

Your Child Has A Cochlear Implant: Why Include Sign Language?

By Debra Nussbaum

Audiologist and Coordinator of the Cochlear Implant Education Center at the Laurent Clerc National Deaf Education Center at Gallaudet University



Over the past 10 years of my 30-year career in deaf education, I have focused on children with cochlear implants. I've worked directly with hundreds of children and their families, attended countless workshops and conferences, and networked with thousands of professionals on this topic. I have witnessed the potential of this technology to provide quality sound to children who are deaf. I also have observed that just getting a cochlear implant is no guarantee that a child will be able to learn to listen so well that he or she can use **only** listening to learn.

Each child with a cochlear implant is unique, and there does not appear to be a single approach that is the one right approach to develop language and communication for all children with cochlear implants. For this reason, the Cochlear Implant Education Center (CIEC) at the Laurent Clerc National Deaf Education Center at Gallaudet University is focusing on examining a variety of ideas and strategies for children with cochlear implants that value and develop spoken language while also valuing and developing sign language and Deaf identity.

Maybe you've heard the frequently expressed opinion associated with cochlear implants within some parts of the medical and deaf education community that "the use of sign language will limit the outcomes for spoken language development through the cochlear implant." We continue to find that families are counseled to either never sign with their child (even prior to a young child's getting a cochlear implant) or to stop signing with their child (even older children who have used sign for quite a while) once they get

their cochlear implant. When this notion is conveyed to families of children getting cochlear implants, it is difficult for families to provide evidence and support for why sign language should be included. As there is not yet enough research, why should the use of sign language be considered for a child with a cochlear implant? Here are a few things to think about:

- For young children, cochlear implant surgery does not typically occur until approximately 12 months of age. By the time the speech processor of the implant is turned on and the child has even a brief opportunity to access quality sound, at least 14-15 months of prime language learning time has passed. Recognizing the crucial importance of establishing language foundations early in a child's life, it makes sense that sign should at least be considered as a foundation of early language for a child until the auditory sense has time to develop and the child has opportunities to listen.
- For older children (beyond the early language acquisition years) who are established, successful sign language users and who then get a cochlear implant, the transition to becoming an auditory-only learner may not be realistic. The cochlear implant may offer the child awareness and enjoyment of sound and the ability to develop some important skills in communicating via spoken language and developing literacy. However, spoken language may not become the child's primary way to communicate.

The Clerc Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.

- Some children, even with a cochlear implant, may struggle to develop listening and speaking skills. They are wired to learn more visually. It is often not clear what a child's learning style will be with a cochlear implant and whether sign language could and should be an integral part of the language and communication practices. If a child with a cochlear implant does acquire a greater competence and a preference for using sign and does not develop equal competence in spoken English, it is important that the child's proficiency in sign be valued and the child not seen as a failure with their cochlear implant.
- A cochlear implant is a physical device. It can break; the batteries can die; it can get lost; children may refuse to wear it; the internal device can fail; and nobody wears it 24 hours a day (contact sports, bathing, etc...). A child's competence in sign language offers language and communication abilities that are beneficial when the cochlear implant may not be available.
- Bilingual development and use of both American Sign Language and spoken English as separate languages should be strongly considered as a "first choice" option for children with cochlear implants. If both ASL and spoken English are developed and used before and after a child receives a cochlear implant, this approach can promote competence in two languages which can benefit the child in their learning, social interactions, and identity as a deaf individual.
- If an oral environment is being considered for a child with a cochlear implant who also uses sign language, it is beneficial to consider using guidelines to confirm whether the child is ready for such a transition. For an example of such guidelines, see: *Children with Cochlear Implants Who Sign: Guidelines for Transitioning to Oral Education or a Mainstream Setting* at: <http://www.childrenshospital.org/clinicalservices/Site2143/Documents/transition.pdf>. These guidelines also can be used to document the functioning of a child in an oral environment to determine whether he or she could be better served in an environment that includes signing.

At the Kendall Demonstration Elementary School at the Clerc Center, we have designed a bilingual ASL/spoken English model to meet the needs of children with cochlear implants and are evaluating its effectiveness. We are finding that with appropriate planning and supports in place, many children with cochlear implants **are** developing language foundations in both ASL and spoken English, and that sign is **not** limiting their spoken language development. In fact, we are finding that use of sign is

beneficial in helping children build their skills in spoken English.

Use of cochlear implants and a bilingual ASL/spoken English model is gaining momentum with both hearing families, deaf families and the greater Deaf community. We are observing a recent trend with deaf families beginning to consider cochlear implants for their young deaf children. In addition we are seeing emerging discussion within the Deaf community regarding the benefits of using both ASL and cochlear implants. For more information about issues surrounding ASL and Cochlear Implants, refer to the ASL-Cochlear Implant Community website at: <http://ascli.blogspot.com/>

Making choices about the best way to approach language and communication development for a child with a cochlear implant is not always clear. While the goal of obtaining a cochlear implant is to increase a child's potential to access sound for the purpose of developing spoken language, it is important to keep this goal in perspective with all of a child's needs and look at how sign language can be included. Yes, spoken language must be addressed and valued in the child's environment, but sign language also can play an important role.

For further discussion about using both sign language and spoken language as an option for children with cochlear implants, see the following resources:

Nussbaum, D. *Cochlear Implants: Navigating a Forest of Information: One Tree at a Time*
<http://clerccenter.gallaudet.edu/KidsWorldDeafNet/e-docs/CI/index.html>

Children with Cochlear Implants Who Sign: Guidelines for Transitioning to Oral Education or a Mainstream Setting
<http://www.childrenshospital.org/clinicalservices/Site2143/Documents/transition.pdf>

Sign of the (Changing) Times. Loud and Clear, A Cochlear Implant Rehabilitation Newsletter, Issue 2, 2006.
<http://www.bionicear.com/userfiles/File/Issue2-2006.pdf>

Chute, P., & Nevins, M. E. (2002). *The Parents' Guide to Cochlear Implants*. Washington, DC: <http://gupress.gallaudet.edu/excerpts/PGCIfive8.html>

This article originally appeared in The Endeavor, the magazine of the American Society for Deaf Children, Spring 2008.

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