



Strengthening everyone's right to communicate

*Guide dedicated to professionals to support communicative skills
in people with intellectual disability*



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Erasmus+

Contents

Introduction 4
.....

Part 1: What is communication and why it is important? 11
.....

Part 2: Approaches to support communication 18
.....

Part 3: Children and Adolescent (10 to 18 years old) 34
.....

Part 4: Young adults (18 to 25 years old) 40
.....

References 56
.....



Introduction

COM-IN guide is part of the Erasmus+ Project “Promoting communicative development in children and adolescents with intellectual developmental disabilities to support their inclusion - COMIN” (2021-1-FR01-KA220-VET-000033251). This guide is designed to support professionals in communicating with individuals with intellectual disabilities. With this guide, you'll learn how to adapt your communication style to meet the unique needs of each individual and build positive, respectful relationships.

The aim of COM-IN project is the enhancement of the communication skills of young people (age 10-25) with intellectual disability. For that reason, the consortium has conducted a survey among the professionals working with people with intellectual disabilities in order to identify the key communication needs of this population.

In the second phase of the project, the consortium has developed this guide dedicated to professionals working with young people with intellectual disability. The guide focuses on the promotion of the communication skills of the people with intellectual disability and their support in daily communication environments.

The guide includes general information on communication and raising awareness on the specific needs of people with intellectual disabilities. It also includes two parts, one for the professionals working mainly with adolescents (from 10 to 18 years) and one for the professionals working mainly with young adults people (from 18 to 25 years), as key considerations are not exactly the same for both groups.

Providing support at the earliest signs of communication difficulties is important. The target group for this project was limited to people with intellectual disabilities aged 10-25 and the guide provides information on the communication needs of the target group.

Universal Declaration of Human Rights

Everyone has the right to freedom of opinion and expression; this right includes freedom to... seek, receive and impart information and ideas through any media...

(Article 19)

Definition of Intellectual Developmental Disability (IDD)

According to the World Health Organization (WHO) classification of diseases, ICD10, intellectual developmental disability refers to a condition in which the development of mental performance is inhibited or incomplete. Skills that emerge during developmental age, i.e., cognitive, linguistic, motor, and social skills affecting general mental performance, are insufficiently developed. IDD can occur either alone or in combination with any physical or mental condition.

The WHO classifies IDD according to the intelligence quotient (IQ) through intelligence tests into four groups: mild (IQ approx. 50–70), intermediate (IQ 35-49), severe (approx. 20–34) and deep (IQ less than 20) intellectual developmental disability. In addition, there is a category of 'unspecified intellectual developmental disabilities when IQ has not been assessed or when intelligence testing has not yielded a reliable result.

Features of communication in a mild intellectual disability

As a rule, communication in a mild intellectually disability person does not cause problems, they understand concrete and clear sentence structures and speeches well and most often learn to read and write to some extent. However, they may experience special linguistic disorders that hinder the development of functional speech expression or prevent it altogether. They may also have learning difficulties. As a means of communication, a person with mild intellectual disabilities uses speech, in which some grammatical or pronunciation errors may occur. They can reciprocate in contact; however, the topics of discussion are limited to concrete issues. If necessary, they use alternative methods to support their communication. Sometimes people with mild intellectual disabilities develop special linguistic disorders that can interfere with speech expression or prevent it altogether. With the help of support and guidance, people with mild intellectual disabilities can learn to act quite independently in everyday matters. However, they often need help with various household chores, finances, and housing, but they can often live alone and take care of the basics of their finances. They can also find employment in various supported or sheltered jobs. However, the work requires a lot of guidance and help.

Features of communication in a moderate intellectual disability

People with moderate intellectual developmental disability are usually able to structure familiar situations and environments well. They can take the initiative in communication and reciprocate. They can learn clear speech used in everyday situations well. However, understanding conceptual language and operating on images is challenging for them. Communication methods that support and replace speech are important to be available for them when necessary. People with moderate intellectual developmental disability often learn to express themselves through speech, yet speech learning is rather slow, and they often benefit from means of communication that support and replace speech alongside speech. They often learn to understand grammatically clear structured speech. However, most people need AAC methods alongside speech, as it can be difficult for strangers to interpret their speech due to its linguistic or pronunciation abnormalities. A person with moderate intellectual disability often has similar problems in daily activities as persons with severe intellectual disability. They need housing services as well as guidance and help with hygiene, among other things. Literacy skills are also often deficient. People with secondary intellectual disability can cope with daily activities quite independently with support, however, the need for support varies from person to person. They can carry out limited and supervised tasks.

