Receptive Communication
How Children Understand Your Messages to Them

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Purpose Of This Flyer
- Describe the special problems of communicating with a child who is deaf-blind.
- Give tips for sending messages that will produce responses.
- Encourage parents and service providers to develop a “map” of the child’s current and future receptive communication abilities.
- Present specific cues that may “get through” to the child.
- Present questions to ask before designing an effective communication program.

What Is Receptive Communication?
Receptive communication is the process of receiving and understanding a message. It is often difficult to determine how a child who is deaf-blind receives a message. Think about living in a world where you cannot see or hear what is going on around you. If we pay close attention to the way we send our messages, we increase their chances of being received.

Tips For Sending Effective Messages
We will use the name Lee to represent an infant, child, or young adult who is deaf-blind. Think of Lee as your child, or as the student in your classroom.

Overall Guidelines
- Let Lee know you are present. You might touch Lee’s hand or shoulder.
- Identify yourself to Lee, perhaps using your ring, watch, perfume, or hair.
- Always let Lee know what is about to happen. For example, touch Lee’s lip before giving a bite of food.
- Let Lee know he will be going somewhere. For instance, give Lee a set of keys to indicate “going for a ride.”
- Let Lee know when an activity is over. Use a gesture or sign for “all gone” or “finished” or let Lee help put the objects away.

Give Cues About the Expected Response
It is very difficult for individuals who are deaf-blind to understand how they should respond to your communication. This is especially true when the child has limited understanding of speech cues. For example, when Lee is given a gesture or sign, “eat,” Lee does not know if it is a command or a question. Possibly, Lee’s teacher is teaching a new vocabulary word and wants Lee to imitate the sign. The following may help Lee understand what the response should be:
- If you want Lee to answer, keep your hands in contact with Lee and wait.
- If you are giving Lee a command, tap twice on his shoulder.
If you are giving a comment or reinforcer, rub Lee's shoulder.

If you want Lee to imitate you, tap twice on Lee's hand.

It is up to you to find a way for Lee to receive your message. After that, you can expand Lee's understanding to higher forms.

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Communication Milestones

Put your child on the map

The communication map below may assist you in determining the current ways Lee receives messages. The map will also guide you as you focus on future ways to send your messages. Cues in the first segment are simple and concrete. They are usually given to the child through touch or in close proximity to the child's body. As you move across the map, the cues become more complex. As noted by the arrows, all cues are given with speech. This simultaneous use of multiple communication modes enhances Lee's ability to receive additional information through sound and facial expressions. Brief explanations with examples of each type of cue follow the map.

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**Natural Context Cues** - These occurrences happen frequently during an activity or routine.

**Examples:**
- An alarm clock ringing.
- Running water in a tub.
- Putting a bib on a young child.
- Undoing a strap on a wheelchair.

Think about everyday routines. Look closely to see if Lee is showing signs of anticipation of the natural context cues. For example, Lee may open his mouth when sensing the bottle. Lee may wiggle when the water is running.

**Movement Cues or Tactile Gestures** - These motions actually move the child through a pattern that is related to an activity.

**Examples:**
- Moving Lee’s hand to mouth to eat.
- Moving Lee’s arm up and down to play the drum.
- Swinging Lee’s leg to kick the ball.

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**Receptive Communication**

All cues given with speech

- **Natural Context Cues**
- **Object Cues**
- **Gesture Cues**
- **Movement Cues**
- **Touch Cues**
- **Miniature Objects**
- **Associated Objects**
- **Visual Sign Cues**
- **Tactile Sign Cues**
- **Pictures**
- **Line Drawings**
- **Written Words**
- **Other Tangible Symbols**
- **Braille**

Use this color code to fill in appropriate areas.

- **Current**.........Yellow
- **1-year plan**.....Red
- **Future**..........Blue

Communication is More Complex

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Figure 1 Communication Map
**Touch Cues** - These signals get a simple message across to Lee. The cue is given by touching Lee's body in the area that is related to the message.

**Examples:**
- Touching Lee's lip to indicate, “Open your mouth for food/drink.”
- Touching Lee's shoulder to let Lee know someone is there.
- Pulling on Lee's waistband to indicate time to change diaper.

**Object Cues** - These real objects (miniature objects or associated objects) allow Lee to gain more information.

**Examples:**
- Spoon = time to eat.
- Lifevest = time to swim.
- Keys = times to go.

Real objects are easy to recognize because they are actually used in an activity (diaper, coke can, keys etc.). Miniature objects or doll-sized representations of a real object also may be used; however, vision abilities must be taken into account. The most difficult to understand may be the associated objects or objects that stand for something else (clock for time, wheel for play truck, etc.).

