COMMUNICATION IS FOR EVERYONE!

Elements and Strategies

University of Idaho
Center on Disabilities and Human Development
For Graycee

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INTRODUCTION

This is the third in a series of booklets on topics that are relevant to children and young adults who are deaf-blind and may have additional disabilities. The first booklet, Transition Portfolios: A Strategy for Making Easy Transitions, and the second booklet, Cortical Visual Impairment, were written to provide practical information to families, teachers and other service providers. The focus of this booklet is on the topic of “communication.” It is intended to provide you with some basic, but critical things, to think about when developing a communication system for a child who is deaf-blind and may have additional disabilities.

Sometimes, in a school or a community setting, you might have heard someone say, “Oh, she doesn’t communicate.” What that person means is that the child doesn’t use a typical means of communication like spoken words. Using more subtle or atypical methods isn’t always recognized as communication. But it’s important to remember that everyone communicates. Behavior is communication and it’s up to teachers, other service providers and families to take the time to understand and value any child’s message.

Communication is a big topic. There are lots of programmatic and instructional things to think about when developing a communication system that works for a child, particularly if that child does not use a symbolic form of communication. This booklet, of course, can’t look at all the areas and details of creating communication systems but it will cover some highlights, strategies, and questions to get you started.

“How well we communicate is determined, not by how well we say things, but how well we are understood.”

—Andrew Grove
**What is Communication?**

Communication occurs when one individual sends a message to another individual and that message is received and understood. There are two kinds of communication, receptive and expressive.

**Receptive Communication**

Receptive communication is how a child receives information so that she can understand the message being sent to her. A child who is deaf-blind may receive information by using her hearing, depending on her hearing loss, and listen to someone speak to her. She may receive information through touch cues. She may feel real, three dimensional objects or textures to get information or she might “read” braille or co-active signs. She may also use a combination of these methods. A way a child receives a message will depend upon factors like her age, her level of vision and hearing loss, additional disabilities, and health issues.

**Expressive Communication**

Expressive communication is how a child sends a message to another person. This kind of communication can take various forms from using formal symbolic language like words or signs to using an eye gaze, a gesture, an object, a picture, or a challenging behavior like hitting someone. A child’s method of expressive communication competence will also depend on several things including:

- The child’s awareness of herself and other people as well as topics to converse about.
- Knowledge of the world including different kinds of experiences and developing preferences.
- Memory to store and retrieve information, experiences, and what to do to communicate.
- Communicative intent in understanding that behavior directed towards another person may result in a response (Schweigert, 2010).
ELEMENTS AND REASONS

There are four elements of communication:

1. The **Sender** – the person who is sending the message
2. The **Receiver** – the person receiving the message
3. The **Topic** – what the message is about
4. The **Method** – the way the message is sent

All of these elements are necessary to have a meaningful exchange but oftentimes one or more of these things are missing. For example, a teacher may send a message verbally but the child doesn’t receive it because she can’t understand the language the teacher used or she has a hearing loss and can’t interpret sounds. Another issue might be that there is no “topic” of interest or meaning for the child.

The basic purpose of communication is to:

- Try to get something (tangibles, sensory input)
- Try to get some attention/social interaction (comment)
- Try to avoid or escape something or someone undesirable (too much input)

Sometimes, the purpose of a child’s communication is very clear, “I want another bite of yogurt” or “I don’t like being on my tummy.” While other times, it’s very difficult to figure out what a child is trying to say. You have to do some guessing but you also have to know the child well enough to interpret the message. Oftentimes, children with multiple disabilities will have additional medical issues so it’s important to consider things like migraine headaches and stomach problems, dental issues, the need for some kind of input, and insecure positioning problems.

“I like to listen.
I have learned a great deal from listening carefully.
Most people never listen.”

— Ernest Hemigway
**Pre-Symbolic vs. Symbolic**

There is a logical sequence to typical communication development (Rowland & Schweigert, 2004).

- First, we all know that babies cry and as parents or caregivers we interpret the message — “I'm hungry” or “I’m tired” or “I’m wet.” The behavior is not intentionally communicative.
- Next, young children become more intentional by using **pre-symbolic** methods. They use nonconventional behaviors like pulling people towards something they want or throwing a plate on the floor to indicate they don’t like the food. There is intent in communicating a message to another person.
- Eventually these nonconventional behaviors turn into more conventional methods of communication like pointing or nodding or waving goodbye. Adults continue to use these kinds of behaviors.
- The final phase of communication development is **symbolic** communication. A typically developing child will generally begin to use spoken words, which are thought of as abstract symbols. Other abstract symbols include printed and brailled words. Some children, who may not understand abstract symbols, may use concrete symbols like objects or pictures to communicate.

The ultimate goal in designing a communication system for a child is to help that child become a more **intentional communicator**. That means that the child directs her behavior towards another person and understands the value of that person in the conversation.

**Quick Question:**

Does a child have to use symbols to be an intentional communicator?

