

Cues of American English

Visually providing the building blocks needed for communication, language development, and literacy

/d, p, zh/	/ee, ur/
/k, TH, v, z/	/aw, e, ue/
/h, r, s/	/a, i, oo/
/b, n, wh/	consonant alone
/f, m, t/ vowel alone	/uh/
/l, sh, w/	/ah, oe/
/g, j, th/	/ay, oi/
/ch, ng, y/	/ie, ou/

Cueing has been used effectively with children diagnosed with autism spectrum disorder (ASD), attention deficit disorder (ADD)/attention-deficit/hyperactivity disorder (ADHD), apraxia, and Down syndrome (Trisomy 21), as well as those with auditory neuropathy or auditory processing disorder and other issues that may affect auditory processing, articulation, and/or oral motor planning.

How Cueing Supports and Supplements Language and Speech Development

The first step with any child identified with a speech or language challenge is to carefully assess the child's specific difficulties in various areas of language and speech processing and production. Once difficulties are identified and a therapy plan established, a speech-language pathologist can explore how cueing can benefit the child. Cueing has been found to support children with the following language and speech processing and production issues.

Visual Attention: The ability to make and sustain eye contact with a speaker.

- Cueing draws attention to the face because of the use of the hand in addition to the mouth movements of speech.
- Children who are hypersensitive to direct eye contact may be able to look at the mouth and hand without focusing on the eyes.

Auditory Skills

Auditory Awareness: The ability to detect and attend to environmental sounds and voices

Auditory Discrimination: The ability to distinguish between two or more environmental sounds or between individual speech sounds (phonemes)

Auditory Identification: The ability to attach a name or meaning to what has been heard

Auditory Comprehension: The ability to understand the meaning of spoken language and different pragmatic language functions (e.g. answer questions, follow directions, predict possible outcomes, make a judgment, etc.)

- Cueing visually conveys the sequence of consonants and vowels of a spoken language. Cueing while speaking provides the child complete, multi-modal access to the language.
- Cueing onomatopoeia allows children to visually see sounds heard in the environment (e.g., *tinkle*, *buzz*, *hiss*)
- Cueing enables conveying all aspects of phonemic awareness visually. For example, cuers recognize rhymes when they see the same sequence of handshape, placement, and mouthshape at the end of the word. Cuers can also recognize phoneme manipulation (addition, deletion, or substitution) when they see a single handshape or placement change (e.g., *hat* to *bat* to *ban* to *ben* to *bet*).

Oral Motor Skills: The ability to coordinate and control lips, tongue, jaw, and other facial muscles for the purpose of producing speech sounds.

- Cueing draws attention to the movements of the mouth related to speaking, providing valuable information to the student for oral motor planning and sequencing. By pairing cueing with spoken language, a child receives information about language and speech both visually and auditorily.
- Cueing can provide a visual reminder for the target sequence in a word, phrase, or sentence.
- Having the child attempt to cue provides the child a kinesthetic reminder that assists with their sequencing of oral motor movements, speech sounds, and patterns.
- Once the child can produce a targeted speech sound in practice sessions, cued language facilitates carryover to conversational speech because the child can see where to apply the newly acquired speech sound in cued words, phrases, and sentences.

The above are important factors for laying foundations to develop linguistic skills both receptively and expressively. The hierarchy for developing language and literacy skills, beginning at the most basic level, includes sounds (phonemes), words (semantics), phrases and sentences (syntax), conversational exchanges (pragmatics) and retelling past events/stories (long-term memory).

Within that language construct, speech-language pathologists, teachers, and parents can incorporate the following metalinguistic skills as needed for developing literacy skills: phonological and phonemic awareness; segmenting/synthesis; synonymy/ambiguity; homophones, antonyms, rhyme, rap, and alliteration, as well as jokes, idioms, and plays on words.

Adding Cueing to a Therapy Model

Cueing can address all the speech, language, and literacy objectives mentioned above, as well as expedite the entire language and speech development process. Teachers, therapists, and parents can learn to cue to support a child's language learning throughout the day. The simple addition of cueing to create multi-modal access provides critical linguistic information necessary for a child to receive and express language completely.

Cueing can be used in conjunction with a variety of speech and language therapy methods, as well as music-based therapies, to support language and speech objectives documented in a child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

Cueing with a child or older client provides a consistent visual model that simultaneously complements the auditory information in spoken language. Pre-tests and post-tests can evaluate progress in terms of gains and continued needs. Such tests and protocols are available from professional speech-language sources; simply add cues to formal and informal assessment protocols. A "rate of growth" per individual child based on their baseline pre-test can demonstrate achievements at intervals after cueing has been introduced.

*Authors: Joan Rupert & Amy Ruberl
Revised by: Hilary Franklin, Kitri Kylo, and Karen Doenges*