Current Canadian Clinical Concepts

An inability to use oral communication because of motor speech disorders can result in limited communication experiences, thereby reducing the opportunities for developing pragmatic skills. The objective of the program "Facilitating Pragmatic Growth in Preschool Blissymbolic Users" at the Glenrose Hospital was to stimulate communicative interactions in a group of six non-speech preschool children. All of the children had been introduced to Blissymbolics in both individual treatment and within the broader scope of a multidisciplinary nursery school setting. However, much of this time was spent on developing each child's semantic base. Less time was given to developing functional use of the system as a communicative tool. The group was designed to provide opportunities for the children to participate in a variety of pragmatic interactions by increasing the number of situations symbols were used in, the ways in which they were used, and the number of people with whom each child communicated.

Comments, suggestions and contributed articles should be sent to the coordinator:

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FACILITATING PRAGMATIC GROWTH IN PRESCHOOL BLISSYMBOLIC USERS

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In order for children to develop appropriate language use, it is important to provide opportunities and to set expectations for them to communicate. An inability to use oral communication because of motor speech disorders can result in limited communication experiences, thereby reducing the opportunities for developing pragmatic skills. The establishment of a non-speech system such as Blissymbolics, provides an augmentative "form" to code messages. However, the responsibility for the content and use of the messages remains largely dependent on the sender and receiver's experience in communicative interactions. Often these children have information to convey but limited practise and opportunities to express this information. The objective of this program was to stimulate communicative interactions and, therefore, the development of a greater number of early pragmatic functions in a group of six non-speech preschool children. Although these children had been introduced to the Blissymbol system in individual treatment and group situations, much of this time was devoted to developing each child's semantic base rather than on developing functional use of the system as a communicative tool. In addition, the primary pragmatic functions these children used were limited to that of answering and greeting.

POPULATION
The group consisted of six preschool children ranging in age from 3 to 5 years. The children were chosen from a multidisciplinary nursery school setting. The program was designed to be an adjunct to the nursery program and individual treatment.

DIAGNOSIS

Five of the children presented with severe dysarthria secondary to spastic quadriplegia. One child fluctuated between moderate to severe dysarthria secondary to cerebral vascular spasms.

Four children had age appropriate receptive language skills. Two children had mild to moderate receptive language delays.

DESCRIPTION OF THE PROGRAM

The program was three (3) weeks in length from June 29 to July 17, 1981. Sessions were held two (2) hours per day for five (5) mornings per week. Staff consisted of two (2) speech pathologists, one (1) occupational therapist, and one (1) rehabilitation aide. Parents were requested to be active participants in the program twice during its duration.

The daily routine of the program involved circle time, play, snack, games and activities and story time. These activities were designed to incorporate a theme selected for each day of the program. During these activities, the following pragmatic functions were encouraged:

Circle Time	- Answering
	Informative
Play	- Imaginative
	Interactive
Snack	- Turn Taking
	Making choices
	Commenting
	Requesting
	Labelling
Games & Activities	- Turn Taking
	Interactive
	Answer
	Labelling
Story	- Answering
	Greeting
	Commenting

Circle time involved discussion of news, weather and introduction of the theme of the day. Play involved both structured activities and free play. Games and Activities emphasizing fine motor and preschool skills were used. Story involved recall of vocabulary related to the theme.

The goals of the program were:

1. To increase the number of situations symbols were used in.
2. To increase the variety of uses of symbols.
3. To increase the number of listeners in the child's environment.
4. To improve the accuracy of messages relayed.
5. To increase the symbol vocabulary.
6. To familiarize parents with the Blissymbol system.

RESULTS

Generally, all of these goals were achieved. The children demonstrated significant increases in their pragmatic skills. More specifically, this evaluation form describes the results of the program:

BLISS STIMULATION EVALUATION

NAME: _____ Pre-Test: *

D.O.B.:_____ Post Test: #

DIAGNOSIS AND DESCRIPTION:

_____

_____

Number of symbols in vocabulary
10-230/34 - 236

Length of symbol utterances
1 - 3 / 1 - 3

Situation symbols are used in:

#	Circle
* #	Juice Time
#	Play
#	Activity
#	Story

Use of symbols:

* #   Imitatively

_# _   To meet basic needs

_____   In play

_# _   To relay messages

* #   To answer questions

         _____   spontaneously

         _* #_   when directed

_____   To initiate a conversation

* #   To make choices

* #   Other _Treatment_

Communicates with:

* #   Familiar adult(s)

_# _   Unfamiliar adult(s)

_# _   Peers

The number of symbols in their vocabulary increased, the length of their symbol utterances remained constant and the situations symbols were used in increased. The number of uses of symbols increased with the exception of use in play, spontaneous answering of questions and initiating conversations. Post-program, children communicated not only with familiar adults but also with unfamiliar adults and peers. Although vocalization was the first mode used in an interaction pre and post, most children used their symbol displays as a second alternative in conveying a message, post-program. Pre-program, most of the children had to repeat their messages several times in order to be understood. Post-program, most children had to repeat messages only once. None of the children indicated that his/her display was needed either pre or post.

CONCLUSION

Generally, it was noted that with expectations placed on these children to communicate using their symbol displays, significant increases occurred in their pragmatic skills. However, they continued to demonstrate difficulty in spontaneous uses and in initiating conversations. Perhaps, if the duration of the program had been longer there may have been more spontaneous use of the pragmatic skills they were beginning to acquire. If, in individual treatment, more time had been devoted to developing pragmatic interactions and less time spent on vocabulary building, these children may have been more spontaneous in their interactions. Individual treatment allows for the development of a semantic knowledge base for these children but does not provide sufficient opportunities to practise pragmatic interactions. Therefore, intervention should begin as early as possible, emphasizing pragmatic interactions and parents as primary facilitators. If these children had consistently been expected to communicate their messages in the most accurate mode possible, they would have had more practise with successful pragmatic interactions and perhaps would have found communicating more rewarding.

Attempts have been made to implement the strategies used in this program into the multidisciplinary nursery school setting during the past year. Staff has been encouraged to use the following techniques with Blissymbol communicators as well as with children with other communication disorders:

1. Waiting: Wait for the child to respond or initiate.
2. Chaining: Make statements that will keep a conversation going.
3. Turn-taking: Allow the child to have a turn. Do not dominate the conversation.
4. Avoid Rhetorical Speaking: Your messages should lead to a response. Try to avoid bombarding the child with statements and questions, and avoid answering questions for the child.

For further information contact the authors at the above address or phone: (403) 471-2262, extension 2360.

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September, 1982.

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Welcome to New Student Members

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Kristine Marie Larsen   Edmonton, Alberta

Sheila Kathleen Long   Penhold, Alberta

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