No, a child can use a variety of pre-symbolic behaviors like using an eye gaze or orienting her head towards another person to indicate intent. The child needs to be taught that the behavior will produce a response from someone. It also depends on how many opportunities the child has to practice throughout the day.
GETTING TO KNOW ME

There are lots of informal tools you can use to assess the communication skills of a child who is deaf-blind and may have additional disabilities (see Page 13). But there are also just some basic questions that are important and will impact how you develop and implement a communication program for a child. Here are a few things to think about:

- “How Do I See? How Do I Hear?”
  First, one of the most important considerations when developing a program is to understand how a child uses her vision and hearing. This is true for a child who is deaf-blind but also any child you are working with. What does your vision/hearing consultant tell you? What does the family say? What do you observe? Does the child seem to see and respond better in a dimmer environment? What does the child do in a noisy room?

- “Watch Me”
  One of the best ways to assess a child when designing a communication system is to simply watch her. What are the things she likes? What are things she doesn’t like? How does she seem to learn best? Does she use her hands? How does she use them? What does she do when other children are around? These are just a few of the questions that can lead to understanding a child as well as creating topics of conversation and potential choices for the future.

- “What Kind of Meds Am I On?”
  This is a big one. More often than not, teachers and other service providers don’t ask if a child is on any medication. They also might assume that if a child is given a medication at home that it will not impact the child’s alertness state. A child’s receptive and expressive communication skills will always be impacted by her state of alertness. Some basic questions for families include: Is the child on any medication? What is it? What is it for? What are the side effects? When is it given?
“Hey You, I Just Had a Seizure”
There are several different kinds of seizures. It’s important to know if a child has a seizure disorder and what kind of seizures the child has and how often. It’s also important to understand what the “recovery” period is for a child. The recovery period will impact a child’s communication. You want to have expectations for a child and recognize when they are “available for learning” (Brown, 2011, p. 6). Talking with family members is key. What do the child’s seizures look like? How long does the seizure last? What may bring on a seizure? How long does it usually take until the child “is back?” Does the child need to rest after a seizure?

“My Best Position Is On My Back!”
This is also a major area that lots of people don’t’ think about. There is some assuming going on that if a child is upright, in a wheelchair or a chair, then the child must be in the best position for learning and other interactions. That’s true for some children but certainly not for all children. We know that position influences vision, so you need to understand not only how a child sees, but what position is best for the child to use her vision. We also know that some children have to put their energy into “staying safe” in certain positions so they have very little energy left to concentrate on anything else.

“I Don’t Get Much Sleep”
Getting enough sleep is critical for all of us. Sleep helps us stay healthy and at our best. It impacts how we think, learn, and get along with other people. A child who is deaf-blind may not sleep well for a variety of reasons. As a result, her alertness levels, readiness to learn, and use of her communication system is compromised. Asking families about a child’s sleep patterns is important information. Having a daily log or a short email discussion can help you make a Plan B when a child has not slept well. It may be that a Plan B involves a nap during the day so the child is able to use her communication system in a more effective way.
Quick Question:
Why is multitasking so difficult?
A person’s prefrontal cortex is involved in multitasking. It acts as a flight controller and determines exactly what information is a priority right now. “Should I pay attention and focus on my balance or the screen in front of me”? The ability to direct your resources to two demanding tasks at the same time is limited.
WHERE TO BEGIN – A FEW STRATEGIES

The goal of designing a communication program for a child, particularly if that child is at the pre-symbolic level, is to create an intentional communicator. That is, for the child to understand the need to engage another person and direct her communication behavior towards that person. Where to begin isn’t always easy, but here are a few tips:

- Conduct a good informal assessment including multiple observations
- Look for “easy to read” behavior(s) the child can use and people can understand
- Create lots of opportunities for the child to develop “contingency awareness” - a fancy term meaning “I do this and you do that.”

There are several initial things you can do to encourage and reinforce intentional communication. The first one is “reinstatement” (Rowland & Schweigert, 2004), Reinstatement involves:

1. Asking that a pleasurable action be repeated (tickling, bouncing, massage)
2. Requesting “more” of something (food, drink)

This is where your assessment comes in. What does a child like? Can it be an action that can be repeated? Is it something the child wants more of, like yogurt or juice? On Page 11 you will find an example of a “Communication Script” which demonstrates an instructional routine for implementing the reinstatement strategy.

Another strategy for encouraging intentional communication is having a child make a choice. There are some important things to remember when using this strategy. Are the initial choices things the child likes? How many choices are you presenting? Where are you placing the choices? Are they in the child’s field of vision? How are you representing the choices- visually, tactiley? If the child is making a choice tactiley do the choices have different textures? Do you switch choice positions so you can check to see if the child is really making a choice? Can you interpret “no choice” as a choice? Are you providing multiple opportunities to make choices throughout the day? Does she understand what a choice is? And, as with any instructional strategy, are you giving the child lots of time to learn what she is supposed to do and make a response?

“The single biggest problem in communication is the illusion that it has taken place.”

