

Cued Speech Association UK Newsletter



Complete spoken language
through vision

Summer 2006
Issue 29

Record numbers learn to cue - twelve courses in ten weeks

A record number of twelve courses have run in the ten-week period between the beginning of June and the first week of August. These have been organised with customary efficiency by our Course Co-ordinator, Kim Fricker, who is retaining her sense of humour despite being currently very over-worked.

There are more courses in the pipe-line but at present dates and venues are not confirmed. Please look at the list of venues on the back page and get in touch if any of them might be suitable for you. We will then send you details as they become available.

The courses included our sixth Summer School

at the Royal West of England School for the Deaf in Exeter which was attended by 33 students and 16 staff and others. Several students had joined us from other countries including from Finland, Switzerland, France and Spain. There were 15 people in the Foundation class, 5 in the Improvers, 5 in the Advanced, 4 in the French Cuers and 4 in the Children's classes plus up to 13 children in the crèche. The evening social programme included a welcome buffet on the first

evening, a boat trip along the canal to a pub by the water with a large children's playground, rounders in the school field and an evening meal at a hotel during which everyone was entertained by an inspired performance of cued songs by the Advanced cueing group which is now a must at all future Summer Schools!



From left to right: Ignacio Moreno-Torres, Maria José Ruiz (Professor Santiago Torres' wife, a speech and language therapist and Cued Speech specialist) and Professor Santiago Torres.

Professor Santiago Torres and Ignacio Moreno-Torres from Spain gave a presentation at the Summer School about the outstanding results of the **Complemented Oral Model (Modelo Oral Complementada, MOC) programme** which uses Cued Speech both at home and at school. The programme is the result of collaboration between the University of Malaga and the region's Education Department.

The presentation included a brief history of the introduction of LPC (La Palabra Complementada, the Spanish version of Cued Speech), in Spain. They described the problems encountered 20 years ago, the progress made and the current situation. They also outlined their current research, a longitudinal study of a deaf child exposed to LPC. A paper describing the first results of this research has been accepted for publication in the Journal of Deaf Education and Deaf Studies.

Auditory Neuropathy/Dys-synchrony (AN/AD)

There is growing interest in AN/AD and increasingly specialists are recommending Cued Speech. We are very grateful to Charles Berlin Ph.D, Professor of Hearing Science and Clinical Professor of Otolaryngology Head and Neck Surgery, LSU Health Services Center, USA, both for his permission to quote him in the following article and for checking the remaining text for accuracy.

Introduction

Auditory Neuropathy or Auditory Neuropathy/Dys-synchrony (AN/AD) was first recognised in the 1980's and is a comparatively new diagnosis - and a potentially confusing one. Information about AN/AD is continually being up-dated and the CSAUK will be producing a new information sheet in the autumn. It is now estimated that 10% of the deaf population may have AN/AD. It is

widely recommended that Cued Speech is used with AN/AD babies and children for a number of reasons; one of which is that about 7% of the children with this problem ultimately need NO intervention. Therefore, one does not want to do harm with hearing aids or implants, but can ensure language development regardless of the outcome by using Cued Speech.

Continued overleaf.

Cued Speech Association UK
Making available information about and training in Cued Speech



Cued Speech and Auditory Neuropathy/Dys-synchrony

With babies and children the diagnosis is made when two different hearing tests (Otoacoustic Emissions and Brainstem response Tests) appear to contradict each other.* The child's ears appear to be 'hearing' by the emissions test but brainstem tests to ascertain whether there is enough neural synchrony to allow speech to be 'heard' within the brain, is grossly abnormal.

To further complicate the matter, children diagnosed with AN/AD may function as totally deaf or (in about 7% of cases) may experience no problem and acquire language naturally and normally. Other children fit in to this continuum anywhere between the two extremes. For some children their hearing may fluctuate from day to day or even hour to hour based on fluctuations in body temperature or background noise. A minority outgrow the disorder. Children tested in clinical conditions in a sound-proof booth may appear to have virtually normal hearing but when noise is added hearing for speech is described as 'universally very poor'.

What is AN/AD?

It was originally thought that the auditory nerve was always to blame so the condition was described as Auditory Neuropathy. It now appears that additionally the sound being received by the child's brain can be muddled or 'dys-synchronised' because of the absence or breakdown of a specialized cell in the inner ear, the Inner Hair Cell. It sounds as if the child is listening through a very poorly tuned radio. Sound may be distorted and sometimes sound like little more than static or white noise. This is one of the reasons why some professionals prefer to label the condition Auditory Neuropathy/Dys-synchrony, because often the nerve is perfectly intact.

