

Psychology essays - down syndrome child and aac



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Down Syndrome Child and (AAC) Augmentative or Alternative Communication System

Does the Down syndrome child, acquiring the ability to communicate using an augmentative or alternative communication (AAC) System, follow a similar development path as that of typical language development?

The Down syndrome child, by definition, is different from others. Therefore, more than likely he or she will experience some level of mental retardation and physical disability. Physical disability can include health, immunity, and physical problems which affect the sight, the hearing and speech. This would imply that most children born with Down syndrome have limited intelligence, limited physical ability, and, similar to the deaf child, because of hearing deficits, will have delays in language development. Language development and auditory function have been linked in numerous studies. Where in the deaf child intellectual function is not an issue, it should be noted that in most deaf individuals, language impairment continues throughout life although the ability to communicate can be augmented through other means such as hearing aids, sign language, and the like.

Language delay would be prognosticated in intellectually and/or auditorily impaired children from birth. In the child with Down syndrome, given the additional physical problems including impaired motor skills affecting articulation, a language delay, to a greater extent, would be both implied and expected. The question as to whether, with the use of augmentative or alternative communication (AAC) the child then follows the path of typical language development, albeit retarded or delayed.

In the paper entitled *Language and Communication Characteristics of Children with Down Syndrome*, (Miller, J in Pueschel, S. m. et al., p. 224) a collaboration of views that include the delay which involves the necessity in language for cognitive development, and deficit which involves the additional characteristics needed for language development, is needed. That collaboration with the inclusion of other environmental factors that can affect verbal skills and language comprehension. In fact, this study places more emphasis on the environmental factors than either delay or enhance language development in the delayed or deficit child.

Given that all factors are interchangeable in studies, i. e. level of deficiency or delay and environmental and social factors, it can also be surmised that a child with variations of these combinations, would find his/her world enhanced with the ability to communicate. Studies using AAC with Down syndrome children generally speaking show better communication skills which would lead to better environmental factors based on at least less frustration in social situations.

Foreman and Crews (1998, p. 1) define AAC as to commonly refer to mechanical and electronic systems used with cerebral palsy and physical disability but include sign language as used with the deaf. This article also refers to the language system developed by Margaret Walker - Makaton. The system was developed as a support to communication development in adults. This method, now used in over 40 countries, combines the use of signing and speaking. Also mentioned in this article is the use of picture communication that requires no reading skills but rather use pictographs to convey information. Both methods have been shown to have positive results for the <https://assignbuster.com/psychology-essays-down-syndrome-child-and-aac/>

child along with concerns of stigma and difficulty for either the child or the family to learn the AAC. While these concerns have been voiced, on the other hand, better communication skills have cut down significantly on behavioral outbursts due to the inability to communicate.

The studies also indicate that learning basic signs for no, help and the like empower the child. This empowerment would imply enhanced environmental factors as a consequent to better social skills. But further, as Foreman and Crews study shows (1998, p. 6):

The ability to name objects is of great use to young children with a limited capacity to communicate (Grove & Walker, 1990). Most of the frustration experience by young children with communication difficulties is limited by the ability to name a desired toy, food or activity.

While this study taught children naming skills through four methods for communication, it concludes that the multimodal method of instruction is an effective way of encouraging children with Down syndrome (1998, p. 7) and signing may carry most weight amongst the various modalities.

Another point to be discussed is the question as to whether children with Down syndrome have a pattern of language development that is distinct or different from the typical. Studies conducted by Harris (1983, pp. 153ff) and Coggins (1979, pp. 166ff) determined that children approximately three years old or younger, whether normal or Down syndrome develop approximately the same. It is with older children where normal children acquire more advanced language skills (Coggins, 1979). Harris' study suggested that were

different language strategies were used both groups, normal and Down, progressed in age.