— George Bernard Shaw
A Few Words About Challenging Behavior

One thing we know is that people will communicate in the most efficient and effective manner available to them. For some people without a functional communication system that means they may choose a problem behavior like biting or hitting to get their point across. Biting is easy to do, so when thinking up a more socially acceptable way for a child to send the same message remember the new behavior must be at least as easy for the child to produce as the problem behavior. It must also be as effective at getting the desired result. For example:

Amy screams and throws materials during math time. Her challenging behavior works for her as her teacher removes her from the room. Members of her team conducted a functional assessment (O’Neill, Albin, Storey, Horner, & Sprague, 2015) to determine the function of the behavior. They decided that she was using the challenging behavior as a way to escape a nonpreferred task. They decided that a replacement or functionally equivalent behavior, to achieve the same outcome, might be to raise her hand or hold up a card with the word “break” written on it. Both things she was physically able to do. They also knew that the teacher and/or other staff members had to watch Amy during math time and be available to show her that holding up her arm/card would work just as well as screaming and throwing materials.

It’s an important reminder to always stop and remember there is a communicative function to challenging behavior. Continuing to do ongoing assessment and being a good observer of environmental and health factors that may impact a child’s problematic behavior will help build better communication skills and long term instructional strategies.

Quick Question:
What is Positive Behavior Support?

PBS is a broad approach for organizing the physical, social, educational, biomedical, and logistical supports needed to achieve lifestyle goals while reducing problem behaviors that pose barriers to these goals (Dunlap, Sailor, Horner, & Sugai 2009).
**A Child’s Gentle Reminders**

**Follow My Lead** - Watch me and the things I like. Can you name my favorite things? Watch how I interact with them and what I think is interesting.

**My Topic, Not Yours** - Remember that my favorite things become the topics of our conversation. Make sure that you are paying attention to the things we communicate about.

**Please Slow Down** - Sometimes it takes me a long time to understand what you are trying to teach me. It might also take a long time for me to communicate back to you. Be patient with me.

**Watch My Stress Level** - I can get stressed easily. Please pay attention to the things that create stress for me. Remember that I can’t learn anything or communicate with you when I am upset.

**Give Me Lots of Opportunities to Practice** - I need to practice my communication skills throughout the day and more than once a day. Practice makes perfect!

**Respond to My Communication Attempts** - Make sure people understand when I am trying to communicate with them. Let me know you understand that I have something to say.

**Don’t Try to Move Me Along Too Fast** - Remember that I need time to use my communication skills with lots of people in lots of different places. Don’t teach me too many things at the same time.

**Be Consistent** - I hope that everyone who teaches me understands lots of things about me. It will help me if my teacher and other people talk to each other about what I am doing and teaches me the same way.

**Enjoy Yourself** – Remember, “the basic building block of good communication is the feeling that every human being is unique and of value.”
THE COMMUNICATION SCRIPT

A communication script is a strategy that is used to provide consistency across different people who interact with a child. The purpose of the script is to assure that there is some predictability for both the child and the communication partner. This kind of a tool includes various components:

1. **Setting** – a description of where the child is, how the child is positioned and how the communication partner is positioned
2. **Cue** – what the communication partner says or does to get a response from the child
3. **Target Behavior** – the response that the child is expected to give the communication partner
4. **Consequence** – how the communication partner should respond to the child’s behavior

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### TEACHING ROUTINE

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<tr>
<th>Setting/Position</th>
<th>Cue</th>
<th>Target Behavior</th>
<th>Consequence</th>
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| North is positioned on the floor or other comfortable position. | * Tickle North for 20 seconds, then **pause** for 10-15 seconds.  
* Look expressively at North but do not say anything to him. | North wiggles his arms, to indicate that he wants to continue to be tickled.  
If North does not demonstrate the response:  
Prompt him with the desired response (e.g., wiggle his arms for him) while saying “more tickling” and immediately continue the activity.  
** Repeat the prompting sequence two more times and then insert the **pause** into the sequence once again and repeat. | After North wiggles his arms say, “Oh, you want more tickling” and proceed to tickle him again and repeat the sequence. |

(Adapted from Rowland & Schweigert, 2004)
INFORMAL TOOLS FOR ASSESSING
COMMUNICATION SKILLS OF CHILDREN
WHO ARE DEAF-BLIND OR HAVE
MULTIPLE DISABILITIES

   Design to Learn
   https://www.designtolearn.com

2. Assessing Communication and Learning in Young Children Who
   Are Deafblind or Who Have Multiple Disabilities (2009)
   Design to Learn
   https://www.designtolearn.com

3. Test of Early Communication and Emerging Language (2011)
   PRO-ED
   http://www.proedinc.com

everyday communication for children with disabilities. Baltimore,
MD: Paul H. Brookes Publishing Co.
   http://www.amazon.com
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Schweigert, P. (2015, June). *Understanding and nurturing the communicative competence in learners with significant disabilities*. Workshop presented at the University of Idaho, Center on Disabilities and Human Development, annual summer institute, Boise, ID.


“The basic building blocks of good communication is the feeling that every human being is unique and of value.”

— Unknown
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