Testing

*Typically children, and now with early diagnosis, babies, are tested with the following:

1 Otoacoustic Emissions (OAEs) tests whether the outer hair cells of the ears function normally. The OAE test uses small earphones to present clicks or a series of paired tones to the ear. A microphone then measures an echo response from the inner ear and this estimates how the outer hair cells respond to sound.

2 Auditory Brainstem Response (ABR) uses electrodes placed on the head. Like the OAE test, sounds are presented to the ear through small earphones, but in this

Recommendations for management of AN/AD

One of the leading authorities on AN/AD is Charles Berlin Ph.D, Professor of Hearing Science and Clinical Professor of Otolaryngology Head and Neck Surgery, LSU Health Services Centre and retired Director of the Kresge Hearing Research Laboratory, New Orleans. He has managed over 300 cases of the disorder.

His data have shown that Auditory Verbal Therapy (AVT) prior to a cochlear implant has been the LEAST successful way to manage AN/AD, while AVT AFTER the implant is an excellent choice. He writes: *'Since we saw our first patient 20 years ago (and did not know what we were seeing) and because we have tried hearing aids on many of them (all unsuccessfully as a tool for learning language) we no longer recommend aids or try to correct the audiogram'.*

Professor Berlin makes the following recommendations for the early months: *'If a child is newborn and has a history of prematurity or hyperbilirubinemia (neonatal jaundice) we recommend watchful waiting and regular assessment of normal auditory orienting, babbling and language comprehension. During this watchful waiting period we urge parents to learn to use Cued Speech (CS) as a way to supplement lip reading and teaching the phonology of the home language'*

He writes that it is very important to distinguish between speech and language: *'The family must understand and appreciate the many differences between speech and language. Our primary job is to teach children LANGUAGE by stimulating their brains with meaningful words, sounds, symbols and associations. Normal hearing children learn language as a result of auditory stimulation, by eavesdropping, imitating, playing verbal games, singing songs, etc. Children with hearing disorders cannot learn language as easily by eavesdropping like their normal-hearing peers. They*

test the electrodes pick up responses which indicate how the hearing nerve and parts of the brain are responding to sound.

With auditory neuropathy ABR responses are absent or abnormal but the OAEs are (or once were) normal. Early diagnosis is important because over time, or after hearing aid use, the OAEs often disappear and the patients become indistinguishable from those patients with less complicated forms of deafness.

There are other indicators (for example Middle Ear Muscle reflexes which are absent or seriously elevated) which are outside the scope of this article.

Cued Speech

Giving access to spoken language for deaf babies, children and adults



Cued Speech and Auditory Neuropathy/Dys-synchrony

have to learn by eavesdropping VISUALLY. Thus, language can be learned and appreciated WITHOUT hearing speech clearly and without expecting speech to be produced. That is to say, abstract concepts and their representation can be signed, or Cued (eg put the book ON...under...along side of...the table; play nicely; show me a picture of; where is...; what day is today?; etc.) but until the child has grasped the nature of these abstractions, speech will not necessarily follow. Signs generally carry NO representation of the sounds of the language. Thus the signs for BABY and the sign for BOY have no /b/ sound coded in them. Those words, when properly Cued, will always have a representation of a /b/ sound in them. Using Cued Speech, families can also raise multilingual children who might understand Spanish, English and Dutch for example. I know of families where the children use three modes of communication, spoken English, ASL, and Cued English. The main point here is that if parents want speaking children, they first have to teach language comprehension and that is most easily accomplished by eavesdropping and imitating.'

'For all AN/AD children, whether they outgrow the disorder or not, lip-reading and facial cue reading will nurture language growth, while hearing aids and COVERING the mouth has not in the past been very successful. Hence the unique value of Cued Speech as a tool to allow the child to eavesdrop on the spoken language of the home regardless of whether invasive interventions are used. Its major advantages are that the family does NOT have to learn a new sign for each concept or word, and the grammar, syntax and vocabulary match whatever the family uses for speech. Thus CS is ideally suited for bi-lingual families because Cued Speech can be used as a tool to teach virtually ANY language. Cued Speech complements baby signs, signing and speaking and cochlear implants ideally, and we have seen the fastest language growth and quickest transition to spoken language and literacy from children who have been implanted by one year of age and/or were exposed to CS and then had implants after age 2. CS remains a lifelong tool, useful when implants fail or when the implants are off during bathing, swimming, or for adults where ambiguity of spoken messages cannot be resolved by hearing alone, etc.'

