

Cued Speech for hearing children with speech & language problems



Complete spoken language
through vision

Information Sheet 7

Cued Speech was initially devised by Dr R Orin Cornett in 1966 to allow deaf children to acquire an understanding of full spoken language visually in order to improve the very poor literacy levels of deaf students.

Dr. Cornett based Cued Speech on a very simple hypothesis; if the visible manifestations of all the sounds of the spoken language were clearly different from each other, the pre-lingually deaf child would acquire an understanding of spoken language in much the same way as a hearing child, but through vision rather than hearing.

The goal of Cued Speech was not initially to assist deaf children in their production of speech, but to 'cue' them into the speech of others and thus allow them to access full spoken language.

However, Cued Speech has now been in use for over 30 years and it has been found to be of enormous help with the speech of deaf children and also with the speech and language of some hearing children who have problems in this area.

In a letter dated November 8th,

1888, Alexander Graham Bell wrote "...the necessary preliminary to good speech is that the pupil should have a definite model which he attempts to copy. With this model in the mind the defects of his speech will be due not to defective aim but to defective execution". Cued Speech, used to clarify every-day speech, will give a deaf child exactly that model of spoken language to copy.

Children who hear, but who have difficulty making sense of speech sounds, can be helped in exactly the same way by seeing visual representations of the sounds of speech. Cued Speech is useful for clearly identifying specific speech sounds which need work. In addition, because of its lack of ambiguity, it is a good motivational tool.

On the following pages we have a report from Ann Clarke, a Speech and Language Therapist with 13 years experience of using Cued Speech with hearing children in Northern Ireland and an article written by Pam Beck. Pam is an American teacher of the deaf with a special interest in the additional applications of Cued Speech.

Cued Speech is a simple sound-based system comprising eight handshapes used 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

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Call an experienced user now to discuss the benefits of Cued Speech

Cued Speech with Speech and Language Disorders

by Ann Clarke

'Cued Speech has been used successfully by Speech and Language Therapists in our school to treat a variety of speech and language disorders. Those that have been taught Cued Speech often have had no hearing problems although some may have had a history of intermittent hearing difficulties.

Children with speech and language problems can find speech sounds very confusing and a fear of failure can lead to a lack of motivation and willingness to approach sound work. The 8 handshapes and different vowel positions that make up Cued Speech give the children a concrete means of learning about sounds and helps them to make sense of what is otherwise a jumble of noise. The consonants on each handshape have been selected carefully to avoid confusion with sounds that look and sound similar, likewise the vowels.

Cued Speech has proved highly adaptable. It can be used:

- ⇒ intensively or selectively
- ⇒ as a teaching tool, self monitoring aid or as a means to correct errors
- ⇒ individually or in a group
- ⇒ part of a team approach. The team may include speech and language therapists, teachers and parents
- ⇒ to reinforce a multisensory approach.

Children who have had difficulty processing sounds, particularly vowels, are made aware of all the sounds in their language. Cued Speech improves children's attention and concentration as it focuses their attention on both listening to the sound and forming the handshapes and vowel positions, consequently they have fewer opportunities to day-dream and become distracted. It gives the children confidence in using their auditory channel and once therapy aims have been achieved its use can be withdrawn.

Cued Speech has been used by Speech and Language Therapists with children in the following ways:

1. Improve discrimination.

This includes both vowels and consonants at individual sound level, syllable and word levels. It

is useful in contrasting minimal pairs, rhyming words and voiced/voiceless pairs of sounds.

2. Identifying omitted sounds.

These sounds may have been omitted, (for example, finally), or dropped from consonant clusters.

3. Sequencing sounds and syllables.

Cued Speech provides a clear visual representation of the order in which sounds are said in words. It is also another method of teaching syllable division in multisyllabic words.

4. To teach the following processes:

- ⇒ sound segmentation in words
- ⇒ sound blending in words
- ⇒ sound analysis in words
- ⇒ rhyming.

5. Reinforcement and Stabilisation of a sound.

Cued Speech provides a child with feedback which enables the child to generalise sounds that have been taught.

6. Teaching self monitoring skills.

Children become aware of their own errors and can self-correct.

7. Clarifying pronunciation of new vocabulary.

When children have difficulty processing sounds they can confuse similar sounding words. Cued Speech is useful as it identifies the pattern of sounds in the new word, then both words can be compared and analysed.

Cued Speech is generally quick and easy to learn. However, in the following cases the use of Cued Speech may be limited:

1. Children with poor motor co-ordination have difficulty forming the handshapes especially if they have to sequence several sounds.
2. Dyspraxic children have difficulty articulating words correctly and consistently and are often unaware that they have made an error. A dyspraxic child may repeat a sound or a word incorrectly and then cue the distorted word. In these circumstances the use of Cued Speech may be limited to the therapist.

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3. The children with poor memories have difficulty learning the handshapes and vowel positions which in turn slows down their speech production and limits the extent to which Cued Speech can be used with them.
4. Children who have difficulty processing sounds and establishing the rules of sounds and grammar can't cope easily with phonically irregular words. Cued Speech is therefore used only with phonically regular words.
5. Problems may arise when words have to be divided into syllables. Children with speech and language disorders have difficulty making inferences and their attention has to be drawn to word meanings. Hence when grammatical endings are taught, Cued Speech can cause confusion as it does not focus on the 'root' word, for example - jum+ping (Cued Speech) versus jump+ing (semantically meaningful).
6. When a child with speech and language problems requires an augmentative signing system they can become confused if they have to learn both it and Cued Speech at the same time. It has been found that it is easier to teach the sign language first in order to improve their expressive language and then focus on teaching Cued Speech.
7. When the children with speech and language problems have global learning difficulties or severe comprehension problems they are unable to grasp the concepts involved in Cued Speech. In addition at Thornfield House

School we do not use Cued Speech with the children until they have acquired basic concepts such as 'first' and 'last'.

