

# Cued Speech and Cochlear Implantation

## A View From Two Decades

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**For nearly 20 years, I have been a communication specialist with deaf children who have cochlear implants (CIs). I began with students who used single channel devices in the early 1980s; since then I have worked with at least 35 deaf children who have used every kind of CI device. The vast majority of these deaf children use Cued Speech.**

For many reasons, Cued Speech and cochlear implants are perfect partners.

Cued Speech systematically represents all the phonemes in English (or in any spoken language). Combinations of eight handshapes in four positions around the face make the exact pronunciation of words clearly visible.

Although CIs have been an amazing breakthrough for the deaf, outcomes differ from child to child. I would not take the chance of denying a child a visual representation of spoken language until I was sure that they were learning everything through listening. Cued Speech helps clarify and verify what is heard; it actually accelerates the learning of language and listening.

Many deaf children who receive CIs perceive environmental sounds, but progress in the perception of speech is much slower. Deaf children who use Cued Speech perceive speech more quickly.

Until recently, most of my students were receiving CIs after age three — after they had acquired language. I observed that children who used Cued Speech had a “phonological grid” already internalized when they began to listen with their CIs. They were able to learn auditorily what they had internalized visually already. Progress in learning to listen came quickly because they already had this internal grid of phonemes. Cued Speech helps children interpret the sounds they are hearing via electrical stimulation as the same sounds they are seeing through Cued Speech.

For children three and under who learn Cued Speech at the same time as they get their implant, Cued Speech is also a huge benefit. Cued Speech develops an internal phonological model of speech and language that facilitates reading later. The child not only hears but sees syllables and stress patterns. A child can see morphological structures that are difficult to hear - plurals, possessives, and tenses for example.

After a certain amount of time - which varies for all kids, Cued Speech children learn vocabulary and academic information through listening alone. Many parents drop the use of Cued Speech at home (except at bath time or at the pool), but continue to have their child use it in school in the mainstream via a Cued Speech transliterator. This is because CIs have not conquered the obstacles of noise, distance, and the speed and amount of information delivered in an academic classroom.

At age 5 or 6, many of my former students have been found to have additional problems, such as apraxia, auditory processing disorders, oral motor problems, and learning disabilities. Cued Speech has helped all my students with these problems. If I had waited for them to fail in a system that did not permit a visual representation of speech, they would have been far behind their hearing peers. Cued Speech has enabled them to progress at a normal rate.

Most of my CI/Cued Speech kids have advanced language, vocabulary and listening abilities. Examples include:

- a second grader who received the highest score in her grade on a standardized state test in a high-performing elementary school last spring.
- a student who graduated from college last year and is in a joint PhD program at MIT and Harvard.
- an eleventh grader fully mainstreamed in a large public high school and president of his junior class.

- a first grader who is the best reader in her class.

These examples are outstanding, but unusual for deaf children (or any child for that matter). Their success can be attributed to their innate talent and possibly more importantly to the use of Cued Speech with their cochlear implant.

Cued Speech is indeed a powerful partner for any child who has a cochlear implant.'

*Our thanks to the National Cued Speech Association (USA) for permission to reproduce this article which was first published in their newsletter, 'On Cue'.*