken language).	Sign language is the child's expressive language. Nowadays, SL may also be written-SignWriting. There is no evidence that early SL use hinders or prevents spoken language learning.	Unlikely that both languages are acquired in parallel or to the same level of competency, due to accessibility factors. SL is the child's primary expressive language along with the written version of the spoken language.	The spoken language and/or SL, fingerspelling and written language.	Spoken language and written language.
<i>Hearing</i>	Early and consistent use of amplification (hearing aids, cochlear implant) vital.	Use of amplification is not a requirement for success with sign language.	Use of amplification is not a requirement for success with sign language or the written mode.	Use of amplification is strongly encouraged to allow the child to use any remaining hearing.	Use of amplification is strongly encouraged to allow the child to use any remaining hearing.
<i>Family responsibility</i>	The family is primarily responsible for child's language development. Family is expected to incorporate language targets into their child's daily routine and play activities. Parents are also responsible for ensuring consistent use of amplification.	Child must have access to deaf adults and deaf community so as to acquire sign language. Parents will need to become fluent in sign language to communicate fully with their child.	Child must have access to deaf adults and deaf community so as to acquire sign language. Parents will need to become fluent in sign language to communicate fully with their child.	Preferably all family members should learn the chosen sign system to be able to communicate with the child. Parents are also responsible for ensuring consistent use of amplification.	Parents are the primary teachers of sign systems to their child. Parents are expected to cue at all times while they speak. Parents therefore need to learn to cue fluently for the child to develop speech and language skills.
<i>Parental involvement</i>	Parents need to be highly involved with child's therapists and teacher to carryover activities to the home in an optimal oral environment. The development of listening, speech reading and speech skills.	If the parents are not deaf, they will require intensive sign language training and training about deaf culture for the family to become proficient in sign language. Regular contact with the deaf community is also desirable.	If the parents are not deaf, they will require intensive sign language training and training about deaf culture for the family to become proficient in sign language. Regular contact with the deaf community is also desirable.	Parents must sign consistently while speaking to their child. Parents should therefore attend signing courses. To become fluent, signing should be used consistently and become a routine part of communication.	Parents must sign or cue consistently while speaking to their child. Parents need to spend a significant amount of time learning and practicing such systems to use them proficiently.

Adapted from *BEGINNINGS for parents of children who are deaf or hard-of-hearing* [http://www.ncbegin.com/communication\\_options/comm\\_options.htm](http://www.ncbegin.com/communication_options/comm_options.htm)