



an introduction to

COMMUNICATION OPTIONS

for children who are
deaf or hard of hearing

Welcome to the deaf and hard of hearing community! As the parent of a child who is deaf or hard of hearing, you have an exciting journey ahead of you. About 95% of babies who are deaf or hard of hearing are born to parents with typical hearing. As your child grows, you and your family will learn how to help them develop language and communication skills. It may feel overwhelming at times, but you're not in this alone. There are many professionals and resources listed in this guide that will help you and your child along this journey.

Communication and language development begins at birth. Children use sights and sounds to learn language and develop communication skills. Deaf and hard of hearing babies often need extra help with this. It is important to understand what your child does and does not hear so that you can figure out the best way (or ways) to communicate with them.

This guide will show you the different ways a deaf or hard of hearing child can learn to communicate, and how these different methods might work for your child and family.



It's Important to Act Fast!

Much of brain development happens in the first few years of life. Our brains are 50% developed by age 1, and 80% developed by age 3. This time period, when brains are growing and taking in a lot of information at once, is called a "window of opportunity." Babies are like sponges during this time, soaking up everything they experience through their senses (sight, sound, smell, taste, and touch). They then organize these experiences in their minds. Learning a language during the "window of opportunity" is important, because this is when it will be easiest for children to learn.

Supporting language development early in life sets a child up for success in developing communication skills. Deaf and hard of hearing children can develop language skills similar to those of their hearing peers. Early intervention services play a major role in that. The earlier your child receives these services the better.

Your Child's Brain is...



50% developed
by age 1



80% developed
by age 3



Early Intervention

Early intervention connects families with professionals that can help your child work on specific skills, such as communicating. An early intervention professional is there to support you and help keep your child's language and communication skills on track.

The Early Hearing Detection and Intervention program will connect you with these types of programs and professionals. Some professionals that commonly work with children who are deaf and hard of hearing include:

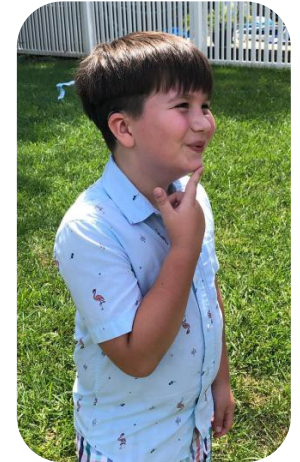
- **Audiologists:** An audiologist can determine your child's hearing level and fit them with hearing aids or cochlear implants.
- **Teachers of the Deaf and Hard of Hearing:** A teacher of the deaf or hard of hearing is an educator who can help families better understand their child's hearing levels. They also support communication access and language development.
- **Speech/Language Pathologists (SLP):** An SLP can help your family learn to support your child's language, communication, and listening skills in everyday life.
- **Early Childhood Specialists:** An early childhood specialist is a teacher trained to understand and support the social, emotional, and cognitive development of young children, sometimes called a Special Instructor.

The professionals you work with will focus on meeting the needs of everyone in the family (e.g. siblings, grandparents, etc.) so that your child can communicate and bond with as many people as possible. Research shows that the sooner a child begins early intervention, the better their language and communication skills can be.



Communication Opportunities

There are many ways for a child who is deaf or hard of hearing to communicate. Some ways use mostly visual cues, while others use more sound. Children and their families can use one option to communicate or a combination.



You may meet people along the way who have strong opinions on the "best" way to communicate with your child. It's up to YOU to decide what is right for your child and family. To help you decide, you can talk with your audiologist, adults who are deaf or hard of hearing, teachers, and other parents of deaf and hard of hearing children.

The most common types of communication are listed below and described on the next pages. As mentioned earlier, some types use visual learning, others use auditory (sound-based) learning, and many use a bit of both.



You can think of these as the building blocks of communication. Most children start off learning one method of communication, which acts as a strong base for their communication skills. As they strengthen those skills and grow, additional types of communication can be introduced. Eventually, each child will have their own block(s) they can use to communicate with others.

One way to get started in choosing a communication mode is to present a few of these options to your child and see if they naturally prefer one over the others. If they show a preference, start with that option and see how it goes. Options can always be removed or swapped out if they are not working.

Communication Opportunities

American Sign Language (ASL)

This is a fully visual language. ASL...

