

LSL and ASL Methodology at USDB

History of Oralism (LSL) vs. Manual (ASL/English, bilingual-bimodal, etc.)

- This debate predates the founding of the USA
- Deaf people were historically abused and have successfully advocated for their rights
- AG Bell vs. Edward Miner Gallaudet
- Technology advances add new dimensions to the communications debate
- USDB faces this controversy from time to time - part of the reason the supt. Position was redefined in 2012

Overview of USDB and Deaf education in Utah (pendulum swing), including since our admin team started

- Utah School for the Deaf est. 1884 - 12 years before Utah was granted statehood
- Utah Schools for the Deaf and the Blind est. 1896
- Manual (ASL/English) at first, evolved to be mostly Oral since.
- Under Board direction, USDB now seeks a more flexible, personalized approach.

Two Approaches

- LSL - [Hearing First](#), AG Bell Foundation
- The primary goal of the Listening and Spoken Language (LSL) approach is to teach children to rely on their residual hearing as they learn to speak. LSL proponents capitalize on hearing technology, such as hearing aids and cochlear implants, to help children access sounds and spoken language.
- You may also hear other phrases or terms, like auditory oral-education, auditory-verbal therapy (AVT) or education (AVed), and oral-deaf education. They are all committed to teaching children who are deaf or hard of hearing to listen and talk.

- ASL/English (Bilingual/Bicultural) - [National Association of the Deaf](#)
- The primary goal of an ASL and English Bilingual Education is for students to become “dynamic bilinguals.” “Dynamic bilingualism” (Garcia, 2009: 55) refers to one’s ability to have access to and use ASL and English for different purposes and to adjust to multilingual, multimodal communication interactions in all settings (e.g. school, home, restaurants, playgrounds, sports, etc.)

Facts

- Some DHH children can learn to use residual hearing and develop spoken language.
- Some DHH are unable to use hearing and/or develop spoken language, even with the best therapy and technology. (highest risk of language deprivation)
- 52% of DHH children across the US (USDB 70%) use an LSL only approach. (AG Bell)
- 79% of implanted DHH children are successful with their device (Geers)

Official Positions on Language Acquisition

- Both groups agree in the following areas:
 - language acquisition must occur during the critical language years (optimally 0-3)

- we should capitalize on hearing technology to enhance language learning. (CI, hearing aids, assistive technology devices, etc.)
- the development of spoken language/speech is important.
- LSL proponents advocate no exposure to sign language during the critical language years because it will (may?) inhibit the development of spoken language and the child can always learn sign language later if an LSL approach fails.
- ASL/English proponents advocate for the use of American Sign Language and for the development of speech, but not at the detriment of language development.
- The crux of the debate:
 - LSL proponents believe spoken language acquisition matters most
 - ASL/English proponents believe any language acquisition matters most

Our Dilemma

- How do we identify and appropriately serve students at risk of language and cognitive delays. (est. 20%).
- How do we not gamble with potentially lifelong cognitive and social/emotional delays?

Research Findings about Language Learning and Brain Development

- Sign language harms speech (Geers)
- The brain does not discriminate between visual and spoken languages
- Sign language actually enhances spoken language
- Sign language creates phonemic awareness for deaf children
- Sign language enhances executive function for any child
- Sign language enhances cognition even in autistic children
- Bilingual education for any student enhances cognition

Our Experience and Evidence Based Practices

- Most children with hearing loss can succeed with LSL only (70%)
- Some cannot succeed and experience irreparable damage without ASL
- Tremendous benefits from early exposure to ASL with no risk.
- Significant harm from no exposure to ASL with students who needed it.
- Our duty as educators and linguistic experts is to provide accurate information and to advise parents in an unbiased way.
- Some outside professionals have caused confusion for parents when speaking outside of their areas of expertise.

Current USD Policy and Structure

- Deaf PIP Program
 - PIP advisors go into homes, ages 0-3
 - All are LSL trained and proficient, only 4 of 15 are ASL proficient

- PIP policy is to be unbiased, data-driven decision making, educate and offer full disclosure of options for parents, and to observe and follow the lead of the child
- [PIP Policy](#) & [PIP Operating Procedures](#) both reiterate this philosophy.
- [School-age](#) Programs
 - USDB campus classes
 - Mainstream district and charter school classes
 - Regular ed with no USDB services

Current practices at USDB

- PIP and Parent choice (Stephanie and Amanda Hammond)
 - USDB professionals make recommendations based on research, data, and experience
 - USDB recommends exposure to all options for children in early intervention and keeping an open mind
- School age - 3 modality approaches (Nate/Aimee/Jennifer):
 - LSL only
 - ASL/English Bimodal
 - Hybrid - personalized to the child (tool belt)
 - Full range of informed parent choice for their child
 - 70% choose LSL only USDB services throughout the state
 - SLC preschool - where the complaints are
 - 45 students enrolled in LSL only classrooms (71%)
 - 7 enrolled in ASL/English classrooms (11%)
 - 11 (17%) enrolled in “hybrid” classroom (Governor Baxter school in Maine)

Program Changes in the past 6 years

- Removed exclusive program restrictions
 - Allows children full access to either or both LSL and ASL/English programs
 - Provides true parent choice and personalized educational programming
 - Reduces risk of language failure and lifetime cognitive delays
- Directions to Educators
 - Speak freely and advise parents about your area of expertise
 - Do not advise parents about areas outside your expertise
 - Refrain from disparaging the other program.
 - Interact in a respectful and professional manner with your professional colleagues.