Pragmatic skills: A 'Call to Action' to professionals to teach these to DHH students

Karin Schamroth, Specialist Speech and Language Therapist, advocates for focused, active teaching of pragmatics to deaf and hard-of-hearing (DHH) learners

Szarkowski et al (2020) in their 'Call to Action' to professionals, urge the prioritisation of pragmatics. They call it the 'missing piece' in how best to support DHH children's development and impact on their future social skills, abilities, and well-being.

There has been enormous progress in DHH children's language with universal newborn hearing screening, hearing technology innovations, and early intervention in both signed and spoken language. However, despite this, language delays in pragmatics remain an area of significant risk. Learners in mainstream schools who have age-appropriate language skills across a range of language assessments often struggle with pragmatics (Tsach and Most, 2016). Those with cochlear implants still lag behind their hearing peers in accessing information, communication, social and in-school participation (Socher et al, 2019).

Why addressing the pragmatics challenge matters for many DHH learners

To be effective, pragmatic skills need the coordination of cognitive, social, and linguistic skills – these being the most abstract and complex of language skills. They include understanding expectations in social situations, repairing misunderstandings, negotiation, understanding sarcasm, drawing inferences, and considering the other person's perspective (Szarkowski and Toe, 2020).

We know that language deprivation, delayed theory of mind, reduced opportunity for real interactions with a range of people and reduced incidental learning are some of the reasons why pragmatics development can be compromised in DHH students. Over 90% of DHH children have hearing families with little or no experience of deafness or sign language. When these families learn sign language, they are in the unusual position of having to learn a new language at the same time as their child. This can mean reduced use of higher-level aspects of language, such as language for reflecting, analysing, and expressing emotions (Szarkowski et al, 2020).

Pragmatic skills are difficult to assess. They defy standardised testing because they are dynamic by nature, being social, interactive, and context based. They can only be observed when a student is interacting with others. They are culture specific, context specific, interaction specific, and person specific. Paul et al (2020) explain that "having age-appropriate language skills on standard assessments is of little use if a child struggles to use those skills to engage with the world in meaningful ways".

The impact of poor pragmatic skills for DHH people, on a wide range of outcomes, is well researched, and makes for grim reading. It includes risk of poorer mental and physical health, poorer employment outcomes, reduced participation in the community and more probable social isolation (Herman and Morgan, 2010).

The role of agency

I'd like to share Sam's story here. Sam's mum was desperate for me to improve his speech. When I explored further, she explained that he refused to go to the local shop to buy milk, for fear that someone might speak to him. Aged 14, Sam was terrified to speak in the real world. What use was having improved speech if he couldn't use it to function independently? We want our learners to have agency to navigate their own lives independently, with the confidence to self-advocate and the resilience to keep going when the road is bumpy in their adult lives.

Young adults report that positive experiences outside of school provided important support in transitioning out of school. Having to face new people forced them to develop new coping strategies. This enhanced their confidence in dealing with various situations. As one young adult explained "You understand that you can cope with everything and that it is just there, you can find solutions to everything" (Eichengreen et al, 2022). This is agency: believing that you have the power and capacity to act to influence your life's outcomes. This is also resilience: being able to maintain these actions despite setbacks – to bounce back. We definitely want both of these for our learners!

Resilience – what research tells us

Facing new people supports resilience by nurturing new coping strategies. When learners find a new situation manageable, it helps them build their capacity to adapt and build self-confidence in facing such situations in the future (Ungar, 2004).

Hadiqa is deaf and visually impaired. Her dual sensory needs can create hurdles when she faces unforeseen situations or unfamiliar people. Her qualified teacher of vision impairment (QTVI) reflected on how "practising scenarios in a safe and supported environment, such as smiLE Therapy, has enabled Hadiqa to prepare for the real world and the challenges she will overcome as an independent adult" (Schamroth and Caffrey, 2021).

Resilience research highlights the need for building a repertoire of coping strategies which can be used flexibly depending on the situation, known as coping flexibility (Eichengreen et al, 2022).