- Uses hand shapes, hand placements, and movements to represent letters and words. Facial expressions and body movements are also used to communicate feeling and information.
- Has its own grammar and word order. ASL does not directly translate to English.
- Is a first language for many users. English is learned through reading, writing, and speaking and listening, when appropriate.

Total Communication

This approach uses multiple methods to communicate. Total Communication...

- Involves both seeing and listening.
- May use a combination of sign language, spoken English, gestures, body language, and listening using aided hearing.
- May look different for each child depending on the mix of communication modes the child uses.

Bilingual-Bimodal

This way of communicating uses the eyes, ears, voices, and hands. “Bilingual” refers to the use of multiple languages. “Bimodal” refers to the use of two different modes of communicating: one signed language, one spoken and/or printed language. Bilingual-Bimodal...

- Teaches children both American Sign Language (ASL) and spoken English.
- Involves learning a visual language, while also using hearing assistive technology and spoken language therapy to learn how to speak English.
- Is different from other communication options in the way that it keeps the languages separate. A child will either use ASL or spoken English. They will not use both languages at the same time.



Cued Speech

This way of communicating makes spoken language visual. Cued Speech...

- Uses 8 handshapes (cues) and 4 hand positions on or near the face. Different combinations of handshapes and positions represent all the different sounds of English.
- Combines cues with the natural mouth movements associated with speaking to make English clear through vision alone.
 - Allows a child to see the differences between sounds that look the same on the mouth, such as “ba” and “pa.”
- Works to develop a complete phonetic representation of spoken language so that children can learn to read and write in a similar manner to their hearing peers.

Listening and Spoken Language

This way of communicating teaches children to rely on their hearing as they learn to speak. There are two different types of Listening and Spoken Language: Auditory/Verbal and Auditory/Oral. Both types of Listening and Spoken Language...

- Focus on listening and speaking through the regular use of hearing devices. The goal is for children to develop age-appropriate spoken language skills through listening.
- Work to teach children how to communicate using the spoken language of their family. Family members are given tips on how to use daily activities to help their child learn to listen and speak the language.
- Develop listening skills in a systematic way. Play and routine activities are used to help a child strengthen the auditory centers of their brain.



Hearing Devices

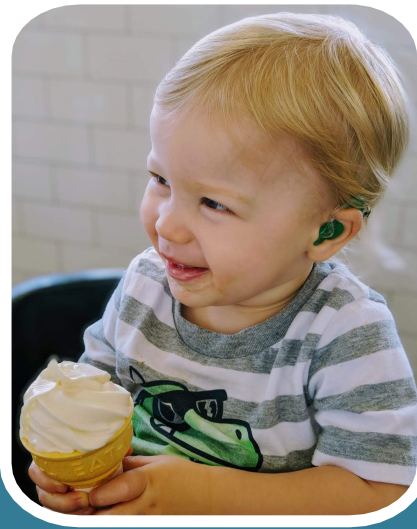
A hearing device can allow some children who are deaf or hard of hearing to access sounds. Your child's audiologist can talk with you about whether a hearing aid or cochlear implant can benefit your child.

Hearing Aids

Hearing aids help some children by making sounds louder. The hearing aid is custom "fit" for each child based on what they can hear without any assistance. The aid is usually worn behind the ear. It picks up sounds and sends them into the ear through a small earpiece. Many parents are surprised to learn that even a one-month-old baby can wear hearing aids.

Here are some things to know about hearing aids:

- The first hearing aid fitting should happen right away. Over time, the audiologist must adjust the hearing aid to keep up with a growing child.
- The hearing aid should ideally be worn during all waking hours. Children learning spoken language need consistent access to sound.
- The hearing aid should be checked every day. It runs on small batteries that have to be changed often.
- A child who wears hearing aids may still need additional support to develop speech, language, and communication skills.

