Adjusting the way to speak when communicating with people who have visual impairment and additional needs

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Article 17 in the series Facilitating communication in people who have visual impairment and additional needs. All the articles are available to download from my website at

http://ianpbell.wordpress.com/communication-in-vi-children/

A list of all the articles in the series is provided on the website.

This article is based closely on a document used to support the Communication Policy adopted at RNIB Pears Centre for Specialist Learning. As Lead Speech and Language Therapist there, I took the lead in writing the original document in 2010.

For further information about RNIB Pears Centre for Specialist Learning, go to www.rnib.org.uk/pearscentre

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Ian Bell
April 2012
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Introduction

It must be stressed that speech is only one of the communicative means used when communicating with people who have visual impairment and additional needs. Most people in this group require facilitators who augment their spoken language with other means, such as signing or objects of reference. But when other means are used to augment spoken language, facilitators should, of course, continue to speak. And whether or not augmentative means are used, it is important that facilitators adjust the way they speak when communicating with people who have visual impairment and additional needs. There are several ways in which spoken language can be adjusted:

1. saying the person’s name first
2. reducing and simplifying each message
3. reducing the overall amount of spoken language (and communication)
4. being very careful about asking questions
5. referring mostly to the here and now
6. expanding the person’s own communication
7. not demanding imitation
8. being specific
9. using personal pronouns appropriately.

Most of these adjustments are important for people with visual impairment and additional needs not because they have little or no sight, but because they have limited communication skills and require the kinds of adjustments parents intuitively make for their typically developing infants and children.

Adjusting the way to speak with any one person depends on several factors. The most important are likely to be the person’s

- receptive communication skills (ability to understand spoken language and other means of communication)
- cognitive abilities.

If the person has autism in addition to visual impairment it may also be necessary to consider his / her ability to handle spoken language alongside other sensory information. This is discussed in section 3.

\(^1\) See article 14.
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1. **Saying the person’s name first**

Fully sighted people know when someone is addressing them, because they can see their communicative partner looking at them. Many people with visual impairment and additional needs are unable to do this, of course. Such people also have poor attention and listening skills. It is essential, therefore, to obtain a person’s attention when first starting to speak to him or her. The most natural way to do so is to say the person’s name before anything else.

Some people with visual impairment and additional needs look towards a facilitator who says their name; some with a useful amount of functional vision make eye contact. Many, of course, cannot do either of these things. Facilitators should not insist that a person with visual impairment and additional needs makes eye contact, even when the person is known to have sufficient vision. This is particularly important for people who have autism in addition to visual impairment. There are two reasons for this:

- it is now understood that some autistic people find making eye contact actually painful
- an autistic person is unlikely to be able to look and listen at the same time; thus, if the person makes eye contact with the facilitator, it may be impossible for him / her to listen.

When addressing a person with visual impairment and additional needs, rather than saying, e.g., *Get coat, Jo*, it is preferable to say *Jo, get coat.*

2. **Shortening our sentences and keeping them simple**

It is important that facilitators adjust the length and complexity of their sentences to take account of each person’s receptive communication skills. Typically developing young children only understand when other people keep their sentences short and simple.

The important thing is to enable the person to focus on the key words. Many people with visual impairment and additional needs will understand more readily if facilitators cut out some unnecessary words. These include *the* and *a.* thus, *Jo, sandwich* is more effective for many people than *Jo, here’s a sandwich.*
In addition, many people with visual impairment and additional needs who have some ability to understand spoken language are unlikely to understand an instruction with two elements, such as *Put the drum back and take the bells*. It is preferable to separate the two parts: Jo, *put drum back* (followed by a pause to allow the person to process this instruction and to respond) and then *Jo, take bells*.

Sentences with negatives (e.g. *Don’t step in the puddle*) are particularly difficult to understand, and should be avoided. A person whose understanding is at the one-word level may only understand *puddle* in this sentence; a person at the two-word level is likely to understand *step puddle* – the opposite of what is wanted. In any case, it is much more effective to tell people what they should do, rather than attempt to tell them what not to do. If the facilitator wants a person with visual impairment and additional needs to avoid a puddle, it is preferable to direct her away from the puddle saying, e.g. *Mary, come here*.

3. Reducing the overall amount of spoken language (and communication)

When adults talk to very young typically developing children they reduce the overall amount that they say. This avoids the infant becoming over-loaded.

Facilitators should adopt the same strategy with people who have visual impairment and additional needs. This is because such people

- are at an early stage of development so do not have a good understanding of what other people say
- are slow to process information, and to plan a response; they require extra time to understand other people.

