

Fact Sheet

Receptive Communication

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What is Receptive Communication?

Communication requires a person to send a message and another person to receive or understand the message. Receptive communication is the process of receiving and understanding a message. It is often difficult to determine how a child who is deafblind receives communication. We must pay close attention to the way we send our messages to a child and/or student who is deafblind or multi-disabled.

The purpose of this flyer is to:

- Describe the reasons for communicating with a child/student who is deaf/blind
- Provide suggestions about alternative ways for the student who is deafblind to receive information.
- Encourage parents, teachers, speech pathologists and other support personnel to ask child's/student's unique receptive communication needs.

What are the critical reasons to send messages to individuals who are deafblind?

Think about living in a world where you cannot see or hear what is going on around you. List below are rules to remember when interacting with an individual who is deafblind.

R U L E S		Let the child know that you are present – You might touch his hand or shoulder Identify yourself – perhaps using your ring, watch, perfume or hair, Always let the child know what is about to happen. NEVER act on the child – For example touch his lip before giving a bite of food. Let the child know where he is going – For instance, give him a set of keys to indicate “Going for a ride”. Let the child know when an activity is finished – Use a gesture/sign for “all gone” or “finished” or let him help put the objects away.	“Always Use Speech”
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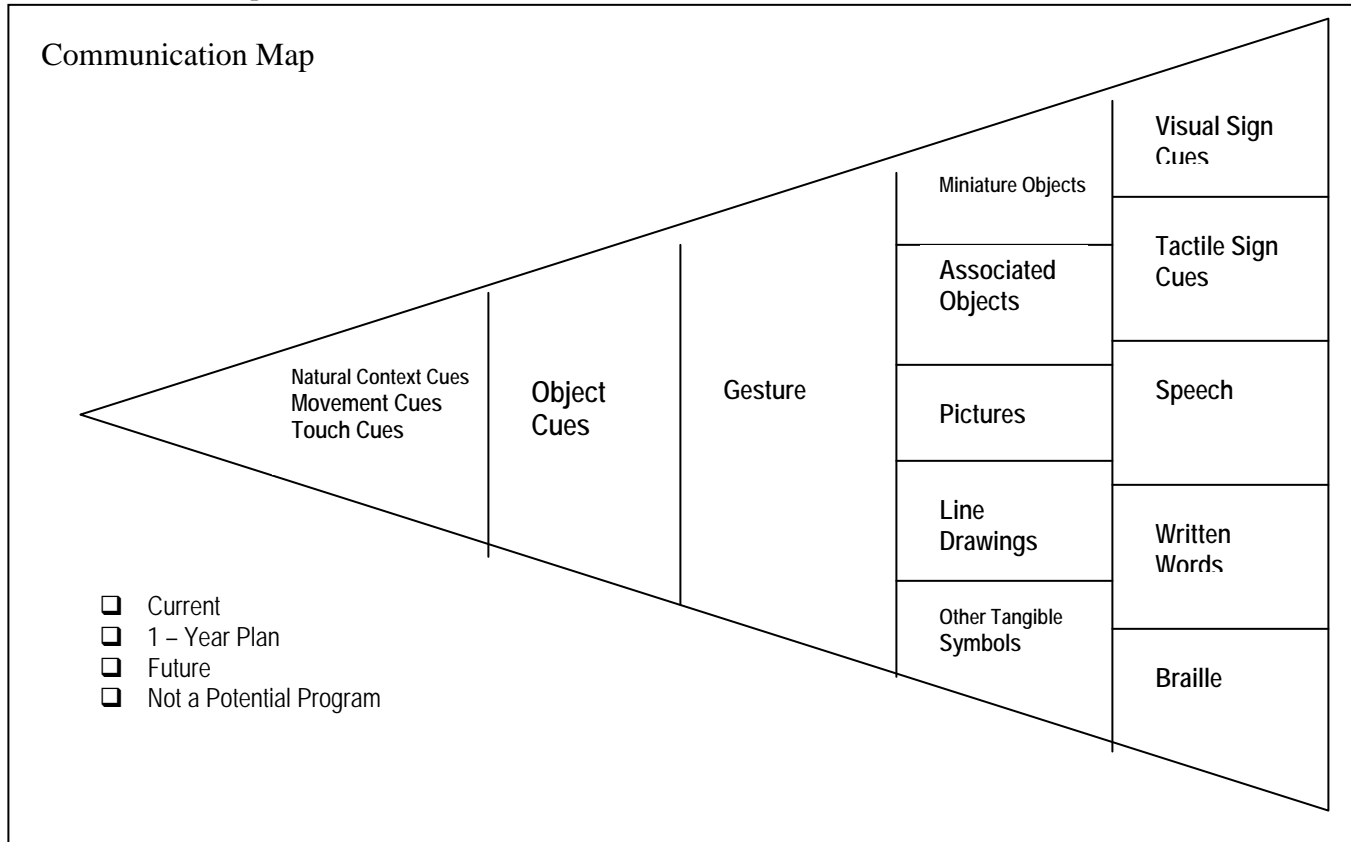
It is very difficult for an individual who is deafblind to understand how he should respond to a persons' communication. This is especially true when the child/student understand what you want his response to be.

