

Persons with Severe and Profound Intellectual Disability - the Ways of Supporting Alternative Communication Used in Institutions of Rehabilitation and Education in Poland

Persons with severe and profound intellectual disability (I.I < 50) are the group, in which additional disorders and defects of development co-occur often. The factor which often causes the occurrence of intellectual disability, contributes to other disorders e.g. the epilepsy, cerebral palsy, psycho-motor hypererethism, sensors lesion, expressive language disorder. Inquiries showed that frequency and kind of expressive language disorders depend on degree of disability, etiology, age and conditions of upbringing. Disorders occurring in case of persons with deeper intellectual disability are multiplied and overlapping on oneself more often. In case of population of children with middle-degree and high-degree disability, factor of expressive language disorder reaches 80%. Whereas, in case of persons with deep-degree mental disorder, the muteness, receptive language disorder and expressing instinctive sounds occur often. [E. Minczakiewicz 1993, G. Tkaczyk 1993].

The skill of interpersonal communication is a special valuable attribute of man; it allows one to satisfy his biological and psychical necessities. Each man wants to be understood, in order to satisfy his necessities, to inform about thoughts and feelings, to get into emotional relations. Communicating allows one to get to know internal states of human, with help of contact with other human – it gives unique sense of life. In case of situation of impossibility of expressing feelings, when chronic state of communication impossibility occurs in case of the one, frustrations state, disintegration of personality and social disintegration occur. Communication disorders because significant limitations of social contacts, impoverish the quality of life of disabled person, as well as life of his family.

One can distinguish the following kinds of the communication among persons with severe and profound intellectual disability:

- verbal communication with the help of sentences (often significantly poorer in relation to vocabulary and grammatical correctness), generally comprehensible for environment,
- wordy communication with the help of single words or words conglomerates

- wordy communication comprehensible only for members of a family (mumbling language, scraps of words),
- non-verbal communication systems (Piktograms, Picture Communication System, Makaton Vocabulary, Bliss system etc.),
- other non-verbal communication ways (box calendar, photo communication, illustrations communication, interpreting body signals, gesture, facial expression, inarticulate sounds, single signs from sign language, presentation of pictures, objects).

Kwiatkowska [1997] shows, that using all possible ways – channels of communication, constitutes the condition of effective communicating with intellectual disabled persons. Breath, body signals (rhythm of the heart, tension of muscles, perspiration, expressed sounds), expression of eyes, facial expression, posture - the arrangement of the body, gesticulation, unarticulated sounds and language, are ranked among these ways.

Usually, articulation of persons with severe and profound intellectual disability, differs in significant degree from commonly known models, either because of co-existing disorders (cerebral palsy, expressive language disorder), or because of degree of intellectual disability. Communication of the majority of cases is limited and requires a patience of family. In case of persons with deep-degree mental disability, lack of any communication often occurs, what influence negatively not only social contacts of these persons, but can also constitute the source of frustration and stress for family members.

Language is a tool, which is used the most often by human for communication. However, persons with intellectual disability and serious expressive language disorders often need non-verbal communication, in order to avoid separation, lack of tie with environment and incomprehension of necessities and feelings. Non-verbal communication performs great role in communication of all the people (that is only 7% of general knowledge, that we receive with help of verbal messages, 38% - with help of voice tone, 55% - is constituted by non-verbal messages – body sings, facial expression), and it performs special role in case of persons with intellectual disability [E. Minczakiewicz 1998, M. Trybuś 1999, A. Żyta 2004].

Muted persons needs possibly earl introduction of alternative (non-verbal) communication system, adapted to level of cerebral structures' maturity, and simultaneously, optimally realizing their communication necessities. This system should be characterized by easiness of performing and demonstrating signs, validity and legibility for intellectual disabled person. It should be known and used by his nearest environment. [M.Piszczek 1997]. Besides alternative communication, supporting communication, that is a supplement of a language, occurs also.

There isn't one universal non-verbal communication system, which would be optimal for the majority of disabled persons with expressive language disorders. Correct psychological-logopedic-pedagogical diagnosis is the base of researches. An analysis of current communication skills of a child is made, when intensive logopedical exercises don't give expected results. Such estimations concerns, inter alia, using gesture skill, concrete and abstractive symbol, level of responding to communicates from the other, level of purposefulness of communication expression and its forms, cooperation skill. Intentionality of child's behavior, in way allowing expressed (pointed) signs to become signals is a condition indispensable for choice of communication system. Sometimes,

mixes of few ways are used, or alternative communication has a character supporting wordy communication.

In Polish institutions of rehabilitation and education, taking care of persons with deeper intellectual disability, following ways of alternative communication are used the most often:

Box calendar

This is the system of pigeon-holes (boxes), situated in singled place of the hall (room), in which the objects or their significant, characteristic for given activity (for example shoe as symbol of a walk, spoon signing eating) fragments are put. The person begins the day from acquainting oneself with plan of the day with taking suitable objects out. These objects become symbols and accompany the person while he performs given action, and goes into box after use. The person can point at proper objects, wanting to communicate careers about his necessities. It is very concrete and quite simple way [B.Miles B 1995].