Autistic people also require additional processing time and need communicative partners who reduce the overall amount they say. If this does not happen, they can become over-loaded and may go into crisis. Potter and Whitakker (2001) describe what they call a Minimal Speech Approach; facilitators should consider adopting such an approach for people with visual impairment and autism.
4. Being very careful about asking questions

When facilitating communication, it is easy to ask a lot of questions. This is understandable, because facilitators feel the need to encourage people to communicate, especially if they communicate only a little. Unfortunately, questions are not very effective at facilitating either everyday functional communication or the acquisition of increasingly mature skills.

An important limitation of questions is that they place the person in a passive, responsive role. This is incompatible with the principle of encouraging people to take the initiative and so communicate spontaneously. Questions, therefore, should be employed very sparingly.

Another difficulty with questions is the nature of the typical responses they elicit. They are often used with the intention of encouraging the person to produce an adult-like sentence. However, when responding to a question it is typically more appropriate to give a reduced answer than to give a full one. For example, if asked What did you have for breakfast this morning?, it is perfectly acceptable to reply Cornflakes. Indeed, this is more appropriate than replying I had cornflakes for breakfast this morning.

Thus, if the facilitator’s intention is to elicit a full, grammatical sentence, a question is unlikely to be appropriate. It may be preferable to inform the person I had cornflakes for breakfast this morning, and wait. This is more likely to elicit a reasonably long, grammatical sentence than the equivalent question. Indeed, it may elicit even more than a question; a possible response is Not me. Toast with jam. And cup of tea.

A forced alternative (FA) question is sometimes used to elicit a full grammatical sentence. In essence, such questions give the person a choice between two possible sentences. As the purpose of asking such questions is to provide the person with a model for his / her response, it is important to make each part a full, grammatical question: Is this a big red car or Is this a little yellow car? But, communicatively, this is still a question, and it is still likely that the person will provide a reduced response. Another difficulty is that when offered a choice, some people always choose the item

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2 See article 7.
presented second; if asked a FA question, they are likely to respond with the option presented second, even if it is the wrong one.

FA questions are likely to be difficult for people who have autism in addition to visual impairment. This is because many autistic people have difficulty making a choice, which is what FA questions require.

It is recommended that FA questions are avoided with people who have visual impairment and additional needs.

Questions are often asked, of course, to obtain information. The simplest questions of this sort are those that require a *yes* / *no* response; e.g. *Do you want a drink?* These should be used sparingly and carefully. This is because typically developing young children do not give reliable responses to *yes* / *no* questions. This also applies to many people with communication difficulties. In many circumstances, the answer to such a question will be *yes*, even when the person does not really mean that.

A further difficulty with asking questions to establish what a person wants is that this denies the person the opportunity to take the initiative and spontaneously make a request. Thus, frequently asking questions to establish what a person wants is incompatible with the principle of encouraging people to take the initiative and so communicate spontaneously.³

More complex questions employed to obtain information include *What did you do yesterday evening?* Typically developing children and those with communication difficulties cannot easily respond to open questions such as this. This is because open questions give no real clue as to what the questioner wants as a reply.

Furthermore, many people with visual impairment and additional needs are at an early stage in their cognitive development, and do not readily recall events that occurred several hours before.

It is easy to believe that typically developing children very quickly learn to respond appropriately to open questions, and that they do so without any support. In fact, in the early stages they require considerable support. The following is probably a common scenario:

³ See article 7.
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- during the day, when at home, a two-and-a-half-year-old child plays with Mum in the garden
- the child throws a ball and the cat (Tiger) chases it and disappears into a hedge, emerging a little later with a mouse
- the child is fascinated by this and talks about it with Mum
- when Dad comes home, he asks the child What did you do today?
- the child, focusing on the here and now (see next section), fails to respond
- Mum says Tell Daddy what Tiger did this morning
- the child says got mouse in hedge
- then Mum says Tell Daddy why Tiger went in the hedge
- the child again fails to respond
- Mum provides additional support, prompting the child with: What was Tiger chasing when he went into the hedge?
- the child replies Little yellow ball. I threwed it.

Ultimately, Dad gets a reasonable picture of the event. But this is crucially dependent on at least three factors:

- the child found the event fascinating, so was likely to store it effectively in his / her memory
- Mum and the child talked about the event as it happened and straight afterwards, when it was fresh in the child's mind; this also helped to ensure the event was stored effectively in the child's memory
- Mum and the child shared the event, so Mum knew what had happened and could prompt and support the child to recall the event and put it into words when Dad asked the initial question.

