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Speech-Language Pathologists and Equitable Language for Deaf Children

By Kimberly Ofori-Sanzo

Jerry is a deaf student in the third grade at his local public school. He has two cochlear implants, but he does not read on grade level, and he still struggles with spoken English. He began to learn American Sign Language (ASL) last year when weekly services from a signing teacher of the deaf were added to his educational plan. Now, his language skills in ASL are growing and his speech-language pathologist (SLP) is unsure what she should do. She is noticing more difficulty communicating with Jerry in their sessions and realizing that by ignoring his preferred and more accessible language, ASL, she is not providing equitable intervention services to Jerry. What should she do?*

This SLP's dilemma is not uncommon. Deaf and hard of hearing children deserve equitable access to evidence-based interventions from well-trained staff (Hoskin, Herman, & Woll, 2023), and this of course includes the SLP. Trained to work with children who have language disorders and delays, SLPs follow a code of ethics to ensure culturally responsive care. In fact, embedded in our ethical principles is a requirement that we engage only in areas that are within our scope of practice and competence (American Speech-Language-Hearing Association [ASHA], 2016). When we do not speak the language of our client and cannot find a provider who does, (ASHA, n.d.a.) recommends we use an interpreter.

SLPs who work with deaf students find themselves in a unique situation as deaf

Photos courtesy of Kimberly Ofori-Sanzo

Left: Students practice communication skills on a class field trip to the local bagel shop.

children often use a different language than their SLP. Providing language therapy requires high levels of fluency in the language of the client (Hoskin et al., 2023). This language proficiency is necessary to implement interventions that meet the client's needs (ASHA, n.d.b.). However, few SLPs are native** signers, most SLPs are not fluent in ASL, and many SLPs prioritize the use of oral language over the use of signed language with deaf children (Sanzo, 2022). Additionally, to obtain an ASHA certificate of clinical competence, an individual must have sufficient speech and hearing skills. Thus, it is not possible for a deaf person to become an SLP. Indeed, Cripps et al. (2016) found that SLP graduate students felt unprepared to provide language therapy to deaf students in ASL due to a lack of training in their graduate programs. This insufficient training among SLPs highlights the importance of addressing the gap in education if they are to work with deaf children (Cripps, 2019).

In addition, there is an added complexity. Many deaf children do not acquire an oral language fluently from birth and begin to learn a signed language at an older age, usually in elementary school (Henner et al., 2016). Thus, the child acquires ASL as a delayed first language rather than as a second language (Boudreault & Mayberry, 2007). While other bilingual populations may demonstrate language difficulties due to developmental language disorder or other diagnoses that impact language acquisition, deaf children may be unique in that they demonstrate language dysfluency in both signed and oral language as a result of not being exposed to any fully accessible language from birth (Hall, 2017).

Early language deprivation, a surprisingly common condition, presents a unique challenge for SLPs as it is not addressed in most SLP programs. Therefore, SLPs are not familiar with it. They do not realize that deaf children with language deprivation require explicit language instruction and intervention in both ASL and English, and that only practitioners who are fluent in ASL can break down the language for them piece by piece (Spitz & Kegl, 2019).

Additionally, without specific training and fluency in ASL, SLPs may often miss a critical cultural component in their interventions. Some professionals are not able to acknowledge the history of oppression of deaf people and embrace their cultural identity, and these individuals run the risk of reinforcing that oppression and potentially exacerbating their clients' language difficulties (Anderson & Wolf Craig, 2019).

Steps Toward Equity
What SLPs Can Do

SLPs can work to ensure their language intervention with deaf children is effective and equitable. They should:

- **Use the deaf child's preferred and fully accessible language.** This means adapting interventions created in English to include visuals and the use of ASL (Anderson & Wolf Craig, 2019).
- **Seek input from and collaborate with deaf colleagues.** Perhaps this is the most important step as it allows SLPs to address and even overcome any deficiencies in their understanding of ASL, Deaf culture, and what it means to be a deaf individual in a hearing culture. Deaf colleagues can aid in providing language therapy to deaf children, which is often complicated not only by bilingualism but by the need to differentiate language deprivation from language disorder (Hoskin, 2017).

While ASHA maintains high standards for SLPs, especially those who work with individuals using a language other than English, and despite the best of intentions of most SLPs, structural situations mean that we must work extra hard to create the best environments for our deaf and hard of hearing

Far left and right: SLPs can adapt interventions created in English to include the use of ASL and visuals in order to make interactions with their deaf students more effective and equitable.

students. Until it is possible for deaf professionals to become SLPs, or to have an analogous career, SLPs can work on improving their ASL, increasing their knowledge of the Deaf community and of what it means to be a member of a marginalized group in society, and expanding their cultural competence by learning from culturally Deaf instructors.

The SLP working with Jerry should request an ASL-to-English interpreter in her sessions, seek support from the signing teacher of the deaf, and work to improve her own knowledge of ASL and Deaf culture. This will allow her the ability to best serve her deaf student.

**Jerry is a pseudonym.*
***Native signers are individuals who use ASL as their first language from birth.*

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