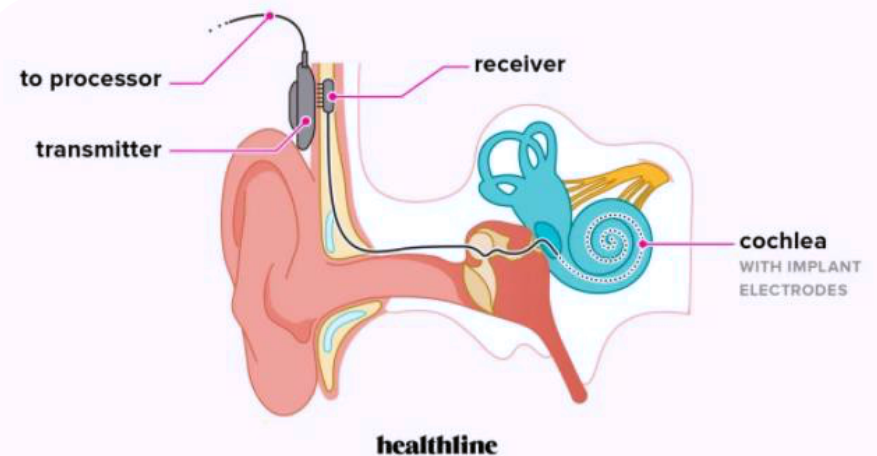


Cochlear Implants

In some cases, an audiologist may recommend that a child gets a cochlear implant. A cochlear implant is very different from a hearing aid. An implant requires surgery, in which a device is placed in the inner ear (cochlea) and under the bone behind the ear. A microphone and speech processor are worn externally, on the head (usually behind the ear). The microphone picks up sound and sends it to a transmitter that is also on the head (held in place by magnets). A receiver that is surgically placed inside the head picks up the signals and sends them to a nerve that connects with the brain. This allows sound to bypass the parts of the ear that do not function.

Here are some things to know about cochlear implants:

- Babies do not typically receive a cochlear implant until at least 9 months of age.
- A cochlear implant is not a "quick fix." The sounds that are heard by the implant user are not as clear and crisp as what a typical hearing person hears. A child will need additional support to develop speech, language, and communication skills.
- The part of the implant on the outside of the head (sound processor) should be worn during all waking hours. Children learning spoken language need consistent access to sound.
- Regular visits to the audiologist are needed to adjust the implant as the child's needs change.



It's Okay to Make Changes

As you can see, there are a variety of ways to communicate with your child who is deaf or hard of hearing. Choosing what works best for your child will take some thought. You may choose one option now, and then change to a different option later on. That's okay! You and your family will need to be heavily involved in supporting your child's communication development, and they will need to be in a language-rich environment.

Remember, you are the expert on your child. This is your family's journey, and you determine the paths you take along the way. Professionals are available to support you and your child. You can and should discuss communication opportunities in more detail with your support team, which may include parents of children who are deaf or hard of hearing, adults who are Deaf or hard of hearing, health professionals, and early intervention teachers.

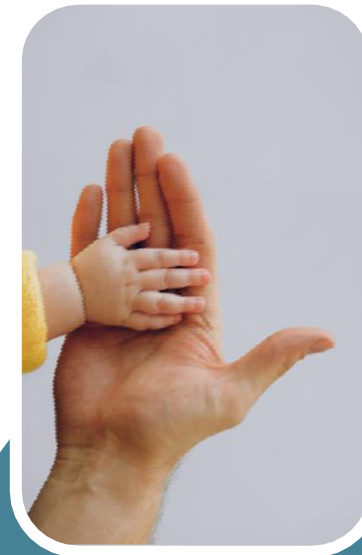
Regardless of how you decide to communicate with your child, it is important to monitor your child's language to ensure that it is on track. Work with your early intervention team to figure out what works best for your child as they grow and develop. Don't be afraid to try other communication methods to make sure your child continues to develop their language and communication skills.



We're Here to Help

You may feel overwhelmed by all the information and decisions that need to be made, but there are lots of people here to support and guide your family and answer any questions you may have along the way. We encourage you to reach out to these people and organizations for help:

- Your child's pediatrician.
- Your child's audiologist.
- **EarlySteps** | ldh.la.gov/EarlySteps
Connect with providers that will help your child learn new language and communication skills.
- **Parent Pupil Education Program (PPEP)** | lalsd.org/outreach
Get unbiased information about communication opportunities, and how to interact with your child.
- **Louisiana Hands and Voices Guide by Your Side** | LAHandsandVoices.org/guide-by-your-side
Receive family-to-family support from a trained parent guide that will listen and share their story with you. Deaf or Hard of Hearing adults and role models are also available to connect with.



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