ASL and Spoken English
A Bilingual Program

Using American Sign Language can facilitate the development of skills in spoken English for deaf and hard of hearing children.

"Isn't he still talking?" This was the first question posed by my student's former speech-language therapist. "He" was Jeremy, (name has been changed for privacy) a 10-year-old boy with a progressive hearing loss. Jeremy had previously been enrolled in public school where he developed good articulation skills, however his English language development was delayed. After enrolling at Delaware School for the Deaf, Jeremy quickly learned sign. His spoken English skills continued to improve as well. His former speech therapist was simply expressing a common misconception—that children exposed to American Sign Language will not develop or continue to use their spoken English.

In my experience, the opposite is true. The current trend to educate deaf children bilingually—with the use of American Sign Language—has opened new possibilities for developing spoken English. By appreciating the cultural identity of deaf children and using their natural linguistic strengths, a speech-language therapist can foster a communicative process that leads to the development of spoken and written English. In fact, the experience of many speech-language therapists in such environments has been that when deaf children develop a solid language base in American Sign Language, teaching spoken communication is easier.

Speech or Signs
Competing Views

Traditionally, if parents wanted their child to develop speech, they were told not to use sign language. After several years of training and exposure to spoken English, children who did not succeed in understanding and communicating through speech were introduced to sign language as a "back-up method of instruction." Linguistic research with its emphasis on the importance of early exposure to language has revealed the potentially devastating nature of this system. The deaf child who struggles to acquire English auditorially may spend his or her first critical years inadequately exposed to language. As a result, some children—whether or not they develop speech skills—attain only a surface level of language, what Cummins (1980) refers to as "basic interpersonal communicative skills (BICS)." These children are in danger of never acquiring a deeper level of competency, "cognitive/academic language proficiency (CALP)," the level of language that supports critical thinking skills and is necessary for them to achieve success in school and in later life (Barnum, 1984).
Above Speech lessons focus on spoken English rather than simultaneous communication. Right Keeping the languages separate enables deaf children to function like other bilingual children.

With deaf children, the auditory mode provides only partial access to language while the visual mode provides full access. Almost all children--given access--can acquire a full language on schedule through the visual mode. This early competence supports the acquisition of other modes of communication, including spoken. However despite the increased use of sign language in the education of deaf children (American Annals of the Deaf, 1997), there is still a widespread and inaccurate belief that children who sign will not learn to speak, especially if the signs are presented through American Sign Language and not one of the invented English-based sign systems. As more schools begin to incorporate American Sign Language into the classroom, it is apparent that the teaching of spoken English can and should be incorporated as well. Spoken English can become part of the each child's overall communication system.

Factors Influencing Spoken Language

There are many complex and interrelated factors that influence how and how well a deaf child will develop spoken language. These factors include:

- Amount of residual hearing
- Benefit received from amplification
- Consistency of hearing aid use
- Family support
- Attitude of child and family
- Language competency
- Intelligence

Perhaps the most important factors are those related to the child's innate biological potential. A child who has no access to an auditory model of English and is unable to use auditory feedback has little potential to develop spoken English skills. Another important factor is the child's own interest which, of course, is also affected by the child's access to the language. In some ways, learning to speak for deaf children can be compared to learning a sport or a musical skill. Parents may want their child to develop skills in these areas but if the child has no interest, the likelihood of developing significant interest and skills is minimal.
Family support is vital, too, not only for speech and language development but for the child's emotional and mental development. A family that accepts the deaf child and respects the child's needs will help that child reach his or her maximum potential (Henderson & Henderson, 1991). When a child is allowed to learn a language that comes easily on a timely schedule and the family understands a deaf child's visual needs, self-esteem and concentration can be greatly improved. Increased self-esteem may also contribute to the child's motivation in learning to talk.

Intelligence alone is not a good indicator of a child's ability to develop spoken English skills, however a bright child may be able to make more sense of the distorted signal that he or she receives. Young children are naturally inquisitive, and those whose language and cognitive development are supported early tend to view speech as just another interesting thing to learn; their understanding of the goal increases as they see the potential applications in their later lives. It is often difficult to determine at an early age how much potential each child has to develop spoken language skills. Some children whose hearing loss does not bar auditory access to English will develop their skills in ways similar to their hearing peers. Other students have the potential to be taught these skills. All children have the goal and potential of achieving communicative competence.

### Following the Lead
#### One Child at a Time

There are no concrete and objective tests that determine how skilled a child will become in spoken language. Although a child's hearing can be measured and documented on an audiogram, it is important to note that an audiogram often does not reflect a child's functional abilities (Cramer and Erber, 1974). The audiogram is limited to measuring how well a child hears pure tones and yields no information about how well a child comprehends spoken language within a communicative context. I have seen children with moderate losses have less success in speaking than children with severe losses. Different children respond differently to amplification. A hearing loss does not just weaken the auditory signal, it distorts it as well (Plump, 1978). A student once told me--with more than a hint of sarcasm--that he liked his new FM system because it made the buzzing much louder.

Therefore when determining children's potential, it is important to follow the child's lead--to let the child help us determine his or her natural ability and orientation (Mahshie, 1995, 1997). If children are exposed to American Sign Language and spoken English at an early age, they have the opportunity to develop both languages to their utmost individual potential. Exposed to language that is visual and auditory, signed and spoken, the deaf child receives the benefit of a complete visual language and the advantage of early auditory input.

### Teaching In Class
#### One Language at a Time

It is important to remember that American Sign Language and English, as two distinct languages, be presented separately. This makes it possible to expose all children to both languages at an early age and enables those who can develop spoken language skills to begin to do so. Keeping the languages separate also helps the teacher or therapist determine exactly how much information the child is receiving through auditory means. Children with a solid language base can be taught aspects of spoken English more easily than children without a language base. This may be partly why deaf children of deaf parents often demonstrate a significant linguistic advantage in spoken English over deaf children of hearing parents (Geers & Schick, 1988). In our preschool, students are exposed to ASL in the classroom and spoken English during individual and small group speech and language sessions; the spoken English is presented in comprehensible contexts, surrounded by activity so that the children understand what is happening at all times.

From my experience, students who are able to produce spoken English without signing are better
communicators than students who attempt to speak and sign at the same time. Keeping the languages separate enables deaf children to function like other bilingual children; they make appropriate decisions regarding the mode of communication in a given situation. Also, speech sessions that focus on spoken English rather than simultaneous communication allow the child to practice speech in a more realistic communication environment, with the goal of communicating with typical mainstream Americans—who do not know sign. The teacher can more accurately judge the child's speech production without signed cues, and the child begins to see when his or her speech is being understood and when it is not. This enables the child to realistically assess his or her own abilities and contribute to competence by helping students know when they need to develop alternative strategies. Thus exposing children to both American Sign Language and English on a separate and equal basis insures application of sound pedagogical and linguistic principles—and I have seen its success with my own students.

Gravey delivered a paper on this topic at the Conference of American Instructors of the Deaf, Hartford, Connecticut, 1997. Those seeking more information may be interested in her working paper, currently under development at the Pre-College National Mission Programs, in Washington, DC.

References