

Why Children Fail with Oral Education

The following are my observations over the past six years of why children fail when using the oral education method. To begin with, let's not talk about failure but let's first define success. Success in my mind is when a deaf / HOH child reaches their absolute highest medical potential, achieves every goal written on their IFSP / IEP documents, and has the ability to communicate in an efficient manner with their hearing peers. Many people who read what I have written on this website may come to the conclusion that I feel every child will have "Perfect Speech and Language," that every child is the same and that you just snap your fingers and follow a pre-written guidebook and everything will be just fine. This could not be further from the truth. I am a realist and I know that the oral process is not easy, but for the sake of our children who desire spoken language, it is absolutely necessary.

What work lies ahead for the parent who wants to help their child achieve such heights? Within the writings of this website and the book titled *A Father's Love*, several distinct tasks become very clear: get educated on the oral process, question professional opinions, seek the right answers, know exactly where your child is in this process and what the next step is, build a priceless reference library of essential books, be motivated, and most importantly put everything you have into this process for the next three to five years, until your child is reaching the milestones you only dreamt about.

My objective is to help every deaf / HOH child who desires oral speech to go through life with clear articulate language and to be able to follow any conversation with no visual cues. It hurts me deeply that many, many children are left with a life of speech deficiencies, audition deficiencies, and substandard language as a direct result of what their parents and the professionals working with them did not do. These people think they may be on the right track for oral success, but since they do not have all the knowledge they need, time slips away and the very short window of opportunity closes. From that point forward the child is behind, and may remain behind for many years to come. I feel for any child who must go through their school years and life with social issues and self confidence issues due to their lack of good quality speech and language.

With this said I am concentrating on young children under 24 months of age whose parents have chosen the oral speech method. Also, my focus is on the population of children who have the ability to listen very well with devices such as cochlear implants. The biggest impact possible is with this group of children who are just starting out. If someone were to say, "How do I take a deaf child who is young and help them achieve excellent speech and language with outstanding audition?" I would tell that person that I have documented the entire process in the attached book on this website with real world accounts, experience, and programs. There are no opinions in what I have written, just a step-by-step procedure of how to help every deaf child reach their highest medical potential.

So one more time, the key here is to do the right things, don't make mistakes, get educated and put your entire life into this process for the next three to five years. With this said let us take a closer look at why children fail when using the oral methodology. First and foremost we all know that some children have medical issues which will put them at a disadvantage compared to other children who do not face these challenges. I am now going to lay out the key reasons in my opinion why children fail. This will cover the medical / professional side and the parental side. This is not politically correct. It is not meant to gloss over problems. Here, and in all my writings, the purpose is to sock the reader between the eyes and have them look up and really think about the issue being presented. I will cover the parental mistakes first and then go into the medical / professional mistakes.

If you have not figured this out yet, I am a parent of a profoundly deaf girl. She was diagnosed at ten months of age and implanted at fourteen months of age. She went through four years of auditory oral

training and had a very dedicated family behind her. Today she has perfect speech, language, and excellent audition with no visual cues. Going through this process I had no idea of what the end result could be or even what a clear road map was. All I knew was that my daughter's future was too important to even make one mistake which could jeopardize her success at oral speech. To this day I feel we made no mistakes and gave this little girl everything needed to succeed.

With many parents I have come in contact with over the past six years here is what I found to be very problematic:

Late implantation – Some parents may receive a diagnosis at a very early age such as birth or infancy, yet for whatever reason the child receives a cochlear implant at two or three years of age. To me it is very black and white. By looking at an audiogram of a child who has hearing aids and then comparing that same child with a CI (cochlear implant), in many instances the hearing thresholds can increase by 20 – 45 dB with a CI. Being within the speech banana is crucially important and I do not understand why a person would not give their child the benefit of hearing all speech sounds at the earliest possible age.

