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Can't Talk? Can't Communicate?

I visited Catherine and her three-year-old daughter, Jill, in their home. I arrived at dinnertime and said I'd like to watch a typical meal. Catherine proceeded to make dinner while Jill banged on some pot lids. Suddenly, Jill stood up and walked to a cabinet. She did not look at her mother but instead started to pull on the cabinet door. The door didn't budge and Jill started to become more and more agitated.

Catherine quickly noticed what was happening and asked Jill, "What do you want?" Catherine opened up the door and pointed to a box of cookies and said, "This one?"

Jill continued to cry as Catherine proceeded to hold up every box she could reach. The crying was getting louder and Catherine's face was getting redder. Finally, Catherine held up one box of crackers and Jill lunged for the box. As Jill calmed down, Catherine told me how exasperated and exhausted she gets because her daughter cannot let her know which snack she wants.

Clearly, Jill has a significant problem in expressing her needs with words. By age three to four, children typically use over 1000 words, can describe things in great detail, can discuss activities and events that are not ongoing or in their immediate surroundings, and can respond to abstract questions, such as "What color is grass?" (when there is no grass in sight). In contrast, Jill is still not speaking or using gestures in a meaningful way at age three.

In fact, a delay in acquiring communication skills is one of the hallmarks of autism spectrum disorders. What is the typical sequence of speech development? In general, children begin to babble around

six to nine months of age. By the sixth month, children begin to demonstrate an understanding of ways to influence their parents and other caregivers even without having clearly spoken words—through gestures, eye-contact, voice tone, and other body motions. Around the first birthday, most children have begun to use single words (and possibly some two-word combinations) and understand simple instructions such as, “Where’s your nose?” and “Bring me your shoe.” By their second birthday, most children can use approximately 25 to 50 words and combine them into simple sentences. They also can respond to more complex instructions, such as “Get the spoon and put it into the sink.”

In contrast, the speech and communication development of children with autism and other complex communication needs is far less smooth. Some children are reported to engage in fairly typical babbling and early speech development but then show remarkable regression around their second birthday, often stopping to speak entirely. Other children with autism do not seem to direct their speech to adults or siblings. They may repeat things they hear on the radio, TV, or similar sources but not imitate what their parents or peers are saying. The often-meaningless repetition of words and phrases is called *echolalia*, a prominent feature for many children with autism who do develop speech.

As yet, we do not fully understand the causes of these two distinct patterns of speech development. However, the result is similar—children who are substantially delayed in their speech and communication development by the age of two or three, even in comparison to the development of their other skills.

Why Do Some Children Have Difficulty Developing Speech?

One of our first questions about children who do not develop speech in the typical sequence is: Is there a single cause? The simple answer is “no.” A child may fail to develop speech due to a variety of factors. Some factors are related to biological issues either present at conception or occurring during gestation. Various degrees of difficulty in developing speech are associated with intellectual disability, cerebral palsy, autism, and developmental apraxia of speech (Beukelman

& Mirenda, 2005). Speech impairments also may be associated with factors that are acquired after birth such as traumatic brain injury, amyotrophic lateral sclerosis, multiple sclerosis (MS), and stroke (Beukelman & Mirenda, 2005).

In the case of autism, we do not know how the disorder is specifically related to difficulties in acquiring speech—that is, we do not yet understand what parts of the brain are influenced in such a way as to affect the development of speech. In general, there does not appear to be any distinct problem with the structural aspects of speech production (an intact tongue, lips, palate, etc.) or the motor aspects of speech production (moving the tongue, lips, jaw, etc.). Furthermore, while individual children with autism may show a history of ear infections and related temporary hearing loss, as a group, such hearing difficulties do not explain the general problems in developing speech. We also do not understand why some children with autism rapidly develop speech (including speech with unusual features such as echolalia) while other children remain mute (i.e., do not use speech to effectively communicate).

Another important question is: How prevalent is the problem? This question is not easy to answer, as the definitions describing who has difficulty developing and using speech in an effective manner has varied from study to study. Researchers indicate that approximately 1 in 100 individuals need significant assistance in acquiring effective communication strategies that do not depend on speech (Beukelman & Ansel, 1995).

