American Sign Language (ASL) is a complete visual spatial language that incorporates hand movements (for example, different orientations of the palm and hand shapes), facial expressions (for example, mouthing of the words), and body language. It has its own grammar, semantics, and pragmatics.

ASL is the main language for individuals who are deaf. It has also been incorporated into treatment for individuals who have delays in the acquisition of spoken language, including individuals with Autism Spectrum Disorder (ASD).

Research has proven that the use of sign language or communication systems other than spoken language will enhance an individual’s ability to communicate. It is very important that each child develops a reliable communication system and learns to impact the environment by communicating. There is no way to know whether a child will talk. It is imperative to provide each child with a way to communicate whether the spoken words come, or not.

A percentage of individuals diagnosed with ASD do not have the ability to communicate verbally. Interventions are often designed to address this deficit and to teach an appropriate and effective way to communicate with others. Learning how to communicate often decreases problem behaviors. Problem behaviors sometime emerge when individuals have difficulty communicating their needs and wants.

ASL and the Picture Exchange Communication System (PECS) are the two most frequently used communication strategies for nonverbal children diagnosed with ASD. There has been some debate about the appropriateness of teaching ASL and PECS to those diagnosed with ASD for fear these alternative communication systems will hinder the development of spoken language. However, research has shown that both ASL and PECS can help generate verbal language.

When deciding between utilizing PECS and ASL for children diagnosed with ASD, a few factors may steer interventionists and parents in a certain direction:

- Does the child have any difficulties with fine motor skills? If so, this may suggest that utilizing sign
language may be quite difficult.

- A child can only sign to others who know signs. Therefore, it would be vital for caregivers, educators, and other relevant people to be knowledgeable of the signs the child uses for communication.
- ASL is portable. The child does not have to worry about transporting PECS cards across environments (for example, from school to home).

Related Articles:

- HOW DO I CHOOSE A TREATMENT?
- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION FOR INDIVIDUALS WITH ASD
- Picture Exchange Communication System

Recommended Link:

- CAR RESOURCE DIRECTORY (SELECT MENTAL/BEHAVIORAL HEALTH – BEHAVIOR THERAPY)

Additional Resources:

- ASL DICTIONARY

The Center for Autism Research and The Children’s Hospital of Philadelphia do not endorse or recommend any specific person or organization or form of treatment. The information included within the CAR Autism Roadmap™ and CAR Resource Directory™ should not be considered medical advice and should serve only as a guide to resources publicly and privately available. Choosing a treatment, course of action, and/or a resource is a personal decision, which should take into account each individual’s and family’s particular circumstances.