Lack of adequate services – In my opinion many parents do not fully understand what adequate services are. Many professionals sometimes in governmental positions will provide a program which they feel is adequate but in my mind is not adequate. This is the sole reason why Chapter 6 was written in the attached book *A Father's Love*. This chapter lays out a very adequate service program for many children obtaining oral speech for the next four years. Of course every child is different and one program cannot fit everyone, but if you look at this chapter along with Chapter 2, you will see that everything except the kitchen sink was thrown into this process. It is important for a parent to have a good understanding of the oral process so they will know if the services are adequate or not.

Lack of motivation – The following could be the harshest writings I have ever written on this entire website, harsh but absolutely the truth. When I wrote the attached book and opened up the website www.deafchildrenspeak.com I was under the impression that since I have put EVERYTHING into this process and since I have a child that has “Perfect speech, audition, and language” that parents and professionals would flock to me for answers. I have gone as far as listing my phone number and email address on every document I email, telling numerous parents that “I will work with you and answer any questions you have over the next few years.” In essence I will be your mentor. Not one person has ever taken me up on this offer. Very, very few people even call, if any. I hate to say this but I have spoken to parents who will not hit “reply” and send one email or make one phone call to better their child's future. In one circumstance I set up a FREE second opinion with one of the best surgeons in the country. This was to determine if the child could receive a CI or not, which the mother wanted. For whatever reason, the family was not interested to move forward. In addition to this, I also explained to a young family specifically “if your child is going to learn spoken language he needs to be in an oral program and not a general curriculum setting.” Keep in mind this child was 36 months old without any language at all. The family wasn't even interested enough to email the information I needed to help them.

I am not trying to toot my own horn but to this day six years later, I have yet to find one parent who has the knowledge, motivation, and common courtesy which I displayed over the four year habilitation process that my daughter went through. In one circumstance I was willing to drive 50 miles and pay for lunch to meet a young father to discuss his child's medical and language future. My schedule was wide open and this father just “could not find the time.”

These things absolutely amaze me. The medical outcomes of these children are directly related to what the parent does and does not do. My goal is to help the children have a better life whether their parents are motivated to do so or not. Why would a father or mother have such an attitude? I may never know and many professionals I speak to relay the same horror stories.

Lack of making sacrifices – In my mind, when a parent such as myself is told “your daughter is profoundly deaf” the natural reaction is to do whatever is necessary to help that child reach their full potential. In this day and age we as Americans do not suffer and really do not know what sacrifices are. To me if it is going to better my daughter, I would move to a different city to put her in an appropriate program, change jobs for flextime, and forgo all vacations and luxuries to better my child. In addition I would use my vacation time to volunteer so my child’s school could raise funds. There would be nothing more important than providing everything needed so my child could get from point “A” (deafness) to point “B” (excellent audition, articulation, speech, and language.) Chapter 2 of my book lays out the sacrifices needed to help a deaf child speak very well.

Listening to one opinion – I have heard it too many times. Parents who are told one thing from one professional, and they go down that path and years later realize a very big mistake was made. The answer to this is to speak to many professionals, get different opinions, educate yourself on the particular subject, and then make the decision that in your mind is correct. If you as the parent are educated on the process, ask enough questions and weigh the pros and cons. The correct answers will hit you like a brick.

Not knowing the IDEA / IFSP/ IEP process – How can a parent ask for what they want in an IFSP meeting and provide the services their child needs if they do not understand the process? The answer to this is to pick up a good book such as the Nolo Press series, speak to numerous people, educate yourself, and realize that this subject in itself will pay for ALL of your child’s education if you handle it correctly.

Not being educated on the process – As I stated previously, many parents are not in sync with the habilitation process. Questions such as “What are your child’s hearing thresholds?” “Can Johnny pick out an animal auditory-only in a closed set?” “Where is he in regards to receptive and expressive language?” These questions are asked and blank stares are given back. Even questions about the program itself such as “is it auditory-oral, AV, or is your son doing Total Communication?” Many parents do not know this terminology either. To combat this a “reference library” of essential books must be established and every book must be read cover to cover. I wrote Chapter 5 in the above-referenced book on this website to help with much of the terminology of speech, language, audition, and the habilitation process.