Before relatively effective early intervention programs were designed, it was widely estimated that half of all children with autism remained mute (Silverman, 1996; Rutter, 1985). With aggressive early intervention, the rate of mutism drops substantially (to 15 percent or less depending upon the characteristics of the children beginning the intervention). Although there are a number of programs that have reported effective interventions, such programs have in common a strong behavioral orientation, working with well-trained professionals and parents for many hours per week over two or more years (Dawson & Osterling, 1997). To learn more about such behavioral programs, a good introduction is *Right from the Start: Behavioral Intervention for Young Children with Autism*, by Sandra L. Harris and Mary Jane Weiss (Woodbine House, 2007).

What Happens If You Can't Communicate?

In our culture, the consequences for children and adults who cannot communicate are very severe. When a person cannot communicate about those things that are most important to him, then it is up to everyone else to provide the right things at the right times. Of course, even for the most caring people, many mistakes will take place.

Inability to Communicate Wants. What happens when a young boy wants something but cannot communicate about it and, thus, does not get what he desires? All of us feel great frustration when we can't have the things we most covet. When we feel frustrated, we end up doing things that are not pleasant to others or to ourselves. Children with significant communication challenges may display aggression, tantrums, or self-injury associated with their frustration over not adequately getting what they want. (See Chapter 4.)

For example, what happens if a boy wants a cookie, but his mother gives him another kind of snack because she does not know specifically what her son wants? Even though the boy is given a snack, if it is not what he wants right now, he will feel frustrated and likely act out in some manner.

Inability to Communicate "No." How would a child react when demands keep piling up and he cannot ask for a break? In such cases, children often strike out at others or the environment as a way of forcing escape from a difficult or unwanted task. When a child cannot politely and calmly say "No thanks!" then his physical solution will appear to be a challenging behavior management issue to others. (See Chapter 4.)

Inability to Participate in Social Conversations. What about a child who communicates about fundamental needs but cannot comment or simply talk about common events during the day? Such a child may have significant difficulties in developing friendships. While we may ask our friends for special things (e.g., "Can you lend me a dollar?"), most of what happens between friends involves social interactions and consequences (e.g., "Boy, Mr. Carp is such a tough teacher!" "Wasn't that the worst movie you ever saw?" etc.). Without the ability to communicate about social events our friendships remain limited at best.

Inability to Understand Others. What happens when children do not understand what we are trying to communicate to them? For these children, the course of a day may become highly chaotic. They may not understand what is going to happen next, what they are

expected to do, what they will get for doing something, where they are about to go, and with whom they are about to work. Without comprehending what others are saying (or showing, in the case of visual cues), life can be bewildering and frightening.

Children who cannot understand what others are trying to communicate to them may develop complex and lengthy rituals as a way for them to make sense of their world and establish a routine for themselves. These routines may involve self-stimulatory actions (e.g., finger flicking, rocking, etc.), routines with objects (e.g., spinning them, waving them in the air, etc.), or even verbal routines (e.g., repeating a phrase or question over and over). When such rituals are interrupted, many children become very upset and agitated. Professionals may use terms such as, “resistance to change” or “maintains sameness” to describe the pattern without focusing on the cause of the pattern. (This communicative issue is just one of several factors that may contribute to the ritualistic patterns of a child.)

At a more social level, children who have trouble understanding their peers' often-subtle social cues may appear to be awkward or socially clumsy. Children and adults with Asperger's syndrome generally have age-appropriate language, but display significant limitations in their ability to understand the social intricacies of society. For example, these individuals may have difficulty in understanding humor, sarcasm, and related slight modifications of phrases and words. They usually appear to be very literal. When someone says, “Oh, *sure!* [dripping with sarcasm] We're going outside to play” the literal child goes and puts on his coat! Tony Atwood's book (*The Complete Guide to Asperger's Syndrome*, 2008) contains numerous examples of people with Asperger's and their difficulties in understanding social complexities.

The difficulty that children with autism have communicating effectively and understanding clearly can start a difficult downward spiral. The child may avoid trying to communicate because of so many failures. This withdrawal can lead to further limiting contact with peers. Peers, in turn, may think the child is more comfortable in isolation and not push for further contact. Unfortunately, if a child with autism does not interact with peers, it virtually assures that he will not develop a more mature social style, leading to further isolation.

In short, it is not enough to monitor the academic progress of a child with autism—if he can't use his skills interacting with other people, he will not become successful in the adult world.

Who Can Benefit from Acquiring Nonspeech Communication Skills?

