**A scholarly, practical, and accessible book on Cued Speech:**

# Cued Speech and Cued Language for Deaf and Hard of Hearing Children

Edited by: Carol J. LaSasso, Kelly Lamar Crain, Jacqueline Leybaert

**The editors:**

**Carol J. LaSasso, Ph.D.**
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Dr. LaSasso is a Professor of Hearing, Speech, and Language Sciences at Gallaudet University. She is an affiliated researcher with the Center for the Study of Learning at Georgetown University, which is conducting neuroimaging studies of language and cognition with hearing and deaf individuals from oral, signing, and cueing backgrounds. In addition, Dr. LaSasso is affiliated with the Science of Learning Center on Visual Language and Visual Literacy (VL2) at Gallaudet University. She has served as President of the Special Interest Group in Reading and Deafness for the International Reading Association and has published extensively in the areas of phonological abilities, vocabulary, reading comprehension, and test-taking abilities of deaf children and youth. For 10 years, Dr. LaSasso directed diagnostic reading clinics for more than 400 deaf and hard of hearing children and their parents from ASL, manually coded English, oral-aural, and Cued Speech backgrounds in Washington D.C., W. Hartford, CT, and Wilson NC. Dr. LaSasso currently teaches Ph.D. seminars and directs federal personnel preparation grants from the U.S. Department of Education. *Chapters 1, 9, and 11-14.*

**Kelly Lamar Crain, Ph.D.**
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Dr. Crain holds a bachelor's degree in Speech-Language Pathology and Audiology from the University of Southern Mississippi, and master's and doctoral degrees in Deaf Education from Gallaudet University. His interest in Cued Speech began during his graduate education at Gallaudet. While working as a research associate at Gallaudet, Dr. Crain collaborated with the Center for the Study of Learning at Georgetown University, where he contributed to neuroimaging studies of language and cognition with hearing and deaf individuals from oral, signing, and cueing backgrounds. Dr. Crain's current research interests include the development of cued language by deaf infants, the role of visually acquired phonology in the decoding and reading comprehension abilities of deaf children, and the evolving role of Cued Speech and cued language in the lives of deaf adults. *Chapters 2, 8, 9, 12-14, and 17*

**Jacqueline Leybaert, Ph.D.**
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Dr. Leybaert teaches courses on language acquisition, cognitive development, sensory deficits and neural plasticity, and dyscalculia. Her doctoral dissertation related to the use of phonological codes by deaf children in reading, spelling and short-term serial memory. Since then, her research interests have focused on the effect of Cued Speech on "the three Rs." More recently, she directed research about audiovisual integration and speech perception in noise in children with a cochlear implant and children with specific language impairment. She also is interested in numerical cognition in children with deafness and children with specific language impairment (SLI). She has co-edited two books in French about linguistic and cognitive development in deaf children and has written numerous articles and book chapters about these topics. *Chapters 6, 11, and 24*

**FORWARD to Cued Speech and Cued Language for Deaf and Hard of Hearing Children**
**Carol J. LaSasso, Kelly Lamar Crain and Jacqueline Leybaert**

**By Ruth Campbell, Ph.D.**
*Professor Emeritus, Department of Cognitive, Perceptual and Brain Sciences*
*Division of Psychology and Language Sciences*
*University College London*
*October 30, 2009*.

'Why is this book about Cued Speech needed now, more than 40 years after R. Orin Cornett invented it and first suggested its use in educating deaf children?

'The incidence of children born with hearing impairment is still relatively high, representing between one and six in 1,000 live births, of whom about 10% have a profound hearing loss. The large majority of these children are born to hearing parents whose own language and communication skills are based on their previous and current experience with heard speech. We now know that early experiences of children with their caregivers are vital to the development of language and communication, and that if this is not optimal, children will not be able to make effective use of their skills, and risk isolation. Hearing parents of a deaf child are unlikely to share an effective environment for developing these skills. This is the challenge faced by the parents and support community of a deaf child. How can the deaf child, born into a home that uses spoken language, develop so that she or he reaches their full potential in a world that depends more and more on communicating effectively through language - whether speaking, signing, reading, or writing? Some believe that the advances in cochlear implant technology have solved, or "cured," deafness, or are on the verge of doing so. Indeed, these technologies continue to improve, and cochlear implantation is now occurring as early as during the first year of life - but this would be to over-estimate the "cure." Cochlear implants are devices that enhance the perception of sound: they suit many, but not all patients; they do not yet mirror the perceptual experience of hearing individuals. Further, implants can fail, and years of intensive aural habilitation therapy are necessary to maximize the benefit of the device. Cochlear implants promise to be an ever improving part of a solution, but may never constitute the (or a) solution, in and of themselves.