- ✓ If you would like for the child to answer – keep your hands in contact with the child and wait.
- ✓ If you are giving the child a command – tap twice on the child's shoulder
- ✓ If you are giving the child a comment or reinforcer – rub the child's shoulder
- ✓ If you would like for the child to imitate you – tap twice on the child's hand

Remember you may be sending a message that is not received. It is up to you to find a way for the child to receive your message, then you must expand the child's understanding to higher forms.

How Can We Get Children Who Are Deafblind to Understand Our Message(s)?

The communication map below may assist you in determining the current ways that your child/student receives messages sent to him. The map will also guide you as you focus on future ways to send your messages to the child/student. Cues in the first segment are simplistic in their form. They are usually concrete and given to the child through touch or in close proximity to the child’s body. As you move across the map, the cues become more abstract. As noted by the arrows, all cues are given with speech. This enhances the possibilities of the child to receive additional information through sound and other expressions. Brief explanations with examples of each type of cue follow the map.



Receptive Communication Cues

<u>Explanation</u>	<u>Examples</u>
<p><u>Natural Context Cues</u> – are occurrences that happen frequently during an activity or routine that send a message to the child.</p> <p>Think about routines that you do everyday with the child. Look closely to see if he is showing signs of anticipation of the natural context cues that are occurring. For example: opening his mouth when seeing the bottle of wiggling when the water is running.</p>	<ul style="list-style-type: none"> • An alarm clock ringing • Running water in a tub • Putting a bib on a child • Undoing a strap on a wheelchair
<p><u>Movement Cues or Tactile Gestures</u> – are motions given that actually move the child through a pattern that is related to an activity</p>	<ul style="list-style-type: none"> • Moving the child’s hand to mouth to eat • Moving the child’ arm up and down to play the drum • Swinging the child’s leg to kick the ball

<p><u>Touch Cues</u> – are signals used to get a simple message across to a child with little vision or hearing. The cue is given by touching the child’s body in the area that is related to the message.</p>	<ul style="list-style-type: none"> • Touching the child’s lip to indicate open your mouth for food/drink • Touching the child’s shoulder to let them know someone is there • Pulling on the child’s waistband to indicate time to change diaper
<p><u>Object Cues</u> – are real object, miniature objects of associated objects that allow the child who has difficulty understanding speech to gain more information.</p> <p>Real objects are easier to recognize because they are actually used in an activity (diaper, coke can, keys etc.) Miniature objects can be doll size representations of a real object. However, vision abilities must be taken into account. The most difficult to understand may be the associated objects or part – whole objects that stand for something (clock-for time, wheel-for play truck, etc).</p> <p>Start by using, just a few object cues that will represent activities that occur very frequently or that the child really enjoys. Before the activity occurs give the child the object cue. Be Consistent!! After many times see if the child is anticipating the activity by getting excited, smiling, or smacking his lips indicating an understanding of the activity. Then you may begin to add more cues. Be sure that the school and home are using the same cues and that everyone is presenting them in the same way. Always consider the child’s vision when deciding what object cues to use. The size, texture and color may make a difference.</p>	<ul style="list-style-type: none"> • Spoon – time to eat • Floaties – time to swim • Keys – time to go
<p><u>Gesture Cues</u> – are body expressions that people use everyday to communicate. A child must have some vision to see the gesture.</p>	<ul style="list-style-type: none"> • Waving good-bye • Holding out a cup for more drink • Shaking his head for yes/no
<p><u>Pictures Cues/Line Drawings/Other Tangible Symbols</u> – may be used to receive messages if the child has adequate vision to discriminate pictures or simple line drawings. The child must understand that a picture stands for an object, person or activity. Also, the child’s visual skills must be considered when determining the size of a picture or the need to use line drawings. There are many other tangible symbol systems that can be utilized (Picsyms, Blissymbols, textured symbols, raised thermofax, etc.)</p>	<ul style="list-style-type: none"> • Examples – pictures of drink, go naptime, or eat.
<p><u>Visual and Tactile Signs</u> – are symbols expressed through manual signs that are based upon movement, placement, configuration and directionality.</p> <p>Due to the type and extent of the vision impairment, signing may need to be within close range of the child’s face or directly in the center of their visual field or to one side. For a child who has limited or no vision, gestures and signs must be in contact with their bodies. For a child, who is totally blind, but cognitively able to understand the symbolic nature of sign language and/or finger spelling, the tactile modality may be used. Signing and/or finger spelling is received by having the receiver place his hands over the hands of the person sending the message in order to feel the sign.</p>	
<p><u>Speech</u> – is always used when communicating to the child. Even if a child does not hear the spoken word, he may receive information from your facial gestures and expressions when you are speaking. Consult with a speech pathologist when developing a speech/language/ communication program.</p>	