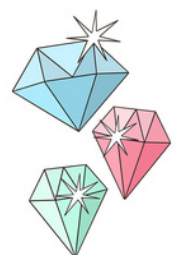
Features of communication in a severe intellectual disability

Most people with severe intellectual disability have communication difficulties. They often understand simple speech related to a familiar situation. To support understanding, they often need various means to support and replace speech, such as facial expressions, pointing, voice weights or other visual or concrete means of perception. Most of them need different alternative methods of communication throughout their lives. People with severe intellectual disability need continuous support and assistance in different areas of life, such as daily activities, such as hygiene and clothing selection. They lack reading and writing skills and do not perceive the times of day or know, for example, monetary values. Therefore, supporting and interacting with other people is essential for a good quality of life for them. With the help of long and goal-oriented rehabilitation, a severely intellectually disabled person can learn the skills of daily activities and cope with activities quite independently. They can carry out limited and supervised tasks.

Features of communication in a profound intellectual disability

In most cases, a person with a profound intellectual disability has a rather unstructured perception of the world around him or her and his or her relationship with it. They often lack sufficient conditions for initiative and active action, for these reasons they are quite dependent on the efforts of close people to establish contact and forms of action, for example, communication and interaction. This group of people with intellectual disabilities has difficult communication difficulties, and the means of expression are often vocalization, physical appearance, gaze, simple gestures such as pointing or reaching, and general activity or passivity. For interaction to be successful, the close person must consider ways that enable the person with intellectual disabilities to sense clear sensory experiences that stand out from the rest of the environment. The senses of touch, touch and movement should be utilized in communication.

People with profound intellectual disabilities can perceive the world around them despite sensory deficits and movement limitations, but this requires people close to them to adapt to the environment to support their needs. In this situation, the environment plays a significant role in the success of communication and interpretation, so that people can understand their message, which is conveyed even in a very individual way. They often learn to distinguish between situations and people to which they can react with, smiles, for example. For a person with a profound intellectual disability, understanding of speech expressions is limited. Therefore, the communicator should use other communication channels alongside speech expressions. Messages can be clarified by using different tones, objects, object communication and facial expressions when speaking. The communication partner must use the same AAC methods in interaction situations as the person with intellectual disabilities uses. People with profound intellectual disabilities are also characterized by various mobility difficulties, so they are subject to a lot of different procedures. The aim is to activate them through various special methods. People with profound intellectual disabilities can learn simple work tasks, however, they need constant guidance and care. A person with a profound intellectual disability is completely dependent on other people's help, and the basic requirement is round-the-clock supervision. The person needs help with all their daily activities because it is difficult for them to take care of their personal affairs.



Associated disorders and communication needs

Intellectual Disability (ID) is classified as an "intellectual development disorder" in the WHO classification, as an "intellectual disability" in the American DSM 5 classification, and as a "mental deficiency" in the French CFTMEA classification. They are various disorders associated with intellectual disability as co-morbidities: physical illnesses, motor disorders, sensory disorders, cognitive disorders and mental disorders.

DSM 5 (p. 45) distinguishes between neurodevelopmental disorders (communication disorders, autism spectrum disorders, attention deficit, stereotyped movements, major neurocognitive disorders, specific learning disorders) and mental disorders (depressive, bipolar, anxiety, impulse control, personality disorders).

Among the above disorders the most common in intellectual disability are: Attention Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Depressive Disorder, Bipolar Disorder, Anxiety Disorder, Impulse Control Disorder and Major Neurocognitive disorders.

Attention Deficit / Hyperactivity Disorder (ADHD) causes significant functional impairments varying from increased comorbid mental illnesses, substance misuse, accidental injury and unemployment to many other domains of life (Gjervan et al, 2012). People with ADHD and ID have a "double deficit" in cognitive functioning secondary to both ADHD and ID. This, amongst many other restrictions, can significantly impair communication in all three components: speech, language and pragmatics.

The people with ID and ADHD present increased volume and variability in pitch when talking, along with particular patterns such as increased number of vocal pauses. More vocal repetitions or word fillers are also observed, as they try to organize their thoughts.