Not knowing where the child is on the speech, language and audition hierarchies – To be able to track a child on three hierarchies—speech, language and audition—then know the next step in natural language acquisition, is crucial in this process. How can a parent spend the needed time at home and be in complete sync with the speech therapist if such information is not known? Secondly, to be able to take your child’s implantation age and compare it to the “average” of over 140 children to see if the child’s progress is on track is priceless. Thirdly, how does a parent know the language goals to put on an IFSP / IEP document without knowing how language is acquired? All of this information can be found in one book for \$35 (AusPlan, Children’s Hospital Oakland Audiology dept. 510-428-3885). Many parents refuse to spend the \$35, even refuse to read the book. Even statements such as “A book won’t teach my child anything” have been made to me. To this day I have yet to find a parent who is completely conversant in how language is acquired, the various steps of oral habilitation and completely in sync with the speech therapist. I am sure these parents exist, I have just not found any yet.

Having a poor relationship with professionals – This is a team effort with many people working together for the best outcome. Having a great relationship, not a good relationship, is very important. How does one obtain a great relationship? By respecting peoples effort and opinions, never being rude, keeping the entire team informed with crucial information and documents. You should also let the professional team know that you are a fully dedicated parent willing to go to any extent to help your child. Even a small gift or a card on special holidays can go a long ways.

Not having a good family support network – For a single parent or a working family to dedicate the time and effort that this process takes is extremely hard. In our case we had a truly dedicated grandparent who cared for our daughter, took her to school as needed and was truly part of the habilitation process for the four years that it took. In addition to this, a flexible schedule for one parent is absolutely necessary.

Not providing the toys and programs needed for auditory learning – From the first day of diagnosis forward the thought process needs to be, how do I maximize my child's audition? The answers to this are to be around hearing children, providing toys and DVD's that challenge and teach the child, having the child in great auditory programs, and as a parent, explaining everything that they see and experience.

The following is a list of auditory programs and toys that truly worked miracles in our family. The resource information for the listed companies can be found in Chapter 9 of *A Father's Love*.

An auditory toy is one that a 12 – 24 month old child can hold, the toy asks a question and the child responds. LeapFrog and other manufacturers make such toys. For example the toy will ask "Where is red." This is completely auditory-only. The child needs to choose from six different colors and amazingly at about 18 – 24 months, being completely deaf they choose red out of a closed set of six colors! Our daughter played with these toys all the time, not only did she learn colors but then she learned the alphabet in the same fashion. Now, we are talking about a closed set of 26 characters. E.G: "Where is the letter F?" In addition to learning, the listening is very, very important. Go to the toy store with a new thought process for buying toys. Even a xylophone was an amazing tool in our family: we learned about soft sounds, loud sounds, high pitched sounds, low pitched sounds, etc.

Cartoons such as Dora and others will ask a question and need a response. Cartoons along with children's movies in general will force the child to "hear" what is going on. Of course this is on a limited basis, but all children love cartoons and toys.

Programs such as "Music Together" and various play groups are crucial for young children. The play groups will get our kids around hearing children, who become great language models. I cannot praise the "Music Together" programs enough. I took our daughter to this program of about eight parents with small children 12 – 36 months old. The classes were held in a nice room with carpet and there was a young gentleman who played the guitar with background music. He would play the guitar, get the kids involved, and we would sing children's songs. He even handed out small instruments for the children to play on, drums, tambourines, triangles, wood blocks, etc. We then moved, danced, and acted a little silly until the children started to smile and laugh.

In the beginning I thought "this will be nice, my daughter will learn to appreciate music and we can sing a lot of children's songs together." What happened was a complete shock and surprise. This company provides a CD, audio tape, and music book of every song that they are singing in that particular class. They have a series of about four to six classes per year with different songs and CDs. We then turned our 45 minute drive to her school into an auditory classroom, singing, talking, and being funny. What amazed me the most is that this child, completely deaf, could discriminate every song on the CD within about 3 – 5 seconds, once you hit the jackpot "Old MacDonald" she would say "Play that one Daddy." How can a deaf child discriminate a song from the very first few bars? This is what "Music Together" gave our family, the ability to truly listen auditory-only, sing and appreciate the various songs.

