

# Listening and Spoken Language Knowledge Center

For children and adults with hearing loss, their families and the professionals who support them

*Alexander Graham Bell*  
ALEXANDER GRAHAM BELL ASSOCIATION  
FOR THE DEAF AND HARD OF HEARING

## Response to Pediatrics

The Alexander Graham Bell Association for the Deaf and Hard of Hearing has submitted an eLetter response to the June 2015 article in *Pediatrics*, the official journal of the American Academy of Pediatrics, “Should All Deaf Children Learn Sign Language?,” and has respectfully urged physicians to consider the evidence in support of listening and spoken language for deaf children.



The article questions whether parents of a deaf child should communicate with their child via American Sign Language (ASL) or listening and spoken language (LSL), and suggests that use of ASL outweighs an approach that focuses solely on LSL. AG Bell disagrees with the conclusion of the article and is disappointed with the unbalanced and inaccurate responses among the panelists who participated in the article.

### **AG Bell Response**

#### Ethics Rounds Needs to Consider Evidence for Listening and Spoken Language for Deaf Children

AG Bell fully supports families being made “aware of all communication options in an unbiased manner,” including ASL, LSL and Total Communication (TC) approaches. However, in counseling families, health care providers should consider the outcomes of these approaches.

A growing body of evidence supports the outcomes of the solely-LSL approach. According to a study by Thomas, Heavner and Zwolan, “Communication Mode and Speech and Language Outcomes of Young Cochlear Implant Recipients” (12th Symposium on Cochlear Implants in Children, Seattle, WA, 2009), children who follow an auditory-verbal (A-V) communication approach (solely utilizing LSL with no ASL) demonstrate better speech perception and spoken language skills than do children who follow a TC approach. The AG Bell response cites this study as well as longitudinal research at the Cleveland Clinic Hearing Implant Program which shows that children who follow an A-V approach demonstrated age-level or better LSL skills than do children with typical hearing. Lead

researcher Donald M. Goldberg and his colleagues studied 23 children who received A-V therapy and, based on standardized tests, these children demonstrated expressive and receptive language test scores with the majority at or above their peers with typical hearing.

“ASL is unnecessary in many, if not the majority of, cases of a child born today with hearing loss who has the benefit of early identification, early amplification and good intervention,” said Meredith Sugar, Esq., AG Bell President.

With respect to the article’s comment that ASL may be needed because a child cannot always wear CIs or hear well in noise, Sugar commented that this “simply is not the case for many children today.” Advances in CI technology make these devices wearable on land, air and water. Sugar says her son, Jonah, who has bilateral CIs, “hears underwater with ‘aqua ears’ over his CIs, answers [her] from five driveways down the sidewalk on his bike, does well in a classroom of 30 noisy third graders, hears his coach from the baseball outfield and from underneath a football helmet, and hears his cat purr and the rain falling.”



“Due to having two CIs, Jonah responds better in a noisy restaurant than do his hearing siblings,” Sugar said. “I know this isn’t the case for all kids, but it’s becoming more the *rule* than the *exception* people attempt to make it out to be.”

The AG Bell eLetter also highlights research from the longitudinal multicenter “Childhood Development after Cochlear Implantation” study which shows that cochlear implants received at an early age are effective in providing a deaf child the ability to hear and speak. The letter noted that children today have unprecedented opportunities to develop listening and spoken language, thanks to newborn screening, early identification and intervention, and tremendous technological advances, including advances in cochlear implant technology that were unavailable to recent generations. “The experiences of a 4 year old getting cochlear implants is vastly different than that of a 1 year old,” Sugar said. “In the past decade, children have received cochlear implants at much younger ages with such better technology. It seems there are some who, rather than embrace this change, instead cling to the non-success stories of yesteryear.”

The AG Bell response notes that while bilingualism may be helpful to hearing children, and occasionally to deaf children who are unable to fully achieve LSL, a young CI child (already playing “catch up” to hearing peers) requires constant and consistent auditory teaching. The notion that ‘bilingual is better’ has gained popularity in recent years. However, immersion in spoken language is critical to the LSL success of a CI child, as is teaching the child to communicate with spoken language. Sugar points out that a deaf child learning two spoken languages is not the same as a deaf child learning one spoken language and ASL, which involves no sound. It was critical to her son’s success that he was fully immersed in sound and trained in spoken language rather than signs.

Some panelists in the *Pediatrics* article suggested that teaching a deaf child both LSL and ASL leave the choice “to the child.” Sugar stated that “if the idea is to leave the child with a legitimately *good* choice – making available optimum listening and spoken language – we must understand that the research shows that the window for LSL is much shorter than ASL,”

“Parents seeking a LSL outcome are tasked with enveloping their child in a world of sound and talking to their child constantly,” Sugar said. “Once a strong LSL base is in place and auditory pathways are fully accessed and in use, along with good speech, ASL can be learned later if the child or family so desires.” Whereas deaf adults often argue that a deaf child should ‘learn ASL as part of their inherent deaf culture,’ Sugar points out that most parents today view their deaf child as part of their *hearing* culture – that of their family, friends and the world at large.



Sugar notes that her path paid off “in spades.” Today, Jonah is 9 years old. He attends mainstream elementary school and has required absolutely no special education services or accommodations since age 5. His excellent speech and language requires no therapy. He loves music and sings in tune. “With respect to Jonah’s successful listening and spoken language outcome, it’s tough to say that his success is some kind of anomaly when his dozen CI friends here in town, who are the same age and have received the same interventions, have achieved similar and most positive results,” Sugar said.

It is Sugar’s hope that the AG Bell eLetter will dispel the myths about deafness and listening and spoken language. “What it means to be deaf truly has changed.”

### **AG Bell Response**

[Ethics Rounds Needs to Consider Evidence for Listening and Spoken Language for Deaf Children](#)

3417 Volta Place, NW | Washington, DC 20007 | (202) 337-5220

[View the full site](#)