Because of distractibility and related ADHD symptoms, people are more likely to get off-topic when speaking. They also frequently struggle to find the right words and put thoughts together quickly and linearly in conversation.

Listening comprehension can be impaired directly, in particular because of difficulty handling rapidly-spoken language or managing distracting, noisy environments. When listening, they may lose track of conversational threads entirely or miss details, and therefore fail to register vital pieces of information. Paying attention to the thread of conversation can also become even more problematic for a person with ID and ADHD in groups or when in a noisy situation. They may get distracted by any small interruption. The ability, also, to retain focus on a single speaker and to transition between speakers is challenging, with social implications.

Due to distractibility, impulsiveness or other executive function impairments they may fail to follow those same rules at any particular moment, or even notice social cues at all (such as "wait your turn to reply").



ID with comorbid ADHD is often associated with more complex **epilepsy** presentations. In this case, a higher symptom burden and higher mental comorbidity are observed (Holdsworth et al, 1974), (Reilly et al, 2017), (Ettinger et al) 2015). More specifically, people have more difficulties to understand what someone is saying. They struggle to understand environmental cues or routines. It is more difficult for them to communicate with other people using body language or facial expressions. This could be because a person has slurred speech, or difficulties with social interaction. They find it even more difficult to pay attention and listen to a person or an activity.

Autism Spectrum Disorder (ASD) and Intellectual Disability (ID) often co-occur, with recent estimates suggesting that approximately 30 % of individuals on the autism spectrum have ID (Baio et al., 2018), with this prevalence being potentially larger (Thurm et al., 2019). Individuals with this dual diagnosis, in addition to their deficits in cognitive ability and adaptive functioning, exhibit significant deficits in social interaction and communication, with repetitive behaviors and altered sensory processing, typical of the autistic spectrum. Individuals on the autism spectrum with co-occurring ID commonly experience greater difficulties in verbal and non-verbal communication, persistent behaviors of concern, and frequently exhibit repetitive, stereotyped and self-injurious behaviors when compared to their counterparts without co-occurring ID (Tureck et al., 2014) (1).

More specifically, in people with ID and ASD, poor nonverbal conversation skills are often observed such as lacking use of hand gestures such as pointing, and avoiding making eye contact. These lead to feelings of frustration and consequently to behavioral issues. Constantly switching topics is often also observed. Some individuals have trouble “staying on topic” because their minds are moving quickly and processing information and many stimuli. Sometimes these individuals lose interest in what they are talking about and want to move on to a different conversation. The focus on the literal meaning of words is very common. Individuals with this double diagnosis typically have more trouble understanding expressive languages or metaphors. Repetitive or rigid language is also another communicative trait characteristic of people with ID and ASD. These individuals may say things with no direct meaning or relevance to the conversation. Often, they present echolalia, meaning they repeat words they have heard. The prosody, meaning the rhythm and intonation of the voice, may also be disturbed. Narrow interests and exceptional abilities may exist to the point where the individual can focus his or her communicative interest on these particular topics. They are able to communicate an entire monologue on the topic of interest without being able to have a full conversation.

Pragmatic skills are, also, a common challenge faced by these individuals concerning difficulties in using language and social communication effectively in social situations. These challenges can affect various aspects of daily life, including making friends, participating in conversations, and understanding social cues.

With regard to **mental disorders**, research shows that these have been shown to be three to four times higher among individuals with ID, compared with the general population (Cooper and Collacott 1996; Deb et al. 2001). People who have a co-morbidity with **mental disorders** very often lead to social isolation because there is a prejudice against them and a social stigma. This is a result of the co-existence of ID with a mental disorder, which further complicates the person's daily life (Torr, 2013).

Vulnerability to mental disorders in people with an ID is underpinned by a variety of biological, psychological, and social factors. People with milder ID and good communication skills are usually able to describe what they are experiencing, and typically present in a manner familiar to most mental health professionals. However, presentation is often atypical in those with more severe ID or in people with communication difficulties. So, behavioral equivalents are the expression of signs and symptoms of mental illness through behavior rather than through verbal description. The impact different mental illnesses have on communication can be exacerbated in people with intellectual disability (e.g. slow speech associated with depression may also present in people with intellectual disability as reduced verbalization).

