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Table of Contents

If you're viewing this document online, you can click any of the topics below to link directly to that section.

Educating Children Who Are Deaf or Hard of Hearing: Auditory-Oral. ERIC Digest #E551	1
REFERENCES	4



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Author: Stone, Patrick

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What is meant by the "auditory-oral" approach?

The auditory-oral approach is based on the fundamental premise that acquiring competence in spoken language, both receptively and expressively, is a realistic goal for children who are deaf or hard of hearing. Further, this ability is best developed in an

environment in which spoken communication is used exclusively. This environment includes both the home and the classroom (Adams, Fortier, Schiel, Smith, & Soland, 1990; Stone, 1988). Elements of the auditory-oral approach that are critical to its success include:

1. Parent involvement. Parental involvement and education are the bases for success in an auditory-oral approach. Acquiring effective speech and language requires that parents play an active role in their child's education. Early intervention efforts focus on educating parents to become effective communication partners. Classroom efforts involve supporting classroom activities and goals while advocating for their child.

2. Appropriate amplification. The auditory-oral approach places a premium on consistent use of appropriate amplification. Each child's needs are evaluated individually and monitored carefully over time with modifications being made as necessary. Hearing aids are the first choice; however, for children whose severity of loss limits the success of a hearing aid, cochlear implants are a viable option. Given the power and flexibility of current hearing aids and the availability of cochlear implants, it is realistic to expect almost every child with a hearing loss to hear speech at conversational levels.

Teaching children to use whatever hearing they have to further the acquisition of spoken language is basic to the auditory-oral approach. Although begun before school, oral intervention continues in the classroom. The four levels of listening skill development are detection, discrimination, identification, and comprehension. Because the purpose of developing listening skills is to further spoken language competence, speech is the primary stimulus used in listening activities (Ling & Ling, 1980).

3. Consistent quality speech training. Developing speech production skills (duration, loudness, pitch, and articulation) requires skilled teachers who work individually with children wearing appropriate amplification. Instruction is carried on at two complementary levels: the phonetic (developing proficiency with isolated syllables) and the phonologic (developing proficiency with words, phrases, and sentences). Skills are developed at the phonetic level and practiced immediately at the phonologic level. This is crucial as meaningful communication is the goal and serves to stimulate further development. Children are typically working at two or three stages at each level at any given time.

4. Developmentally appropriate language instruction. Language is best learned in child-centered, naturalistic situations as opposed to didactic, teacher-directed activities, where students develop useful communication rather than memorize lists of vocabulary and rules of grammar.



5. Range of placement option. Effective implementation of the auditory-oral approach requires that a continuum of placement options be available. Individual sessions for infants and their caregivers, and self-contained or mainstreamed placements in preschool and elementary school are necessary options. The particular placement for an individual child will depend on his or her social, communication, and learning skills. (See ERIC Digest E557 for a discussion of inclusion.)

Who can choose an auditory-oral option?

Given current amplification technology (i.e., powerful and flexible hearing aids, FM systems, cochlear implants), it is reasonable and realistic to expect most children with hearing loss to hear at conversational levels. This makes an auditory-oral education a possibility for the large majority of such children, given appropriate support. However, the crucial role parents play in such an education makes it imperative that they make a conscious and informed decision about the communication approach that best fits their situation.

What are the benefits of an auditory-oral approach?

The primary benefit is being able to communicate directly with a wide variety of individuals. This ability brings with it options in terms of education, vocation, and social life. Geers and Moog (1989) reported that 88% of the 100 16- and 17-year-olds they studied had proficiency with spoken language and had high levels of speech intelligibility. The average reading ability of these students was at 13- to 14-year-old levels, which is approximately double the national average for all children who are deaf.

What are the limitations of the auditory-oral approach?

As with every approach to educating children who are deaf or hard of hearing, not all children will be successful. Unanswered questions remain about auditory functioning (even some hearing children cannot use their hearing well), language processing (some children may also have additional language disorders), and learning styles (some learning styles inhibit the attention and vigilance needed to develop orally). As research provides more information, the small number of children who cannot benefit from auditory-oral education will diminish. Fortunately, the availability of effective amplification removes severity of hearing loss as a limitation of auditory-oral education.

What are some questions to ask before choosing this option?

The primary question to ask is whether the philosophy and goals of auditory-oral education match the family's philosophy, goals, and ability to participate in their child's education. If the answer is "yes," more specific questions need to be asked of schools and/or programs under consideration:

Does the school/program

- offer comprehensive parent education and support?

- have a certified audiologist available?

- have in place a consistent philosophy and practices

designed to foster the development of each child's listening skills?

- utilize a recognized speech curriculum that provides for

acquisition of speech skills in a developmental

progression?

- employ a language curriculum that is consistently used

and includes appropriate child-centered activities?

- have available a full range of adequately staffed

placement options?

Do the children appear happy and outgoing? Are they using speech and language that is understandable?

Are the parents of children in the school or program knowledgeable about its philosophy and curricula?

Do parents feel adequately informed about their child's strengths, weaknesses, and progress?

What percentage of graduates have intelligible speech?

What percentage of graduates have continued their education beyond high school?

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Alexander Graham Bell Association for the Deaf, 3417 Volta Place, NW, Washington, DC 20007, (202) 337-5220.

The Alexander Graham Bell Association for the Deaf is an international organization of parents, oral hearing-impaired adults, and professionals dedicated to ensuring that every child with a hearing loss grows up given the opportunity to learn spoken language.

Dr. Stone is Director of the Tucker-Maxon School for the Deaf in Portland, Oregon and a past president of the AG Bell Association for the Deaf and the Council on Education of the Deaf.

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