'In most developed countries, the parents of a child born deaf today face a bewildering array of choices and strategies in relation to communication and language access. Should they try amplification devices and teach the child to listen and speak? Should they opt for a cochlear implant and "make do" with gestural communication and speechreading until the surgery (or surgeries) can be performed and appropriate interventions can be initiated? Should they: take a crash course in a signed language, such as American Sign Language (ASL); learn signs borrowed from signed languages and apply those signs to their own spoken language; or call on the services of a skilled signer to help develop early communication with their child - and support the child's own developing communication skills? Should parents attempt some combination of these options? Which should they try first, and when should they "give up and move on" to another? As the reader will learn from this volume, Cued Speech offers a further possibility: show the child the traditional spoken language of the home in its entirety, and allow the child to integrate whatever hearing (augmented or not) is available. Unlike speechreading, which cannot offer the full range of spoken language contrasts available by ear (for example, "ma," "pa," and "ba" all look the same on the lips of the speaker), Cornett's system allows the speaker to make absolutely clear which utterance was meant by including a disambiguating hand gesture synchronized with the mouth patterns to indicate the speech segment intended. That is, using the two visible articulating systems of mouth and hand together, a clear, complete, "purely visual" version of the spoken language can be delivered in the absence of either speech or hearing. This is very different from a signed language, where although mouth movements often accompany manual gestures, the relative roles of mouth and hand do not perform this function.

‘Although Cornett’s attempts persuaded some parents, educators, and administrators, the use of Cued Speech has been sporadic in deaf education, and it is only within the last twenty or so years that research has been conducted in Europe and the United States on its efficacy and utility in relation to the child’s developing cognitive skills. In this edited volume, the reader will discover from multiple perspectives (linguistics, cognition, neuropsychology, speech science, hearing science, transliteration, computer science, education) how effective Cued Speech can be in developing traditionally spoken language skills and in making speech and spoken language available to the deaf child.

‘Because Cued Speech makes speech segments (phonemes) visible and discrete, it can be of special use in the earliest stages of reading (e.g. decoding) which require the child to develop automated abilities in isolating and identifying speech segments and mapping them to letter forms. This is where the deaf child who does not have access to the full phonological structure of the spoken language faces a significant and fundamental hurdle. Does the privileged access to the segmental structure of speech afforded by Cued Speech help the deaf child to clear this obstacle to fluent reading and spelling? This was Cornett’s goal, and that goal has been supported empirically by the work that Alegria and Leybaert, with collegues led by Périer, started in Belgium 20 years ago. That body of work, with French speakers, has shown conclusively that children exposed consistently to Cued Speech gained and maintained a headstart over deaf children of similar intelligence and skill who did not have Cued Speech. Those who started using Cued Speech before school were even more likely to forge ahead, often with literacy levels and styles indistinguishable from hearing children. In this volume, this original research project is discussed and findings are brought up to date, in addition to recent findings related to the early language and literacy development of deaf children in English-and Spanish-language environments.

‘It is becoming increasingly clear that all children (not just those with hearing loss) are sensitive to the sight as well as the sound of speech in the first year of life, and that these experiences lay the foundation for developing native language skills. It is in these early months that the deaf child is likely to tune in to each and every available means of communicating and tracking the intentions of his or her caregivers, including the structure of the child’s speech and the spoken language it represents. Cueing is a skill that parents can learn quickly and can use with relative ease as they speak. Perhaps when they do so with their very young deaf child, we should consider cueing to be a special kind of infant-directed speech? The importance of Cued Speech is that it opens up the world of spoken language to the deaf child in a clear and simple way, from the outset. This has, as Cornett envisioned, the potential to allow a form of the traditionally spoken language to develop naturally in a deaf child, via a communication modality that the child and the child’s caregiver can use easily, fluently, and collaboratively. This edited volume, with its 24 chapters written by 42 scholars in the United States and Europe, is a fitting memorial to Cornett’s vision, in showing just how effective Cued Speech can be in making spoken languages visible and fully accessible for a deaf child in preparation for formal reading instruction and academic achievement.’

*Dr. Campbell is an experimental psychologist and neuropsychologist with interests in deafness and cognition and the neural bases of cognitive processes in relation to developmental plasticity. One of her long-time research interests relates to how speechreading (lipreading) works in hearing and deaf people. She has held faculty posts at the University of Oxford and the University of London, and cofounded the Deafness, Cognition, and Language Centre at University College London in 2005.*

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