Researches show that **depression** is one of the most frequent mental disorders in adults with intellectual disability (Borthwick-Duffy, 1994; Linna et al., 1999; Richards et al., 2001). They has also shown that children and adults with ID present with increased rates of conduct problems, social withdrawal and irritable mood when depressed. Individuals with ID were reported to be experiencing sadness, tiredness, agitation, self-criticism, crying, loss of energy, changes in sleeping patterns, irritability, and loss of interest in previously enjoyed activities (McGillivray & McCabe, 2007). Depressed persons with mild intellectual disability experience a high rate of stressful social interactions and their disability were associated with an increased frequency of negative social interactions (Nezu, Nezu, Rothenberg, DelliCarpini, and Groag 1995).

Therefore, a high rate of **anxiety** is more prevalent in children and adolescents with intellectual disabilities than in their typically developing peers (Dekker and Koot, 2003; Emerson, 2003; Whitaker and Read, 2006). Children and adolescents with intellectual disabilities who already face cognitive and sometimes additional physical limitations may therefore be even more restricted in their actions. Furthermore, anxiety appears to be associated with higher levels of challenging behavior and other behavioral problems (Pruijssers et al., 2014; Moskowitz et al., 2017) and lower levels of social acceptance and friendship.

When compared to the general population, it appears that **Bipolar disorder** also exists at double the rate in those diagnosed with ID (Cain et al., 2003; Cooper, Smiley, Allison, & Morrison, 2018; Cooper, Smiley, Morrison, Williamson, & Allan 2007). For individuals dually diagnosed with ID and Bipolar disorder, aggression is a commonly observed behavior (Tsioulis, Kim & Cohen, 2011). A range of challenging behaviors and functional impairments had been associated with mania in individuals with ID (Cain et al., 2003). Individuals with ID diagnosed with bipolar disorder were more likely to show more mood symptoms, such as irritability, elevated mood, and euphoric mood than individuals diagnosed with non-psychotic depression, major depression (with psychosis), or schizophrenia (Cain et al., 2003). Further, persons with bipolar and ID were also reported to be more likely to exhibit non-mood symptoms, such as increased self-esteem, disturbed speech, increased energy, decreased sleep, distractibility, and increased engaging in pleasurable activity (2). Pressured speech may appear as increased vocalization (rate or volume) or gesturing in individuals with limited expressive language (3). Increased social skill deficits are observed, such as “inappropriate repetitive vocalizations”, “embarrassing comments”, “disturbs others”. (Ruedrich, 1993; Lowry, 1993), (Cain et al., 2003), (Ruedrich, 1993; Lowry, 1993).

Impulsiveness in people with ID is higher than typically developing people, because cognitive development is associated with behavioral inhibition. (Burbidge et al., [2010](#)), (Seager & O'Brien, [2003](#)). One in seven adolescents with ID exhibits impulsive behaviors, (Bradley & Isaacs, [2006](#)). Impulsivity is a common feature of the above mental disorders and may be notable as symptoms of these disorders. The symptoms, however, may progress to the point where they occur in distinct, frequent episodes and begin to interfere with the person's normal functioning. This is the case in individuals with intellectual disability and **impulse control disorder**, where the effects are even more significant on the individual's functioning and communication. In fact, many compulsions characterize the individual's behaviors or ritual one feels driven to act out repeatedly. All the above are performed in an attempt to temper obsessions, and relief is brief because obsessive thoughts usually come back stronger. Communication is consequently disrupted due to inability to self-control and inhibiting individual behavior with significant consequences for the individual's academic, social and cognitive skills.

Regarding **neurocognitive** comorbidities, dementia may be more common in older adults with intellectual disability than in the general population. People with Down syndrome present an increased risk for Alzheimer's disease (4).

The essential feature of these associated neurocognitive disorders in people with intellectual disability is the deterioration of pre-existing cognitive cognitions causing even more severe impairment in the person's daily functioning compared to their previous level of it. Later stages of dementia among individuals with Down syndrome are associated with dyspraxia (Prasher, 1995), as well as the development of neurological symptoms such as problems with swallowing, myoclonic jerks and seizures. The person has significant difficulties successfully communicate even basic information. Even the yes/no responses may be inaccurate. This may extend to the use of non-verbal communication such as nodding, shaking the head or thumbs up/down gestures. The person may indicate yes when they mean no and vice-versa. Overall, the natural history of these disorders involves a progressive loss of skills, increased loss of independence and increased dependence upon others for personal assistance and maintenance of daily routine.