The short answer is that an alternate method of communication should be considered for any person who cannot:

- Use understandable words or approximations to request favorite items;
- Use words or approximations to comment about interesting things;
- Initiate, imitate, and respond to simple questions;
- Understand some of what others say, especially about retrieving simple items and following simple instructions.

These are skills that are learned by typically developing children by the time they are about one and a half years old.

If a child cannot accomplish these communicative functions via speech, then we must consider using an alternative or augmentative communication system (AAC). In general, *alternative* refers to replacements for using speech such as sign language or picture-based systems. *Augmentative* refers to enhancements of a child's current communication skills such as visual signals to help remind her about the choices there are available in a particular situation or pictures that are used to enhance speech that is difficult to understand. Such systems involve either the use of gestures and sign language or depend on various visual symbols, including pictures, photographs, icons, and/or words. See Chapter 5 for an overview.

The following are some guidelines to help you determine whether AAC could benefit your child. Parents will find it helpful to have professionals assist in collecting the necessary information and making a deliberate choice

1. Is your child effectively communicating right now?

This is the most critical question to ask! Right this very minute, can your child effectively communicate basic wants and needs to you? Perhaps he is frustrated and engaging in challenging behavior because he cannot make his needs known to you. Are you often in the position of guessing what he wants or making everything immediately available so that he wants for nothing? If your child cannot calmly and effectively communicate with you right now, there are nonspeech

options that can help your child learn some very basic communication skills today.

2. How old is the child?

Children younger than eighteen months who do not effectively produce vocalizations or imitate speech might not raise professional concerns about their development. These children may show typical skills in following directions and in playing with adults and peers. They may be simply slow to develop speech while other forms of communication, including gestures, may be developing appropriately.

However, if children younger than two years are not only slow to develop speech but are also lagging in the development of social responsiveness (i.e., responding when others smile, speak, or attempt to play), imitation, and play, then significant concerns about development are appropriate. If your child is in this category, it is critically important to obtain a professional assessment from a psychologist or developmental specialist, including a speech-language pathologist capable of completing an audiology screening.

At the other end of the time scale, considerable evidence exists that children older than seven years are unlikely to develop independent speech if they haven't already done so. Yes, there are sporadic testimonials about speech acquisition in older children, but these appear to be infrequent. For older children who do not communicate through speech, focusing on the acquisition of functional communication skills via alternative modalities would be most appropriate.

3. How long has the child received quality training in vocal imitation?

When children are two years or older and do not speak, many professionals (including speech-language pathologists and behavior analysts) have promoted the development of speech via vocal imitation training protocols (e.g., Lovaas, 1987). Vocal imitation training teaches a child to repeat simple sounds (usually ones he can already make) and then moves on to imitation of sound combinations, simple words, and eventually simple phrases.

The success rate for vocal imitation programs has been very encouraging. However, there are a fair number of students who do not

become good vocal imitators within three months of intense training. The estimates on this pool of children range from 10 to 30 percent. When vocal imitation training has been tried for such a period of time without success, focus should be placed on teaching functional communication skills via another modality (see Lovaas, 1987). This is not to suggest that vocal imitation training should cease. From our perspective, training should focus on functional communication skills (such as those described in subsequent chapters) that will be rapidly effective, and vocal imitation should continue to be addressed.

For many children, these two areas—functional communication and vocalization—may merge at some time in the future. (See Chapter 6 for examples of this type of outcome.)

4. How does the child currently use his vocalizations?

As Chapter One discusses, a child who is developing typically can use a particular word for one of two reasons (requesting or commenting). He can also use the word for either of these purposes in different situations (i.e., initiating vs. imitating vs. responding to questions). If your child can only *imitate* single words, he may not use spoken words for functional communication. If so, you should consider either: a) rapidly promoting nonimitative uses of spoken words, or b) introducing a nonspeech modality that promotes functional communication while addressing expansion of speech imitation and other aspects of vocalization.

For example, a two-year-old girl may imitate ten words. She may even sing a few simple songs she has heard on the television. However, when offered a favorite snack or toy, she remains silent unless someone models the exact word for the desired item. In this case, the girl is not initiating with the few spoken words she can produce. Although we would want to continue to expand this child's imitative skills, we should also address her immediate need to initiate functional communication.

In the next chapter, we will provide some information to help you understand what your child could be communicating with his behavior if he does not yet have another way of communicating. The following chapters will discuss different nonverbal communication methods that could benefit your child.

References & Resources

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