Frequent practice in this sort of situation helps typically developing children learn how to respond appropriately to questions. Many people with visual impairment and additional needs will be unable to respond to apparently simple questions such as What did you do this afternoon? unless they receive similar levels of support. They need to

- have done something of real interest, so it becomes stored effectively in the memory
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- communicate about the event as it happens and very soon afterwards with a facilitator, who must be someone who communicates effectively with the person
- share the experience with that facilitator, so the facilitator can prompt and support the person to recall the event and communicate about it when a third person asks a question later.

5. Referring mostly to the here and now

Because of their limited cognitive abilities, many people with visual impairment and additional needs live in the here and now. It is therefore very difficult for them to communicate about the past (see the previous section) and the future. It is also very difficult for them to communicate about things that are not physically present. For many people with little or no sight, this means things that they are not directly in contact with.

It is therefore important to refer mostly to the here and now when communicating with people who have visual impairment and additional needs. When referring to past events, facilitators should provide as much appropriate support as possible, as illustrated in the previous section.

Communicating about the future is probably even more difficult than communicating about the past. Some kind of timetable employing large visual symbols, tactile symbols or objects enables some people with visual impairment and additional needs to understand the future. Timetables are particularly useful for many autistic people, but they can also support people who are not on the spectrum. For more information about the use of timetables see the Resource Pack developed by the Visual Impairment and Autism Project (2011).

6. Expanding the person’s own communication

Typically developing young children acquire increasingly mature communication skills partly because their communicative partners expand on what the child says.

4 The importance of sharing experiences is discussed in article 12.
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For example,

<table>
<thead>
<tr>
<th>The young child says</th>
<th>The adult responds</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Car</em></td>
<td><em>Pushing car</em></td>
</tr>
<tr>
<td><em>Drink pop</em></td>
<td><em>Charanjit's drinking pop</em></td>
</tr>
<tr>
<td><em>Play outside swing</em></td>
<td><em>Yes! You’re playing outside. Mary’s playing on the swing.</em></td>
</tr>
</tbody>
</table>

Facilitators should adopt the same strategy with people who have visual impairment and additional needs.

7. **Not demanding imitation**

Asking a typically developing young child to imitate is not effective if the intention is to support the child to say something more mature; children can only imitate on demand things they can already say.

Demanding imitation is not an effective means of promoting increasingly mature communication skills and is not recommended for use with people who have visual impairment and additional needs.

8. **Being specific**

It is very common for mature communicators to make a good deal of use of pronouns such as *it, this, that, here, there*. But facilitators should restrict their use with people who have visual impairment and additional needs. This is because pronouns do not provide these people with sufficient information. In addition, their use fails to support them in learning the names of objects, and provides them with a poor model.

People with communication difficulties often "get away" with using words such as *it, this, that, here, there* a great deal themselves. It results in their language content lacking specificity – it is only possible to follow what they are talking about if you fully share the context with them.
To support people with visual impairment and additional needs to learn the names of objects, and to provide them with a good model, facilitators should try always to name the item or place they are referring to. For example, it is preferable to say *Give ball to Ian*, rather than *Give it to Ian* and *Put plate on table* rather than *Put it here*.

9. Using personal pronouns appropriately

Many people with communication difficulties find it hard to understand and use pronouns such as *I, me, you, he, she, mine, yours*, etc. In fact, many typically developing young children have difficulties with these words too.

To support the understanding of babies and infants, adults do not use pronouns in the early stages. For example, a mother will say to her child *Mummy will fetch teddy*, and *That’s Mary’s drink, this is Mummy’s drink*.

Many people with visual impairment and additional needs also require this kind of support. It is recommended that facilitators refer to themselves and the people they support by name, and avoid the use of pronouns such as *I, me, you, he, she, mine, yours*, etc.

For example, when communicating with someone called Su:

<table>
<thead>
<tr>
<th>Instead of saying …</th>
<th>… it is preferable to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’re yawning</td>
<td>Su’s yawning</td>
</tr>
<tr>
<td>You’re tired</td>
<td>Su’s tired</td>
</tr>
<tr>
<td>Put it here</td>
<td>Put book on table</td>
</tr>
<tr>
<td>You like this</td>
<td>Su likes bubble tube</td>
</tr>
</tbody>
</table>

Concluding remarks

Acquiring communication skills is very difficult for many people with visual impairment and additional needs. Facilitators need to understand this and adjust the way they speak in the ways described here when communicating with these people.
References