Miller points out that a preference for gestural expression over verbal expression among children with Down syndrome by educators, parents, and speech-language pathologists (Miller, p. 6) has been noted. This makes sense, as confirmed by many researchers; intelligibility of speech is a major factor in Down syndrome. This inability to produce intelligible speech is attributable to physical problems mentioned above, to include the muscular structure of the jaw, and often-reported oversized tongue. This would go along with where studies indicate the normal child and the Down syndrome child split from each other in language development. The muscular development coupled with normally developing cognitive skills allow the normal child to interact and communicate by the age of 5 or 6 whereas Down syndrome children remain unintelligible.

Additional to physical disability is the deficit in understanding concepts and complex ideas. As Miller points out, ideas relating to time and space, relationships, causality (Miller, p. 8) are difficult to impossible for the child with Down syndrome to understand. It is in this area that the factors involving the physical, cognitive and environment can be linked to where the Down syndrome child's development and language skills reach a ceiling.

From research conducted, it can be safely assumed that children with Down syndrome stop developing around the age normal children are able to understand the above-mentioned ideas and concepts. This inability, retarding cognition, will then as a consequence retard ability to communicate at a

complex level of thinking as do normally developing children and adults. This would indicate that, despite the current AAC available, at some point language development would not continue on the same path as in the typical. An important variable however, is environment, in the determination of just how far this child can develop.

Since gesture was noted to be preferred in this group, studies noted in the article by John Clibbens, point to arguments such as those of Remington and Clark (1996) that signing facilitates interactions and thus speech development and those carried out by Miller (1992) and Launonen (1996) both of which point to advantages in signing and greater advancement in vocabulary among subjects during an important developmental period (Clibbens, p. 2). Launonen's follow up study in 1998 found that there was still significant difference in social and linguistic skills between the two groups. Both of these authors emphasize signing as beneficial both in the short and long term.

Interesting to point out that strategies used by deaf mothers were looked at for research purposes. Clibbens, Powell and Grove (1997) note that signing is preferred as it is a natural language system that does not require special equipment among other reasons.

One of the major arguments against signing is that it does not encourage children to speak. Yet others have noted that as the child grows (to some extent as does the normal child) that speech overtakes use of gesture to communicate.

It would seem that empowerment is an important factor in all people and this would not exclude the child with Down syndrome. Empowerment implies self-esteem. This comes out of social interaction that has positive feedback. When a child is able to find a way to better communicate with his environment and have his needs met, he is more likely to want to learn, on some level, and to do more of the same. The general feedback in studies reviewed show that use of AAC is generally positive for all participants. Empowerment and self-esteem, has been shown in studies of all sorts to enhance the life generally and leads to success in relationships. Success in relationship again, has been shown in numerous studies to be as the result of good communication. Communication, as proven by these studies is effective both verbally and nonverbally as through signing with this population.

There have been many things said about the Down syndrome child that have not been included in studies. These things could be considered beyond the typical. Down syndrome children have been noted to be openly loving and naively devoted because of their childlike nature. More and more opportunities are opening up for these children to include roles on television. More exposure with less stigmatism, further empowers the Down syndrome child as well as others with physical, mental and cognitive disabilities. Events such as the Special Olympics, develop the physical where before these children were coddled and hidden. This furthers the empowerment and self-esteem of the Down syndrome individual and encourages him or her to further develop language skills.

Any method that furthers the chances of a disabled child such as one with Down syndrome to benefit from inclusion in events and circles of others in

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society brings benefit and further development in all areas of growth. AAC includes a growing number of methods whereby the ability to communicate can be enhanced. Thus, what was previously described as impossible or atypical for a child born with Down syndrome no longer applies.

In conclusion, the child who has learned one mode or a combination of modes of augmentative or alternative communication (AAC) System, follow a similar development path as that of typical language development to a point. The factors that must be considered in evaluating this question are cognitive in that the intellectual ability to comprehend complex ideas will be retarded or impaired and reach a ceiling. Compared to the norm, where, at a similar developmental point, the typical progresses.

Further, beyond the cognitive and intellectual factors, there are the physical factors that impede intelligibility. This is based on physical deformity and which contribute to delays which further impede ability to communicate. This separates language ability related to muscle development and jaw structure from the typical at the physical level.

