



ORIGINAL RESEARCH PAPER

Education

LANGUAGE AND COMMUNICATION IN THE MENTALLY IMPAIRED. EDUCATIONAL-THERAPEUTIC PRACTICAL APPROACHES

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ABSTRACT

This paper aims to present the intervention methods used for developing language and communication skills in the mentally impaired. To this aim, we started from the characteristics of language and communication in children with mental impairment. The form and severity of the mental impairment are likely to perturb the verbal communication reception and expression functions which have a negative impact upon interrelations, especially due to the decrease in the instrumental value of language. The structure of the programs aimed at developing language and communication skills constitute a useful general guide, flexibly applied to program design, based on the characteristics of the children and the learning environment.

Introduction

Mental impairment is characterised by the relative inability to adapt to the complexities of the social environment, due to impaired mental processes, insufficient language development, which constitute important symptoms of mental impairment. The mentally impaired child presents two main language development distortions: slowness and passivity and inertia. In the first situation, the level of language development is below of logic, slowed down, cumbersome and prematurely ended.

The formation and development of communication skills undergo a difficult process, with oscillations and returns to initial stages. In this case, the family of the mentally impaired child, together with the instructor and the speech therapist, have to provide verbal stimuli and expression models that are as accurate as possible.

1. Communication characteristics of the mentally impaired child

The specialised literature provides a three-component model of mentally impaired communication:

- linguistic aspects – which include language structure understanding and production, the use of vocabulary and the phonetic development of the child;
- paralinguistic aspects – which include vocal aspects such as voice quality and non-verbal elements (looking, gestures, facial expression);
- interactional management – which refers to enabling the mentally impaired child to interact with other children, familiar people, adults, but also to enabling them to use certain sequential skills in all these varying circumstances (Lerner, J., 1989).

Since verbal behaviour expresses the entire internal psychological life of people, with their feelings, attitudes and motivations, emphasis should be placed on speech correction and development with a view to better recovery and socialisation of the mentally impaired by means of the following goals:

- develop emotional receptiveness in relation with the family, the playmates, and adults;
- encourage the expression of emotional states by means of verbal language;
- stimulate interest in various forms of communication;
- develop the mentally impaired child's ability express one's self, communicate thoughts, feelings, accomplishments;
- stimulate interest in communicating through graphic symbols;
- develop the ability to understand speech and interpersonal communication;
- develop interior, oral and written language;
- develop intellectual and knowledge processes through language;
- develop personality through language.

2. Practical intervention approaches aimed at language and communication development in the mentally impaired

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 (Jeffrey, 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).

3. The computer in the communication and language acquisition by the mentally impaired child

In the communication and language acquisition (written and oral) by the mentally impaired child, the computer plays a very important role by means of the voice synthesiser. Computers constitute attractive means for concepts teaching and consolidation. Both normal and mentally impaired children can share their experiences with the help of the computer; they can discuss about the newest games and about the ways in which they can use the computer. Computers are important learning tools, practically used as part of the language therapy program (Rosenberg, M.J., (2001).

The advantages of using computers in the activities developed for

the mentally impaired children are the following:

- they provide good visual contact. The mentally impaired child learns better when visualising;
- they foster repetition and practice. The child can repeat an item or a program for as many times as (s)he wishes in order to acquire a skill;
- they foster rapid consolidation and immediate feedback. Thus, the child knows whether (s)he answered correctly to a question and the IT programs can resume the acquisition process for an item in case of a wrong answer;
- they stir and maintain the users' interest. Computers are captivating and entertaining for children, while fostering learning;
- computer activity is personalised and fosters independent learning;
- they create a comfortable environment.

The time when intervention assessment is carried out plays an important role in the use of modern intervention programs aimed at speeding language and communication development in the mentally impaired (Laffey, J., Tupper, T., Musser, D., Wedman, J., 2003). The assessment used in this category of programs falls into three types:

- initial – providing (if needed) an image of the child's verbal achievements before program initiation;
- intermediate and final – aimed at appraising the extent to which the established objectives were accomplished.

Therefore, the following can prove to be successful: individual or collective records, verbal and nonverbal knowledge assessment tests, performance analysis of school and outside-school communication, video recordings or questionnaires applied to the pupils' families. The structure of the language and communication development programs constitutes a useful tool, flexibly applied within programs design based on the characteristics of the pupils and the learning environment.

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.

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