<p><u>Written Words/Braille</u> – are used by individuals who have the skills to understand symbolic written/brailled language. There are many types of electronic equipment that provide braille output. Consult with the vision specialists or other resources used by individuals who are blind.</p>	
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How Can We Do This?

Consider the hearing and vision abilities and disabilities of the child.

A communication system will not be effective if it is developed without the child’s use of prescribed adaptations. If the child can benefit from glasses, hearing aids, or other adaptive equipment, they should be used at all times.

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|-----------------------------|-------------------------------------|
| Is the child totally deaf? | Does the child have usable hearing? |
| Is the child totally blind? | Does the child have usable vision? |

If the child has a sensory impairment, alternative forms of receptive communication may include: touch, object, sign or other cues. These alternate forms also depend on the child’s vision, motor and cognitive abilities.

Vision is the major source of information to any individual. Look for alternative ways to provide information, such as touch and object cues, large print/pictures/line drawings, braille and speech. Perhaps the pictures need to be black and white line drawings (without color or background) and/or held closer to the eyes than usual.

Consider the motor abilities and disabilities of the child.

What is the best position for the child to use his vision, hearing and/or touch efficiently?

The answers to such questions require the input of more than one person. Parents and various professionals must work together for the child to function efficiently. It is important for the child with motor disabilities to be able to receive information; therefore, parents and professionals should think of the best way to provide this information.

If touch cues are used, remember to find the parts of the body that will receive the messages most effectively (Touching the child’s back may set off a reflex. Try touching his shoulder). Let us suppose a child is blind in his right eye, and the physical therapist is working on grasping with the right hand. The speech pathologist has also recommended the use of object cues for respective communication, and the mom would like a way to let the child know he is going for a ride in the car.

Problem: Since the vision is reduced on the right side, the child may lose information when he grasps the keys with his right hand. Solution: The physical therapist recommends the child be in a good seating position (with appropriate support) and train the child to turn his head to the right to increase his vision capacity by using his left eye.

Consider the cognitive abilities and disabilities of the child.

Does the child show interest in and recognize people, objects or activities?

Look for an indication the child is paying attention to what is going on around him. For example, the child may be looking or reaching for toys, smiling at people and/or fussing when hungry. Also, look how the child reacts to certain people, objects, and activities. For example, he smiles when dad comes home from work, get excited when it is time to eat and/or cries when taken into the bathroom for bath time. This information will be helpful in planning routines to increase the child’s communication.

Does the child understand that a picture, line drawing, word, or sign represents a person, object or activity? To use cues that are “symbolic” such as pictures, line drawings, word, and/or signs, the child must be able to associate a meaning to the symbol. Remember, symbolic cues (picture of a tub etc.) are much more difficult than environmental cues such as running water in tub to indicate bath time.

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Fact Sheets from the Colorado Services to Children and Youth with Combined Vision and Hearing Loss Project are to be used by both families and professionals serving individuals with vision and hearing loss. The information applies to children, birth through 21 years of age. The purpose of the Fact Sheet is to give general information on a specific topic. More specific information for an individual student can be provided through personalized technical assistance available from the project. For more information call (303) 866-6681 or (303) 866-6605. Updated: 1/09