AAC techniques cannot yet bring language development to the level of the typical or the norm, yet they can increase vocabulary, extend communication skills, beyond what is now the norm for the Down syndrome child. This enhancement helps the child develop other social skills that bring the environment closer to him or her and others,

While researchers in AAC techniques realize the factors that inhibit or enhance their studies involve the type of modality or combination thereof along with social factors level of deficiency, and the environmental factors

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that contribute greatly to the better functioning of children with Down syndrome. Because the stigma of retardation and disability has lessened over the years, more opportunities are available to enhance learning and social skills. Sports events such as the above-mentioned Special Olympics allow a Down syndrome child to experience physical strength and the sense of competition which build on self-esteem and emotional balance. More and more acceptance of such children has come about in the community leading to support groups, respite, and more understanding of what is available and what works.

The capacity and capability of these children, studies and personal experience show, has been underrated. A couple of generations ago, these children were not expected to survive childhood. While they have shown mental deficiencies, their emotional abilities to give and receive are not deficient by the reports of many. More and more, these children are participating in regular schools, grow up to do work that has meaning to them and are able to maintain independent living skills. Many are developing talents such as singing, acting, music which also can be considered skill enhancing providing further means of communication and language development.

The answer is to the question: Does the Down Syndrome child, acquiring the ability to communicate using augmentative or alternative communication (AAC) System, follow a similar development path as that of typical language development, is yes and no. No because the child born with Down syndrome will develop at all levels atypically and this would include language development. However, as stated below:

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Providing the best strategies for communication for a child with an intellectual disability is an enormously complex task. Augmentative procedures are not the complete solution to the communication problems of these children. However, by a slow process of trial and assessment of these procedures, small gains can be achieved in the eventual construction of a system that allows children to communicate more effectively. The practical benefits of these procedures for children with Down syndrome (and all children with intellectual disabilities) are of great importance to the improvement of their life opportunities. (Foreman, p. 8)

Improvement of life and opportunity has been the result of, at least in part, augmentative procedures.

References

- Coggins, T. E. (1979). Relational meaning encoded in the two-word utterances of stage 1 Down's syndrome children. *Journal of Speech and Hearing Research*, 22, 166-178.
- Clibbens, J. (2001). Signing and lexical development in children with Down syndrome. *Down Syndrome Research and Practice* 7(3), 101-105.
- Clibbens, J. Powell, G. G. & Grove, N. (1997). Manual signing and AAC Issues for research and practice. *Communication Matters*, 11 (2), 17-18.
- Foreman, P., Crews, G. (1998). Using augmentative communication with infants and young children with Down syndrome. *Down Syndrome Research and Practice* Vol. 5, No. 1, pp. 16-25. NSW, Australia, University of Newcastle.

Harris, J. (1983). What does mean length of utterance mean? Evidence from a comparative study of normal and Down's syndrome Children. *British Journal of Disorders of communication* , 18, 153-169.

Launonen, K. (1996). Enhancing communication skills of children with Down syndrome: Early use of manual signs. In S. von Tetzchner & M. H. Jensen (Eds.), *Augmentative and Alternative Communication: European Perspectives*. London: Whurr.

Launonen, K. (1998). Early manual sign intervention: Eight-year follow up of children with Down syndrome. In *Proceedings of the ISAAC '98 Conference*. Dublin ISAAC/Ashfield Publications.

Miller, J. F. (1992). Development of speech and language in children with Down syndrome. In I. T. Lott & E. E. McCoy (Eds.) *Down Syndrome: Advances in medical care*. Chichester: Wiley.

Pueschel, Siegfried M., Tingey, Carol, Rynders, J. E., Crocker, A. C. & Crutcher, D. M. (Eds.) (1987). *New perspectives on Down syndrome*. Baltimore, MD: Paul H. Brookes Publishing Co. ISBN 0933716699
Chapter 9, 233-62.