The challenge for educators

Over the past 25 years, many colleagues have told me that they took their students into the community to give them real-life experiences. They knew how important this was.

However, they had no consistent structure for teaching, no evidence-based intervention to use, no method to evaluate their teaching and no effective way to demonstrate that it made a difference, especially over the long-term.

Some may wonder, 'why should DHH students have to do all the work?' Ideally, communication between DHH and hearing people should be a shared responsibility, but we're not there yet. Until then, we have to support DHH students to manage social interactions in the community for all involved. This doesn't happen by itself. As educators, we need to teach these skills and support students in learning to believe they have agency, to communicate in their preferred way, understand their own needs, and be confident enough to self-advocate. We also need, and can, empower parents.

smiLE Therapy (Strategies and Measurable Interaction in Live English) is one way to do this (Schamroth and Lawlor, 2015). It is an evidence-based intervention that was created specifically for DHH learners, including DHH Plus learners with additional communication challenges, aged 7–25. It empowers learners to be effective and confident for everyday interactions in the community, with hearing people. That might be for example, in a café, shop, office, or on transport.

smiLE Therapy always uses authentic real-life tasks, so the student knows the purpose from the start and begins to build agency in the real world. A safe learning environment is essential, with flexibility, where the student's individual learning needs are at the centre. Learning is visual and experiential through guided role play. It's taught in small groups or individually. A communication skills checklist for the specific interaction chosen, is co-created with learners. Target setting is dynamic: specific to the student, the interaction task, and the context. Students watch their before and after therapy film and self-evaluate. The number of skills present are converted into percentages. This is the outcome measure. The measure of success is not standardised. It's individual and personalised. We know from the research that generalisation is challenging – that is, transferring skills learned in one situation to another. That's why generalisation is built into smiLE therapy. Here it's essential to work closely with parents.

Parents watch their child's before and after films and see for themselves that their child has new skills and strategies. They are then more confident and braver to give their child opportunities to communicate independently in real-life interactions (Schamroth and Curtin, 2025).

One mother commented on her son's increased resilience: "He's not so stressed [thinking] 'what if they don't understand me?' … he can just think 'I've got to go to the shop and I can ask for help'… it's not the end of the world if they show me salad dressing, instead of shower gel!" (Curtin, 2018). smiLE Therapy takes the focus away from difficulties to focus on what is possible, thereby empowering students to use their own skills and strategies to be confident and successful in their everyday interactions in the community.

Hadiqa, aged 17 told me, "I want to be able to order chai

Photo of a smiLE Therapy Parent Group

latte, shop for presents, and travel independently anywhere. It doesn't matter that I'm deaf and visually impaired, I want to be able to do everything that I want to do." She's 20 now and recently presented to some 20 teachers specialising in multi-sensory impairment, on her lived experience. Remember Sam? Well, he learned to buy a pint of milk at his local shop. Last I heard, he had gone independently to central London to return a pair of faulty trainers. He got himself a replacement pair. smiLE Therapy has helped Hadiqa and Sam to talk to people in their own way, knowing their own needs, and being confident to stand up for themselves.

To conclude, using targeted intervention in pragmatics needs to start early. Building agency, self-advocacy and resilience is, and needs to be, a slow, steady, and a cumulative process. As educators, we now urgently need to support our DHH students and work directly with parents to embed pragmatics into learners' lives.

Karin Schamroth is a Specialist SaLT DHH. She worked in the National Health Service (NHS) for 30 years with DHH babies, children, and young people across many settings including specialist DHH units and schools, and mainstream schools. Karin created smiLE Therapy to develop pragmatic skills in DHH students, that is, to use language for effective social interaction. smiLE builds communicative and social skills resilience for everyday interactions in the community. Karin and her team continue to develop smiLE Therapy and train SaLTs and teachers in the UK and internationally
www.smiletherapytraining.com / karin@smiletherapytraining.com

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BATOD Magazine

This article was published in the June 2026 issue.

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