

Receptive Communication Forms

Facial cues - Facial expressions reflect what we feel, especially our eyes - aptly called "the windows of our soul". They are a very basic form of nonverbal communication and convey the emotional state of an individual to the child. Children who have enough vision can interpret this directly from another person's face. A child who does not have enough vision to see another person's face clearly would need to gather these emotional clues through touch and/or tone of voice (if their hearing allows).

Note: eye contact is a significant **conversation regulator**, providing cues for appropriate turn-taking, indicating interest (or lack thereof!), manifesting a range of feelings from warmth to cold intimidation. It is often looked at as an indicator of attention. So, if a child is deafblind, he/she lacks the ability to gain from a person's eye contact, and hence also lack this mode of conversation regulation. And, in turn, persons watching a child have to look to body language, including stilling, to know if they are paying attention.

Movement cues - People use movement when they communicate. For example, when interacting with a young child, we may put our hands out to indicate that we are going to pick the child up. We might make bouncing motions with our legs to indicate we are going to bounce a child on them. When playing "peekaboo" not only do we move, but we may use a "prop" (e.g., a cloth) that also moves. If we were to play "Eensy Weensy Spider" - we might use a combination of movement, facial expression and tactile cues to get a child's attention - and involvement.

You could also "actually move the child through a pattern that is related to an activity" (Stremel - NCDB paper

<http://nationaldb.org/NCDBProducts.php?prodID=41>).

Examples include:

- Moving a child's hand to mouth to eat
- Moving his arm up and down to play the drum
- Swinging his leg to kick the ball

Nonverbal voice cues - The study of this is sometimes called "paralanguage" or "vocalics". The voice has "acoustic" qualities such as tone, volume, pitch, tempo, rhythm, resonance, nasality and accent. Children who cannot hear speech may still detect these non-verbal voice cues and connect them to meaning and "emotional context". What they are doing is determining the "patterns" of sound rather than words. For example, a child who appears to

respond to his name may also respond to another word which has the same number of syllables, is similar in character, and has the same acoustic qualities.

Touch cues - "A physical prompt made in a consistent manner directly on the body to communicate with a child" (Chen & Downing, 2006). The cue is given by touching a child's body in the area that is related to the message (Stremel: NCDB paper). Touch cues are often used to assist a child to anticipate something. Many of these cues occur naturally and are repeated often enough so that a child understands and is able to differentiate what each "touch" cue means. People working with a child learn to provide consistency by giving the child the touch cue in the same way each time - as well as pause time to allow for comprehension or if a cue is repeated. For example, touching under the arms to lift a child "up, up, up", pulling on the child's waistband to indicate "Change diaper!"

Touch cues may be child-specific - e.g., rubbing the back of a child's hand to indicate "Hi!"; going palm-to-palm in a "hi-five" to indicate "bye"; and pressing gently on the shoulder to say, "Someone's here!" A team for another child rubs the back of a child's left hand to say, "Hello", and the right hand to say, "Bye. I'm leaving now".

Chen D. & Downing, J. (2006). Tactile strategies for children who have visual impairments and multiple disabilities: Promoting communication and learning skills. AFB Press.

Tactile cues - can also be given through "shared tactile attention" - (i.e. a communication partner indicates to the child that he/she is "listening" or paying attention to the same thing). For example, the child could be examining a new toy - through touch. The communication partner also, side-by-side checks out the toy, without trying to communicate anything other than a "sharing" of the experience. If a child cannot visually "see" that a person is "sharing" something, the tactile cuing will provide similar information.

Downing (2006) gives an example: A conversation might be:
"this is a very interesting shell."
"Yes, it is. I really like the hard points over here. Do you?"

This technique is shared, nonverbal, and child-centered, and allows the conversation partner to participate in a "gentle, quiet, and respectful way".

Receptively a child can also receive tactile cues about something or someone through **hand-under-hand** mode (child's hands on top of communicator's hands).