8. Some children with speech and language problems are not motivated, for a variety of reasons, to learn Cued Speech.

In Thornfield House School Cued Speech is rarely used beyond single word level with children with specific language impairments. Once the children have grasped the rules behind sounds and can start to generalise them using strategies that they have been taught the children tend to reduce automatically the amount of Cued Speech they use.

Additionally, our use of Cued Speech with children who have specific language impairment is usually confined to speech and language therapy sessions, set activities in the classroom or homework.

Cued Speech has the potential to be used with other types of speech and language disorders such as those involving problems relating to prosody, for example, difficulties with stress, fluency and rate of speech. Its use need not be confined to children.'

Written for the Cued Speech Association UK by Ann Clarke, Senior Speech & Language Therapist at Thornfield House School in Newtownabbey. She has 13 years of experience using Cued Speech.

'Sound Approach' by Pamela Beck

'Speech-language pathologists, audiologists and special educators have expanded the use of Cued Speech beyond deafness.'

These professionals have found Cued Speech applicable to clients who can benefit from receiving auditory information visually. Among them are children with auditory processing disorders, alone or combined with autism and other pervasive developmental disorders (PDD). Cued Speech is part of the individualised package of special services.

The sound-based, visual communication system uses eight handshapes in four locations (cues) in

combination with the natural mouth movements of speech to make all the phonemes of spoken language look different. Using one hand while speaking, handshapes identify consonant sounds. Locations near the mouth identify vowel sounds. A handshape and location together cue a syllable.

Families and educators use Cued Speech to overcome a common component of the syndromes that fall under PDD - the inability or difficulty in processing auditory information. Poor comprehension, deficient articulation, phonologic errors and, somewhat paradoxically, hypersensitivity to auditory stimuli are present in these syndromes. *(continued overleaf)*

'Sound Approach' by Pamela Beck

There are several reasons why Cued Speech is effective with children who have PDD and tend to process visually better than auditorally. Cued Speech presents phonemes visually and helps individuals focus and begin to relate to people's faces.

In addition, Cued Speech is a multisensory integrated approach. Voice and visual cues are synchronised and complementary. The person receiving Cued Speech sees and hears the message as a unit. When those individuals use Cued Speech themselves, the hand cues provide a motoric reminder of the sounds and sound patterns to be expressed.

The following examples hopefully will encourage other practitioners to share their experiences introducing and using Cued Speech as well as the results they achieve. Written accounts of the use of Cued Speech with children who have PDD are scarce; oral accounts are more abundant.

For children who are hypersensitive to sound, their teachers can use Cued Speech without voice. What is the benefit of Cued Speech use in this situation? It presents phonemes visually, so the child is getting the same phonemic message as if he or she were listening to it. Thus, the phonological base is being developed to prepare the child for reading and making use of spoken sound.

Ann Bleuer, a founder of Alternatives in Education for the Hearing-Impaired (AEHI) / A.G. Bell Montessori School in Mt. Prospect, IL, has been successful with a variety of children. She uses Cued Speech as part of an eclectic blend of strategies compiled to meet the needs of the individual child.

Following are summaries of stories she has shared. With each of these children (all sustained brain damage, but not all are labeled PDD), Bleuer has used Cued Speech to advantage.

One child could not communicate after surviving encephalitis. The staff [at AEHI] began using survival signs along with Cued Speech with him at age 3. By the time he was 7 years old, he was communicating by talking, and he was reading on grade level. He chose

not to use signs.

Due to an auto accident, one student experienced severe head trauma. Her brain does not process sound. The use of sign language frustrated her, but Cued Speech made sense to her. She returned to high school, where Cued Speech helps her maintain her spoken language and speech clarity.

Cued Speech seems appropriately applicable as a strategy in the treatment and education of children with Landau-Kleffner Syndrome, or acquired aphasia. After developing typically and learning language, these children begin to be affected by hyper-electrical activity in the brain, which renders the temporal lobe unable to process sound and causes them to stop speaking.

Frequent recommendations for treating and remediating auditory processing disabilities for children with PDD are to use drugs: intensive training, matching sound to written phonemes; and computer or spoken manipulation of phoneme duration. The second and third approaches are related to the use of Cued Speech.

Benefits of the intensive training approach can be accelerated by taking advantage of the following attributes of Cued Speech:

- consistent visual delineation of the sounds, based on phonemes rather than the vagaries of spelling;
- focus on the face and the production of speech sounds;
- sensory-integrated reception and expression of the target sounds; and
- unified syllabic patterning of sound groups.

Aspects of the third approach, manipulation of the phoneme duration, are common in the use of Cued Speech, which is instantly flexible to meet the moment's need of the individual.

Cuers frequently lengthen and shorten phonemes to enhance the understanding of the receiver.'

Pamela Beck MED, is a teacher of the deaf with a special interest in additional applications of Cued Speech. She is Manager of Information Services and the Bookstore of the National Cued Speech Association in America. Excerpts taken from an article in ADVANCE for Speech-Language Pathologists & Audiologists, July 6, 1998.

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