Start by using just a few object cues that represent activities that occur very frequently or that Lee really enjoys. Before the activity occurs give Lee the object cue. **Be consistent!** After many times, notice if Lee is anticipating the activity by getting excited, smiling, or smacking lips, indicating an understanding of the activity. Then you may begin to add more cues. Be sure that the school and home are using the same cues and that everyone is presenting them in the same way. Always consider vision when deciding what object cues to use. The size, texture and color may make a difference, as well as where the object is visually presented.

**Gesture Cues** - These body expressions are commonly used to communicate. A child must have some vision to see gesture cues.

**Example:**
- Waving good-bye.
- Holding out a cup for more drink.
- Shaking head for yes/no.

**Picture Cues/Line Drawings/Other Tangible Symbols** - These can be used to receive messages if the child has adequate vision.

**Example:**

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Drink   Go   Nap time   Eat
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Lee must understand that a picture stands for an object, person, or activity. Also, Lee's visual skills must be considered when determining the size of a picture or the need to use line drawings. There are many other tangible symbol systems that can be used (Picsyms, Blissymbols, textured symbols, raised thermofax, photos, etc.)

**Visual and Tactile Signs** - These symbols, expressed through manual signs, are based upon movement, placement, configuration, and directionality.

Due to the type and extent of the vision impairment, signing may need to be close to the child's face, directly in the center of Lee's visual field, or to one side. Gestures and signs must actually contact the body of a child who has limited or no vision. Tactile modality may be used for a child who is totally blind, but who is cognitively able to understand the symbolic nature of sign language and/or finger spelling. Signing and/or finger spelling is received by having the receiver place Lee's hands over the hands of the person sending the message in order to feel the sign.

**Speech** - This mode should accompany all other forms of communication. Even if Lee does not hear the spoken word, Lee may receive information from your facial gestures and expressions when you are speaking. Consult with a speech pathologist when developing a speech/language/communication program.

**Written Words/Braille** - These are used by individuals who have the skills to understand symbolic written/brailled language. There are many types of electronic equipment that provide braille output. Consult with the vision specialists or other resources used by individuals who are blind.

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**Design a Program for Your Child**

Parents and service providers must work together to consider the child's vision, hearing, motor, and cognitive skills. They must ask the following questions to design and plan the most effective program for the child.

**Hearing & Vision**

A communication system will not be effective if it is developed without use of prescribed adaptations. If Lee can benefit from glasses, hearing aids, or other adaptive equipment, Lee should use them at all times.

- **Q** Is Lee totally deaf or does Lee have some usable hearing?
- **Q** If Lee has an impairment, alternative forms of receptive communication may include touch, object, sign, or other cues. These alternative forms also depend on Lee's vision, motor, and cognitive abilities.
Q Is Lee totally blind or does Lee have some usable vision?  

Vision is the major source of information for any individual. Look for alternative ways to provide information, such as touch and object cues, large print/pictures/line drawing, braille and speech. Perhaps the pictures need to be black and white line drawings (without color or background) and/or held closer to the eyes than usual.

Motor Abilities

Q What is the best position for Lee to use his vision, hearing and/or touch efficiently?  

Parents and various professionals must work together to answer this question. The child with motor disabilities must be able to receive information; therefore, parents and professionals must think of the best way to provide this information. If touch cues are used, remember to find the parts of the body that will receive the messages most effectively (touching the child’s back may set off a reflex. Try touching Lee’s shoulder). Let us suppose Lee is blind in his right eye, and the physical therapist is working on grasping with the right hand. The speech pathologist has also recommended the use of object cues for receptive communication, and Lee’s mom would like a way to let Lee know he is going for a ride in the car.

**PROBLEM:** Since the vision is reduced on the right side, Lee may lose information when he grasps the keys with his right hand.

**SOLUTION:** The physical therapist recommends placing Lee in a good seating position (with appropriate support) and train Lee to turn his head to the right to increase his vision capacity by using his left eye.

Cognitive Abilities

Q Does Lee show interest in and recognize people, objects or activities?  

Notice if Lee is paying attention to what is going on around him. For example, Lee may be looking at or reaching for toys, smiling at people and/or fussing when hungry. Also, notice how Lee reacts to certain people, objects, and activities. For example, Lee smiles when Dad comes home from work, gets excited when it is time to eat and/or cries when taken into the bathroom for bathtime. This information will be helpful in planning routines to increase the child’s communication.

Q Does Lee understand that a picture, line drawing, word, or sign represents a person, object or activity?  

To use cues that are “symbolic” such as pictures, line drawings, word, and/or signs, Lee must be able to associate a meaning with the symbol. Remember, symbolic cues (picture of a tub, etc.) are much more difficult than environmental cues such as running water in tub to indicate bathtime.

**References**


For additional resources on Receptive Communication, see the Selected Topics section of the DB-LINK Website: http://dblink.org

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