Not doing what is needed at home to help the young child – To cover this subject completely I would suggest reading Chapter 2 of my book. It lists extensively what parents need to do at home to help their child hear, and discriminate. Once a child hears very well the speech and articulation should follow, which in many cases will be excellent because the hearing is excellent. Narrating actions, pointing out environmental sounds, asking questions, naming objects, and being in complete synchronization with

where the child is on the audition and speech hierarchies are crucial. For example; things should be explained in full context but for a young child who is just understanding single words and word combinations, to explain something in three or four sentences in complex language does not work. There is a current level (where the child is today) and a stretch level (the next step in natural language acquisition). By knowing these two levels the parent can always explain things in the appropriate manner. E.G.: someone knocks on the door. This becomes, “What is that?” with arms open looking at the child for an answer. “I hear the door, let’s go see who is at the door,” etc. Short, very clear sentences to fit the child’s level, pull it up a notch, and go to the stretch level. It is very important to talk in full contextual language, but when a listening opportunity presents itself do not talk to a 12 – 18 month old and say such things like, “Oh that must be the door, I know that is Aunt Mary, she came all the way from her house just to see you, I hope she brought over the pie she said she was going to bring, I am going to see who it is.” The exciting realization of hearing the door knock, maximizing that listening opportunity, and naming that object multiple times is completely lost in the last sentence. Know where the child is and maximize audition and language every day. Maximize listening opportunities with descriptive language first, THEN explain in full contextual language.

This somewhat ends what I have found to be problematic on the parental front, I am sure I am missing something and not giving praise for other things. Since I am not dealing with parents in a clinical setting and don’t have a “large” caseload to make my references from, I can only list my own personal experience, making phone calls, talking via email, and as always from the beginning and even today I am making a very strong outward effort. Absolutely, there are Great parents with a capital “G.” I saw many of these parents at my daughter’s OPTION school. Parents that would give their entire life to help their young child, parents who knew what to do and parents who had great motivation and desire. One primary reason for coming out with our family’s experience and outcome is because I am hoping to give every parent who obtains that heart wrenching news that THEIR child is deaf or cannot hear properly the ability to see that there is light at the end of the tunnel. There is hope, and most of all these kids can live a very normal life with a strong effort from us.

It is said that 33% of all deaf children have other medical issues. In our case my daughter’s Cochlea does not wrap around the normal 2½ times, and she is diagnosed with Mondini Dysplasia. I do not know if this puts her in the 33% category or not. I certainly realize other children may have other severe problems such as learning disabilities, articulation issues, or processing issues. This certainly makes things harder, but to utilize what is written at this website will help that child reach their full potential, and as parents this is what we are after. If I had the resources to advertise, have an 800 # and sit back for every caring parent to call me, I am sure my experience would be much different than what has been presented in the preceding pages.

In the Mission Statement for Deaf Children Can Speak, on this website it states; “Vital information for parents who need to know.” There is vital information within these pages that will make a huge difference in any deaf or hard of hearing child’s life. It does take time, effort, knowledge, and dedication, but when you look back three to five years later and hear your deaf child communicating in an easy efficient manner with rich articulate language you will know your efforts have paid off.

Now we will get to the professional side of the equation. Every step forward that our daughter made was a direct result of many caring and dedicated professionals putting their heart and soul into teaching our little child to listen and speak. Personally, I feel that most professionals look at their work as a very isolated circumstance, helping one child at a time to listen and speak. My philosophy is: “don’t give a man a fish, but teach him how to fish.” What this means is that the written word, doing the right things and educating parents and professionals could have a huge exponential multiplying factor way beyond one professional working with one child. This is what I have hoped for and this would be great, but

unfortunately there is a roadblock for my information to get out there and that is with the many professionals who work with deaf families every day.

