The development of language and communication skills in the mentally impaired constitutes the main objective in the recovery and social integration of these children. Therapy designed for the mentally impaired children requires the application of speech and communication development programs with precise and clear objectives, adequate methods and organised, staggered progress. The deployment scheme for these programs should comprise an initial comprehensive assessment of every child’s semantic vocabulary upon school entrance, continue with its introduction in a specific verbal stimulation program, and end with a final assessment of the progress made. In case no corresponding modification is noticed in the level of semantic vocabulary, the intervention methods should be modified and the general stages of the program resumed (Jeffree, D., McConkez, R., Hewson, S., 1993). The general structure of an intervention program in the field of language and communication development in the mentally impaired is made of the following elements:

- the environment where the program is carried out (structured or unstructured);
- the subjects the program is designed for (the mentally impaired);
- categories of specialists contributing to the program implementation (psychologists, specialists in defectology, speech therapists, etc.);
- types of objects selected (on the long term – areas: lexical, semantic, syntactic, pragmatic; on the short term – lexical, semantic sections, etc.);
- themes and methods used for accomplishing the objectives (individual or collective);
- assessment procedures used in measuring the results obtained (records, tests, audio-video recordings, etc.)

In order to reach the (long and short-term) objectives of the programs, exercises should be carried out during an indefinite period of time, which could be extended to years, school cycles, even the entire schooling of the child. The short-term objectives are generally selected from a fundamental field of language, of which a single sequence is selected for stimulation; it is in this case that the child meets the highest difficulties. Within the intervention, the long or short-term objectives can be combined. Objectives are fulfilled based on the schooling stage, the environment where activities are organised, as well as the child’s language learning achievements (Pikulski J., Templeton S., 2004). Often, the simultaneous combination of several objectives is required in the case of children coming from families where they are insufficiently stimulated verbally.

The long-term objectives have to define the end-result suggested through intervention and cover a period of approximately one year. The intermediary objectives translate into observable and measurable behaviours, and they have to include the description of the objective, the necessary material, as well as the translation into the instruction situation. Speech is practised through a variety of methods: imitation, conversation, spontaneous games organised with the help of various materials; this is how concepts...
are transferred into various contexts of daily life (Murray, T. G., Parker, V., 2004).

Language learning activities should be based on respecting three fundamental principles:
1. Receptive language acquisition should generally precede expressive language acquisition; this way, the child will (frequently) understand the meaning of a word before being able to express it.
2. New utterances are best internalised when perceived in a familiar context and inserted in short phrases.
3. Basic vocabulary should be chosen based on the speech therapist’s knowledge, the words designating the desired objects or preferred activities.

A number of factors should be considered in any language and communication development program, namely:

- psychological characteristics of the subject. In the mentally impaired child, language and communication development programs have to start from a detailed assessment of the psychological profile of each child.
- the environment where the intervention takes place;
- the type of activities in which the subject is involved;
- the teaching strategies used.

Communication development through simple and complex phrases – at syntactic and semantic level – can be achieved by means of:

- tasks such as descriptions of images, events and people;
- relevant comparisons between objects and events;
- rephrasing texts and questions or answers;
- identifying mistakes or obscurities in utterances;
- utterances in different social situations.

In order to acquire social communication techniques, the mentally impaired child needs additional guidance. The use of games, as a didactic tool, stimulates children to discover – often by imitation – verbal behaviours that are compatible with various social situations (Jeffree, D., McConkez, R., Hewson, S., 1993).

Imitation and modelling are general techniques and methods frequently used in language and communication development programs designed for the mentally impaired:

a) Imitation consists in the acquisition of an imitation kit (word), the gradual modification of verbal production in order to learn the word, then the guided use of the verbal product in contexts differing from the initial model.

b) Modelling refers to the more or less successful reproduction – supported by the speech therapist – of the initial verbal model.

The efficiency of both methods increases with the use of a rich, varied and well-chosen didactic material. The application of these methods is complemented – in case of the mentally impaired – with positive or negative reinforcement techniques, aimed at consolidating verbal behaviours. Positive reinforcement is obtained by means of the verbal or material reward, while the negative one through punishment, warnings and it is less recommended in communication development activities with (mentally impaired) children (Webster, A., Wood, D., 1995).

Conclusions

Verbal communication in the case of the mentally impaired is a result of the language-personality-behaviour dynamics, hierarchies that influence expression and reception to an equal extent.

Nonverbal communication, aimed at supporting, supplementing and complementing what is difficult to communicate verbally, is improved and it modifies based on the psychic capabilities and personality, as well as the communication potential of the group or the person with whom the mentally impaired child interacts.

Language and communication stimulation and development have to be considered from an ecosystem perspective, which involves all the social systems belonging to the surrounding environment – family, school and community.

The transactional dimensions of language should equally be considered; that is, the factors pertaining to the social tradition of speech, the communication history of the child, social relations with the group, partners. We could thus conclude that language and communication can turn into mobilising forces that set the audience in motion, modify knowledge and transform personalities.

Bibliography