Why is it important for AV practitioners to differentiate between linguistic competency and communicative competency?

LSLS DOMAINS: 3, 4, 9

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Introduction

It is important that AV practitioners clearly differentiate between two developmental competencies pertaining to spoken language. The acquisition of each type of competency necessitates different levels of assessment, planning, and intervention. Additionally, AV practitioners understand the need for other practitioners and parents to make this differentiation.

Linguistic Competency

There are many definitions of linguistic competency, representing diverse perspectives, interests, and needs. According to Chomskyan theory of universal grammar, children become linguistically competent when they demonstrate unconscious or implicit knowledge of formal language patterns. They figure out and internalize the acceptable rules underlying the language being learned, even though they may not yet speak in complete sentences. They understand far more than they actually articulate. Because typically developing three- to four-year-old children can understand complex sentences and follow multi-step directions, they are considered grammatical geniuses, having cracked the morphosyntactical code of language. Given a familiar lexicon, linguistic competency means having the requisite grammatical knowledge for day-to-day communication.

Chomsky argued that language performance is entirely independent of linguistic competence; performance is considered the empirical and formal realization of knowledge. For example, many children who only sign the prevailing spoken language or have an oral-motor
disorder such as dyspraxia cannot demonstrate proficiency in language production yet can clearly understand the language. They can still be linguistically competent.

**Influential Factors**

Variables found to influence age of linguistic competency include culture and family socioeconomic status as well as maternal language directed to the child. The initial process of attaining linguistic competency occurs during preverbal infancy, progressing to stages of communication that involve understanding words, phrases, and word combinations. The understanding of sentences that involve morphological markers and simple clausal structures reflect basic, critical linguistic knowledge. Attaining linguistic competency is a means toward imagination and creativity. AV practitioners understand the importance of inferring young children's comprehension of spoken language with norm-referenced standardized assessments of linguistic knowledge.

Some more recent theories, however, include linguistic performance or the child's actual usage as part of linguistic competence (expressive language). Restated, some linguists currently equate language proficiency with linguistic competency. This means they consider the development of linguistic competency through the prism of language production or usage. In order to avoid controversy and confusions, then, AV practitioners clearly state their definition of linguistic competency each time they use the term.

**Receptive and Expressive Language**

Regardless of how linguistic competency is defined, *knowledge must precede use and comprehension must exceed production*. Unfortunately, exceptions to this developmental rule have historically been found among some children with hearing loss.
AV practitioners know that depending on the production of spoken language is an insufficient way of inferring the extent of a child's linguistic knowledge. Competence is not necessarily reflected by performance. Children should first develop familiarity with the spoken language before they come to fully understand it and then later they speak it. In essence, AV practitioners ensure that children with hearing loss have ample and diverse listening and spoken language experiences before they are expected to talk or imitate what was heard. This is quite different from traditional teaching or therapy methods in which children with hearing loss were expected to immediately imitate newly learned words and language patterns.

**Communicative Competency**

Similar to linguistic competency, the term *communicative competency* has been widely and divergently used. However, many published definitions are similar in that linguistic performance or production is added to unconscious linguistic knowledge as being part of communicative competency. Sentences understood and used by children become more complex and they may understand multiply embedded clauses within longer sentences. Their linguistic structures increasingly involve more relative clauses, sentential complements, anaphora, and compound sentences in narratives and conversations. Communicative competence also involves interpreting and responding appropriately to verbal and nonverbal cues across many extra-linguistic contexts (interpersonal and physical settings). Beyond just understanding words and how they are appropriately used within the wider culture, communicatively competent children adapt to varied linguistic interpretations, recognize and repair communication breakdowns, and interpret subtleties in meaning. Knowledge of how language is used in relation to other people (social discourse) enables children and adolescents to also crack the pragmatic or sociolinguistic code of communication. Achieving this level of competence means the rules governing appropriate use
of language within various social situations are unconsciously followed. This includes recognizing a *faux pas* as being a social blunder involving unintentional insult.

The different dimensions or components of communicative competence do not develop at the same rate in all language domains, either at the written or spoken levels. Essentially, communicative competence is ascribed to those functioning as typical members of their cultural communities. Communicatively competent listeners have 'shared knowledge' with speakers of the same linguistic community. The acquisition of communicative competence develops across childhood and adolescence, influenced by complex associations between Theory of Mind, executive function capacities, motivation level, academic learning, language, and the sociocultural milieu in which each person operates. This can explain, for example, why some children diagnosed with autism spectrum disorder or significant cognitive delay may not attain communicative competency.

**Recommendations**

AV practitioners understand how to facilitate growth in all developmental domains, including social cognition. AV practitioners also understand that peer effects are influential to each child's growth in language skills across the school years, hence their sense of urgency for early mainstreaming in classrooms for typically hearing children. Parents as well as peers are the most powerful forces for facilitating linguistic and subsequently, communicative competence.

Evolving from linguistic to communicative competence typically involves learning how to reason counterfactually. In order to speculate about counterfactual worlds, children need to ignore what they know to be true about the real world. Attained during the preschool years, this type of thinking encourages learning from mistakes and avoiding negative events in the future. The ability to think about how an outcome could have turned out differently is associated with
conditional clauses and hypothetical statements such as "If (something real had occurred), then (one of varied possibilities might have occurred)." This considers how a past event could have been better or worse, imagining alternatives to the past. Awareness of interrelated growth processes in spoken language, executive function capacities involving self-regulation, and Theory of Mind can result in AV practitioners promoting imaginative or counterfactual thinking among communicatively competent children. Pretend play, for example, can be highly effective in encouraging children to explore causal "what if" scenarios in imaginary worlds.

As children learn the language of their own culture, their linguistic and communicative knowledge is in a state of flux and is most pronounced during the first six years in typically developing children. This has significant potential implications for children who might not have access to soft conversational sound during infancy. Varied educational placements are carefully considered for children attaining linguistic and communicative competencies at later ages. For children with hearing loss, linguistic competency is especially critical prior to third grade when children begin 'reading to learn' as opposed to 'learning to read.' Children who do not understand spoken language will likely not understand its written form. Older children who are not linguistically competent may be more appropriately served in self-contained classroom settings. And while communicative competency is important across the school years, it becomes imperative for children prior to entering middle school. Middle school children who are not communicatively competent are at significant risk for being victimized and bullied. Peer rejection can further impair the acquisition of communicative competence.

**Conclusion**

In general, linguistic competence is considered one of the most important long-term goals of parents and AV practitioners serving young children with hearing loss. However, achieving the
longer-term goal of communicative competency necessitates greater cross-disciplinary involvement of many practitioners, including teachers and speech-language pathologists.

**Suggested Readings**