I have contacted hundreds of professional SLPs, teachers of the deaf, principals, and directors who work with deaf children and families. I would imagine that each person I contact must have a relationship with at least five to ten families so this puts the rough number at about 1,000 families who could benefit from this information. On top of that many families may call on the phone or may be in rural areas. This is why email is so beneficial, to zap the book, document, or website to those families. So this may then put the number at about 1,500 families who could benefit from this very important information. So with all this said, about five families have contacted me after being referred by a professional. This is a staggering number. Five out of 1,500 families, why is this?

Honestly I can not answer why only five out of 1,500 potential families had the motivation and desire to contact this author who in my opinion has written one of the most important books and created one of the most important websites in oral education for deaf children. After giving my book and dozens of business cards to a local option school, a parent called me and stated “I just read your book online, it was so motivating and informational, I have never read anything so inspiring.” I then asked which school the young child went to and I stated that about a month ago I gave my book and many business cards to the director she was dealing with. The parent’s response was: “The director never ever told me anything about you or your book, I just found it online by sheer accident.”

Here are the problems with the professional community as I see it. Again there are many, many great professionals who are trying really hard to make a difference but in order to obtain the “Absolute Best Medical Outcome” their needs to be some changes.

Many professionals will not pass on vital information - In my mind once a parent has chosen oral speech for their child then the professional needs to shift into second gear and provide very detailed and documented information on how to help that child listen and speak. This would include providing a three to five year clear road map of everything that needs to be in place to help that young child. I have repeated this message so many times in every document I have written. Teaching children to speak and listen holds many commonalities that EVERY parent and professional should follow. When a parent such as myself holds themselves out there and provides the offer to be an advocate / mentor for as long as needed to any parent new to the process, then professionals should find new parents in need and give them the phone number of the advocate. My goal is to work with parents and help them not make mistakes, and reach the “brass ring” of the “absolute best medical outcome” for their child.

When a person such as myself who has been through the process, has years of experience in the process and great success with their child, emails very precise and detailed information to that professional then I feel that professional should read the information, find the group of parents that it fits, and email it to them. This is just step one. Step two would be the hundreds and even thousands of families who live too far away from large metropolitan areas to receive adequate services, my information is VITAL. I have emailed numerous professionals my entire book in Word format and given these people the ability to edit to fit their philosophy, use portions of the book, email or mass produce as many copies as they would like. The only caveat is that they are always to provide the information FREE of charge and not profit from it. Wow, what an offer. Not one person has ever called from reading my book passed on by a professional, why is this?

Not providing a clear step by step road map of everything needed for success – My goal in the efforts that I put forward is to have clear documented medical guidelines that are proven and trackable which will help every deaf and hard of hearing child reach their full potential. It may seem simplistic that one can follow a “plan” which has worked for thousands of other families, but what do many

doctors do, they follow very specific medical guidelines to cure patients so why are our children any different?

The clear road map is written, it can be edited if needed and the next step would be to provide this to parents who choose oral education. In our case we had to find things out one piece at a time from numerous sources, weed out the conflicting information, figure out what was right, and then make a decision whose end result we couldn't be certain of. Not the best way to make medical decisions for your child. Would a cardiologist ever go through this process to cure his patients? I do not think so. So why does the oral community still leave so many unanswered questions and procedures on the table? Maybe the parent just does not listen, I do not know.

Having opinions instead of backing up with factual statements – Let's go back to medical doctors caring for patients. I honestly do not believe that medical doctors work off of opinions, these professionals work off of proven medical outcomes, research studies, and documented proven cases. Yes, two doctors certainly could disagree on how to tackle a particular issue, but my goal is to have enough information in the hands of the oral community that they can relay medically and factually what to do. To me, working intensively with my daughter for four years, educating myself about the process, and seeing many other cases, I have come to the following conclusions.

When a parent with a young toddler with cochlear implants or proper hearing aids who has no other medical conditions asks "what is the best way to teach my child to listen and speak?" PLEASE do not answer this question with "well that is a very personal decision that you as the parent need to make." I have come to the conclusion that this question should be answered with asking the parent if they want their child to rely on visual cues or would they rather they have the ability to listen very, very well with no visual cues. The parent will answer, then list the various visually oriented methods, explain how they work, and state that the child may need to rely on visual support forever if they go this route. Then explain the various auditory-only methods and state "there is no guarantee, but we have found that many children who go through this process with the right support and services do not need to rely on visual cues, can hear extremely well, never need an interpreter, and in a select group of individuals it is impossible to distinguish the deaf child from a normally developing child." No opinion, just fact based on medical research.