Photo calendar

It consists of the collection of photos, presenting a person in variety situations of daily life (for example eating, washing oneself, wearing oneself, educational activities etc), and photos of objects used by the disabled. The photo becomes a signal, when it is shown to the person before his start given activity and while he performs it. This way is intended for these persons with intellectual disability, who don't respond to pictures, but react, watching photos presenting them.

Illustrations calendar

This way is created similarly to photo calendar, but it consists of pictures presenting activities and objects. It is intended to these persons, who are able to recognize objects presented at pictures.

Piktogram Ideogram Communication (PIC)

It consists of stencil pictures, presenting white characters on black background. Under the picture, white-letter word is written. Signs can be used in order to create new, complex words and building sentences. This is a system intended to persons with higher perceptive and intellectual skills, in relation to bigger schematic of pictures. This system has been very popular in Polish rehabilitation institution for dozen or so years [S. von Tetzchner, H. Martinsen 2002].

Picture Communication Symbols (PCS)

This system of black and white pictures with inscriptions on colored background (color points at part of speech or function of a term), is very popular in numerous countries, including Poland. It is system with similar degree of difficulty as PIC, but it gives more possibilities, in relation to bigger amount of signs. Words are divided into 6 categories (groups), what allows one to learn simple sentence structures. There are: people (yellow), verbs (green), descriptive, so adjective and part of adverbs (blue), nouns, which weren't contained in previous categories (orange), various – conjunctions, prepositions, attributes of time, colors, numbers (white), and social words – words used in interpersonal contacts and courtesy expressions (purplish red) [Ibid., 2002].

Makaton Vocabulary

System of 350 signs, relating to sign language. It can be introduced, when person function at least on the level of 18-months child, so when intentionality of behavior, imitating skill and long-lasting memory and repeating moves ability occurs. This person has to have efficient hands and fingers and developed eyes-and-move coordination. This system becomes more and more popular in Poland; it is often used with other methods of alternative communication. Inter alia working with mirror, working with camera, dark gloves wearing, repeating moves, use of help of third person standing behind the child and moving his hands, are the methods used during introduction of signs [M.Walker 1980, M. Piszczek 1997].

Bliss Symbols

It is the most advanced system of graphic communication. It is quite hard assimilable and often too complicated for persons intellectual disorder (usually, they are able to learn only few, simplest signs). It consists of 100 basic signs which are connected, in order to create new combinations. Signs have ideographic character and are characterized by quite big degree of abstraction [S. von Tetzchner, H. Martinsen 2002].

The fact, which communication system is used, depends on functional diagnosis that was put forward, as well as on intellectual level of the person and on preparation of persons working with him. Communication ways should be introduced quite early, in age of 2,5-4.

While communication is chosen, following factors should be taken into consideration:

1. the easiness of performing and demonstrating signs,
2. validity of a sign (word) for a person
3. legibility (unequivocity) of the sign,
4. possibility of creating new combinations [M. Piszczek 1997].

Obviously, it is important to individual communication way to be known to nearest environment of the person (members of family, teachers, careers, and friends) and to all people, to be used and strengthened in variety places.

In this connection, from a great importance for the specialists is to inform and instruct the parents for the different ways of stimulation the children's development and communication. The work of the parents with the child is to be differentiated as a basis of all kinds of specialized intervention (speech, motor, behavioral). In this case the role of specialists, most of all the role of special pedagogist, is with a leading importance, as the specialists give directions to the family, concerning the special organization of the life of the child at home and special alternative communications exercises. Of a great importance for the child with intellectual disability and problems with verbal communication is the formation of a specific type of emotional interaction (communication). It is manifested in constant emotionally positive comments for all which is happening at the moment and for what the child sees – the whole impression stream is to be “broken” into small pieces and as well the important is to be separated from the pleasant. The comments themselves do not include anything special. Their aim is through positive emotion all the daily moments to be experienced together with the child. The comments should be rhythmic and with a rich intonation, similar to the one, which is frequently used when communicating with a little baby. It seems to be more clear and comprehensible for persons with deeper intellectual disability.

Supporting alternative communication in situation of impossibility of verbal communication is an important element of improving these persons. It gives them chances for ordering social reality, supports satisfying necessity of security and anticipation of events, creates possibility of expressing one's wishes and making choices, what improves the structure of “me”. Moreover, these ways are socially accepted and actuates cognitive and emotional development of person with intellectual disability. Getting into relation is also very important for members of family: parents, brothers and sisters. It makes ties between individual persons better; facilitate the control of informational chaos and makes understanding of intellectually disabled necessities easier.

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