Given the fluid nature of AN/AD and the possibility of spontaneous recovery **early and almost immediate** cochlear implantation is only strongly recommended in the few cases where the cause of the AN/AD is clearly hereditary and when the history of other family members would indicate that this is the best route. It is however always the parents' choice and implantation

can be very successful especially when preceded by and later supported by CS. Cued Speech is always a useful tool for teaching language and syntax and disambiguating the new sounds that the child will hear through the implant.

Dr Berlin's recommendations & conclusions:

'...Because the outcome with AN/AD children is not nearly as predictable as with simple outer hair cell hearing loss, we urge families with children who have this diagnosis to first learn and institute Cued Speech around the child so that language comprehension can be assured. Baby signs do NOT conflict with Cues and should be used to communicate along with speech.....'

'1. If the child acts deaf and remains delayed in spoken language, Cued Speech and signs will help assure language acquisition. At that point the family has many options, including, at one extreme, adopting Deaf Culture and Signs for their family, or at the other end of the continuum opting for a cochlear implant and spoken language. Either way the use of Cues will have facilitated language acquisition and done no harm.

'2. If the child shows few if any signs of auditory problems, the Cued Speech will help in noisy situations but can be phased out if and when it is no longer needed.

'3. If and when the child is implanted, Cued Speech will help disambiguate the new sounds and phonemes the child will learn with the implant, and can be retained as a tool for difficult listening situations or when the implant is off.

'4. American Sign language is NOT spoken English on the hands but has a spatial and visual syntax and grammar of its own. If the family opts to do nothing invasive other than use visual language, combining ASL with Cues will allow the child to join Deaf culture, while still having an additional language acquisition tool that supports literacy and English (or any other desired language) word order and usage. Thus the child can have the joys and benefits of belonging to the Deaf world, but have a tool that will make it unnecessary to learn English as a second language.'

Further information?

Auditoryneuropathy@yahoo.com
<http://auditoryneuropathy.tripod.com/ANindex.html>

The CSAUK will be producing an information sheet in the autumn which will expand on the information in this article.

Cued Speech

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Forthcoming courses 2006

Courses are being arranged in the following areas:

The courses listed below are Foundation level unless indicated otherwise

Blackpool Canterbury (Advanced) Eastbourne (Improvers) Exeter Ipswich Leigh-on-Sea (Improvers) London	Manchester Middlesbrough Oldham (Improvers) Salcombe Scotland Stockton-on-Tees
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Further courses may be arranged in other locations

Do you want to learn to cue?

Non-residential courses are continually being arranged nationally to meet demand, sometimes at short notice.

Additional courses can be arranged in any area if there are 6 or more people wishing to learn. If you are interested in a course in any of the above locations or in us arranging a course in another area - GET IN TOUCH.

Every effort will be made to run all courses as advertised, but please note the Association cannot guarantee that no changes will be made.

For all course information and bookings please contact Kim, details opposite.

Presentations & Exhibitions included:

Attended:

City Lit Deaf Day, London, 22 April
Deaf Awareness All Party Conference, London, 3 May
Sound-Site Exhibition, Glasgow, 3 - 5 May
Salcombe School Staff Presentation, Devon, 18 May
NDCS Annual Conference, Birmingham, 16 June
The Ear Foundation, Nottingham, 26 June
RNID Staff Training, London, 27 June
NDCS Family Fun Day, Birmingham, 1 July

Forthcoming:

Plymouth Guild Hearing and Sight Centre, Devon, 5 October
BAToD Scotland, Edinburgh, 4 November
Heads of Services, Nottingham, 15 - 17 November.

Cued Speech - complete spoken language through vision

Cued Speech is a simple sound-based system which uses eight handshapes in four positions near the mouth, together with the lip patterns of normal speech so as to make all the sounds of spoken language fully comprehensible to deaf babies, children and adults.

Cued Speech Association UK

is a charity which was established in 1980 to provide information about and training in Cued Speech. This is achieved by:

- providing tuition
- creating and making available teaching materials
- maintaining standards by examining
- collecting & disseminating information about international research and good practice
- creating and disseminating information
- working with other organisations and statutory bodies.

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This Newsletter is produced quarterly. We welcome comments, articles and news of your events. Please send copy to arrive by the beginning of the month of publication. Copy for the next edition should arrive by 15th September.

Cued Speech was devised by the late Professor R Orin Cornett in 1966 and has been adapted into over 65 different languages and dialects.