Not referring parents to other parents as a mentor – This is only based on my personal experience, but the question of why professionals do not refer parents to other parents as mentors is one that still stumps me. I have covered most of this in the preceding text. Why wouldn't a professional want a newly diagnosed parent who has chosen oral education to have a person who can walk the walk, answer many questions that parent may have and be an emotional support as needed, especially when that parent has a child who has a very, very successful oral outcome?

Setting the bar too low for CI / oral children – One reason I wanted to write my book is to let the professional community and doctors know what is possible with oral education. Of course there are differences and every child may not have the success that our family had, but the medical fact remains that an orally educated child CAN obtain the listening and speaking abilities identical to a hearing child. What an amazing statement, is this a cure for deafness? I feel it is. In my mind deafness has been cured with the right tools and procedures, I am hoping that the rest of society could understand this fact. So with this said, you as the professional should realize that when working with a child going through the auditory oral / verbal process know that this child if implanted early and if they have the right tools is in a class of his own, not to be compared with other students who may have had a TC / ASL education or been implanted or diagnosed late.

Not directing a parent out of a chosen program which does not fit the overall objectives – Let us understand that parents going into the oral process are very much at a disadvantage to make decisions. In

a lot of cases they just recently received the devastating news that their child is either deaf or hard of hearing. Then the next question becomes what do they do now? In most cases including mine I had never ever seen a deaf person speak fluently, with no visual cues and hold a conversation just like a hearing person. I never even knew this was possible. I did know that oral speech was possible but not perfect speech and perfect articulation. So when a parent has the objective for their child to speak and speak well with no visual cues, unless it is medically necessary why would that child be placed into a Total Communication, See Sign, Cued Speech, or a Bi Bi program?

With our daughter and many children who have the right tools, programs, and motivated parents the child will pick up language in the same format as a hearing child with no visual cues at all. Yes, it will take a lot of work, a lot of reinforcement, and a lot of professionals working toward the one objective, but the child will and can pick up language without visual cues. I have nothing against visual cues when needed, but when it is not needed with a child who has been implanted early with no other medical issues I feel the ability to converse in an auditory-only manner and to discriminate multiple rhyming words is compromised.

Not distinguishing their expertise Oral vs TC – In my opinion, professionals should fully disclose their expertise when being selected or considered to work with a particular child. There are professionals who I met that made fantastic statements such as: “I have been teaching deaf children to speak for over 20 years. Most children I work with speak very well and many are at the top of their class academically.” All 100% true and correct, sounds great to the desperate parent looking for answers, but the part that was left out was that their 20 years of experience revolves around TC and they have been to a few oral seminars, and have a few oral students. They DO NOT have the skills of a person who works to educate oral children all day long, is an expert in their field, has hands-on experience helping hundreds of children listen and speak, and also has 20 years in the business. There is a difference.

This wraps up my observations of why children fail using oral education. Please take the advice and viewpoints as an observation and not as a criticism. Yes, in my mind the process should be easier, more factually oriented, and be based on studies and medical outcomes. This information should be presented to the parent when they ask. The bar should be raised high and the professionals and parents should work in synchronized harmony. In this day and age with the technology available, early implanted children can achieve wondrous results. These children can hear the faintest whisper, discriminate multiple rhyming words, and hold a substantive conversation with no visual cues or interpreters.

My goal is to knock down the roadblocks that face every deaf and hard of hearing child. I hope this information has helped you and I hope that it clarifies some of the mistakes that may be taking place in your life. Hopefully you will now be just a little more motivated to provide the precious gift of speech and hearing to the young children who rely on your help, whether this be your son, daughter, grandchild, or as a professional your entire caseload.

Good luck.

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