In conclusion, associated disorders further affect the communication skills of people with intellectual disability. The associated disorders mentioned here, further affect a person's ability to understand what are saying, which involves listening, attention, memory and processing abilities. They affect both comprehension and expression, and affects can range mild to severe. People with a double diagnosis have even more difficulty communicating their wants and needs. They are unable to describe their experience, symptoms or what they are feeling and they use, mainly, behavior to communicate their distress and needs. These difficulties further impair the person's interpersonal relationships and lead to social isolation.

1. <https://www.sciencedirect.com/science/article/abs/pii/S1750946721000404>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6813838/>

3. <https://www.aucd.org/docs/webinars/Mental%20Health%20Diagnosis%20in%20IDD%20-%20AUCD.pdf>

4. <https://www.sciencedirect.com/science/article/abs/pii/S0891422213000851>.

What is communication?

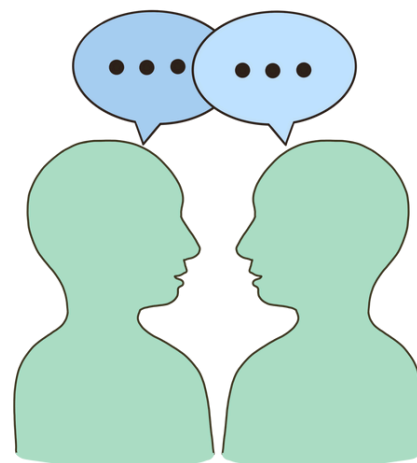
“ Communication is: the way we control our lives, the way we make friends, the way we become independent, the way we make choices, the way we express our feelings thoughts and emotions two-way ”

According to American Speech-Language-Hearing Association (ASHA) communication is the active process of exchanging information and ideas. Communication involves both understanding and expressing. Communication also includes personalized movements, gestures, objects, verbalization, vocalization, pictures, signs, symbols, printed words, and output from augmentative and alternative (AAC) devices. When communication is effective both parties can express their needs, wants, feelings and preferences so that they can be understood.

Every person's right to freedom of expression, self-determination and inclusion is recognized and acknowledged in several international agreements and declarations on individual rights. The Universal Declaration of Human Rights Article 19 states: Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Possible disability or the need for support must not affect a person's rights. United Nation Convention on the Rights of Persons with Disabilities (UNCPRD) Article 21 states: Freedom of expression and opinion, and access to information States Parties shall take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the present Convention, including by:

- (a)** Providing information intended for the public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost.
- (b)** Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, – 15 – modes and formats of communication of their choice by persons with disabilities in official interactions.
- (c)** Urging private entities that provide services to the public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities.
- (d)** Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities.
- (e)** Recognizing and promoting the use of sign languages.



Stages of development

Baby (0-2 years):

- Cooing (2-3 months): Baby produces cooing sounds, expressing pleasure.
- Babbling (6-8 months): Babbling involves repeating consonant-vowel combinations (e.g., "ba-ba-ba").
- Gestures (9-12 months): Baby starts using gestures like pointing to communicate needs.
- First Words (12-18 months): Baby says their first recognizable words.
- Vocabulary Expansion (18-24 months): Toddler learns more words and starts combining them into simple phrases.

Early Childhood (2-6 years):

- Early Sentences (2-3 years): Child forms simple sentences and expand vocabulary.
- Grammar Development (4-6 years): Sentences become more complex, and grammar skills improve.
- Narrative Skills (4-6 years): Child begins to tell coherent stories.

Middle Childhood (7-12 years):

- Vocabulary Growth (7-9 years): Vocabulary continues to expand.
- Reading and Writing Skills (7-12 years): Child learns to read and write, enhancing communication abilities.
- Complex Language Skills (10-12 years): Child express ideas and thoughts more elaborately.

Adolescence (13-18 years):

- Abstract Thinking (13-15 years): Teen develops abstract and critical thinking skills, enhancing communication complexity.
- Persuasive Communication (16-18 years): Teen refines their ability to persuade, argue, and express opinions effectively.
- Social Communication (13-18 years): Communication becomes more nuanced, focusing on social interactions and relationships.