Object cues - are usually whole objects (e.g., a sippy cup, a plate, keys) and are a truly concrete form of communication because they are easy to recognize and are actually used in the activity. A spoon can represent "eat", keys - a ride in the car, diaper - change diaper, book - library, lifevest - time to swim, etc. Object cues often indicate an activity or a routine (eating, recess, going home). They can also represent a place (e.g. where the activity occurs - bathroom, classroom, office, library); or a person (OT, nurse, etc). Sometimes people working with the child may wear something unique (e.g., a unique ring or bracelet) so that the child can distinguish them from other people. Like touch cues, object cues need to be used consistently, repetitively, and include pauses for comprehension so that the child begins to grasp that the object has meaning beyond the object itself.

Simple gesture cues - "A gesture is a non-vocal bodily movement intended to express meaning"; e.g. pointing "up" to indicate a direction; pointing to "you" and "me"; arms folded across the chest to indicate "hug?"

Complex gesture cues - When a more elaborate expression is conveyed through gestures,

Part-whole - A part of an object cue is used to represent the whole. For example, a key for a windup toy may represent that toy; a wheel from a toy car may represent the child's favorite car; a computer mouse may represent the though, "Computer time now!" These are more portable than object cues and are usually derived from the original object cues used with a child.

Photographs and pictures: These correspond closely to the "real" world - e.g., a photograph of Mom (or "mother") is recognizable as such; a picture or photograph of a house might represent "home", a picture of a toothbrush would represent that activity. A deafblind child should have sufficient vision to be able to see a picture and understand what it relates to.



Note: Some children may see and recognize black and white over colored; others may need these to be brightly colored or have vivid contrast

Line drawings/picsyms: These are more abstract than photographs or pictures because they are symbolic. They only have the "critical" graphic features of an object, their outlines. While these are simpler in form, they are not necessarily simpler for a child with poor vision to grasp. Some examples of this:



Note: Some children may see and recognize black and white over colored; others may need these to be brightly colored or have vivid contrast

<http://assistivetech.sf.k12.sd.us/picsyms.htm> PicSyms (using Boardmaker software)

PICSYMS Categorical Dictionary - a collection of simple line drawings with accompanying words bound together in a volume. The symbols are printed on three different size grids and each of three sets consists of over 800 symbols grouped by categories. Instructions and suggestions are included. PICSYMS are also available on card stock, ready to be cut up for placement on communication boards.

Miniature Objects: These are sometimes used instead of real objects, but should be used with caution. If you close your eyes and examine a miniature object, it will rarely feel like the real thing.

Tangible symbols: These are similar to concrete objects, but are a step closer to being "symbolic" language. (See "part-whole" in information on Receptive Communication; and Tangible Symbols under Expressive Communication)

Visual sign cues: If a child has usable residual vision, it might be possible for him to watch sign language in its conventional mode - signed in the air.

- American Sign Language (ASL) is not just a visual sign system, it is actually a language that is concept-based and also uses facial expression and body language as an integral part of expression.
- There are also sign systems that follow English syntax and grammar such as Signing Exact English (SEE).
- Many children who are deafblind have visual issues that do not allow them to use sign in the same way as children who are Deaf/Hard of hearing do. If their vision is like "swiss cheese", they are essentially looking through

multiple holes and may not see the whole picture. If a child's central vision is affected, they may see just the periphery of the signer's hands, none of the facial expressions, and perhaps a little of the body gestures. If a child's central vision is good, but the peripheral is affected, they may be able to see both hands well enough (if positioned further away), but miss all the facial expressions, lip movements, and body gestures.

- Many children who are deafblind have additional disabling conditions. They may work best with fewer signs, modified signs, and ones that are "functional" for them.

Tactile sign cues: When a child's residual vision is not reliable enough for conventional sign, then tactile sign may be an option. These signs are received by the child placing his hands on the hands of the conversation partner. Tactile sign is best provided as ASL rather than a signed system - simply because concepts are more functional and relevant than the rules of grammar. Many children may need just an array of single words or concepts.

Speech: This is often not a good option for a child who is deafblind - but one should continue to use it along with other modes for communication.

Written words: With the incredible improvement in technology, and all types of computer software becoming available, the written word is now far more accessible than it ever was. The written word may sometimes be accessed visually - through magnification, enhancement of contrast, skillful use of colors for foreground/background, highlighting, etc. It may also be accessed through speech technology.

Braille: Children who are deafblind and have extremely poor vision may need to access the written word through Braille.