Early Adulthood (19-25 years):

- Professional Communication (19-25 years): Young adult refines their communication skills for academic and professional contexts.
- Intimate Relationships (19-25 years): Communication skills are crucial in forming and maintaining intimate relationships.



How intellectual disability affects communication?

Language Development: Individuals with intellectual disabilities may experience delays in language development. This can affect both expressive language (spoken or written communication) and receptive language (understanding and processing information).

Social Communication: People with intellectual disabilities may find it challenging to engage in effective social communication. This includes difficulties in understanding social cues, maintaining appropriate eye contact, and interpreting nonverbal communication.

Pragmatic Language Skills: Pragmatic language refers to the use of language in social contexts. Individuals with intellectual disabilities may struggle with pragmatic language skills, making it difficult for them to engage in conversations appropriately, take turns in communication, or understand the nuances of communication in different settings.

Speech Sound Production: Some individuals with intellectual disabilities may experience difficulties in articulating speech sounds clearly. This can impact the intelligibility of their speech, making it challenging for others to understand them.

Working Memory: Intellectual disabilities may affect working memory, making it challenging for individuals to process and retain information during communication. This can impact their ability to follow instructions, participate in discussions, or understand complex language.

Adaptive Communication Strategies: People with intellectual disabilities may develop adaptive communication strategies to compensate for their challenges. These strategies may include the use of gestures, visual supports, or augmentative and alternative communication (AAC) devices.

Communication partners and their roles

The success of communicative interaction is dependent on the communication skills of each individual participating in the exchange. A communication partner is the person or persons that send and receive messages with each other. This term is frequently used when referring to individuals who use AAC. In this guide the term "communication partners" is used to refer to all those who are directly or indirectly involved in communicating with people with communication needs. Communication partners have a fundamental role in supporting people with intellectual disabilities. They interact with the individual in different roles and in different environments.

A communication disability impacts directly not only the persons concerned but, also, indirectly their families, as well as other, more "extended" communication partners, such as life partners/ friends, professionals, and members of the community. Based on that, communication disability is inextricably linked with the individual level of communication. However, it also affects the Service providers level and Authorities level.

In Individual level:

It involves direct communication partners (family, friends, support workers and others) who can identify what works best for a person with ID. (immediate communication / interaction between people)

Their role:

Ensuring they use inclusive communication tools or methods to maximize access to key information and self-expression. Ensuring persons with communication needs can use inclusive communication tools or methods, including AAC, to understand information and express themselves in ways that utilize their communication strengths and meet their communication needs. Whatever communication methods (verbal or non-verbal) work best for an individual are used consistently by everyone communicating directly with the individual. As the nature of each disability is different, the quality of life of people with disabilities depends on the interaction of personal characteristics and environmental factors. The well-being of the citizens of a society is a function of political decisions and legislative arrangements that recognize the right of every citizen of society to maintain control over their daily life and to be able to satisfy basic needs such as psychological, moral, and biological needs. More specifically, the application of inclusive communication can be thought of as including three levels that are directly or indirectly involved in the person's communication. A holistic model of inclusive communication should include and emphasize the importance of all levels.

Service providers level:

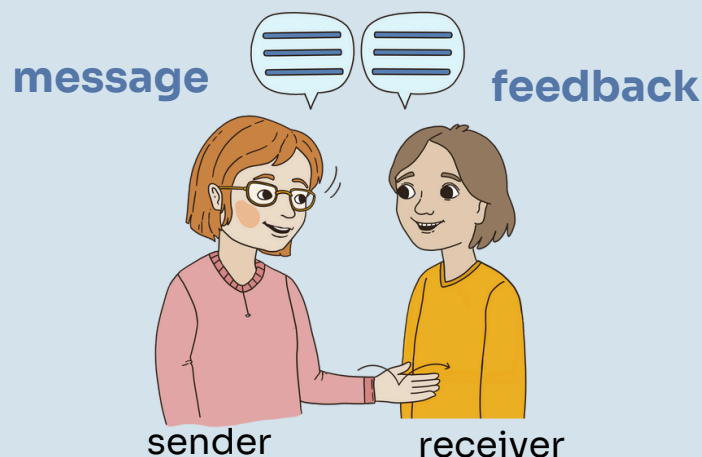
Services, organizations., e.g., leaders, service managers

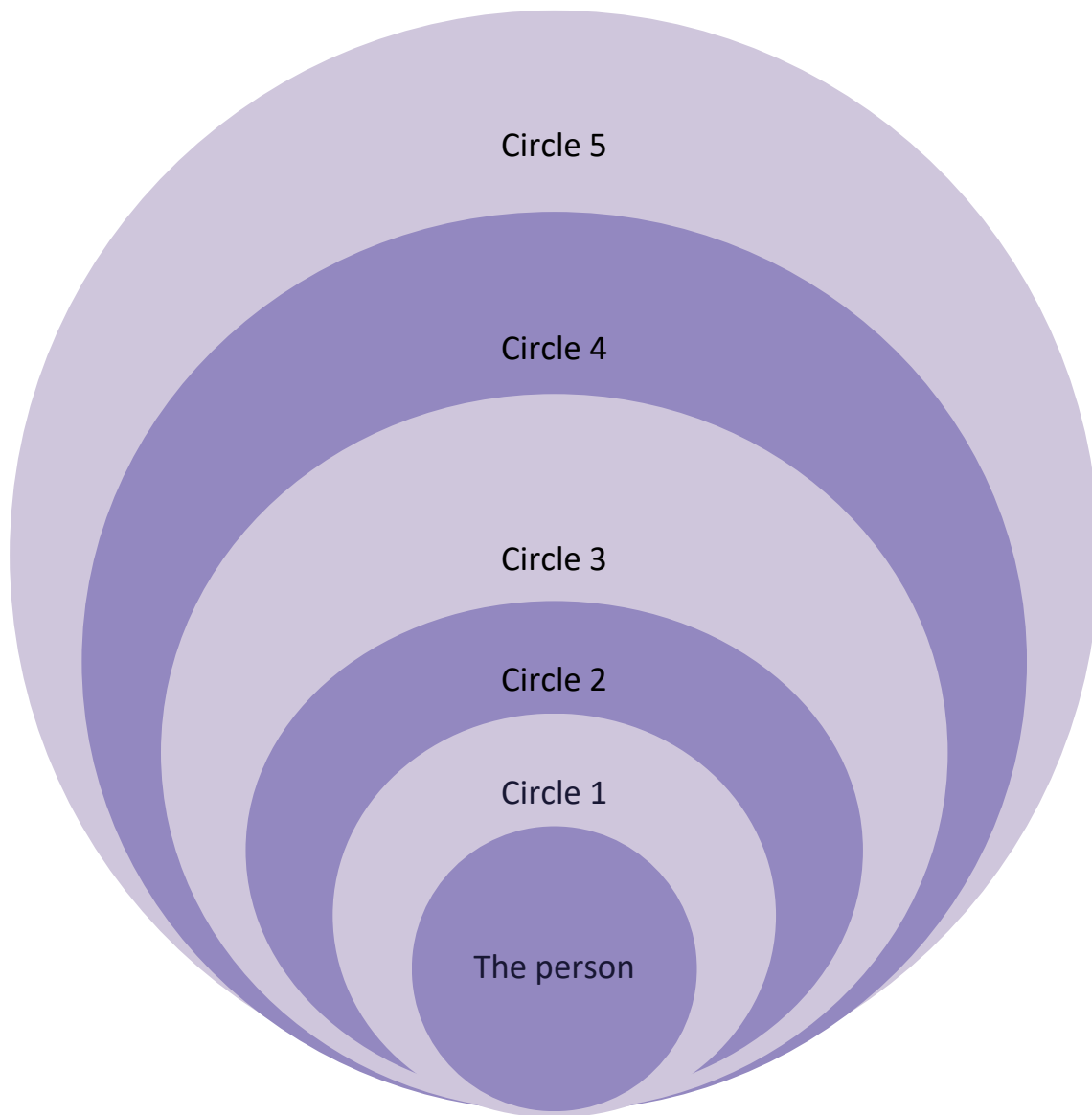
Ensuring that communication barriers no longer restrict access to services. The service providers, such as the leaders and managers of organizations, services, or places that people with communication disabilities find themselves in, ensure that inclusive communication practice is implemented and that there is unrestricted access to services. This includes ensuring up-to-date joint planning, training, and access to appropriate AAC resources.

Authorities level:

Ensuring that communication needs of all population are being met by local authorities, WHO, UN, leaders, key stakeholders. The need for inclusive communication is recognized, understood, and shared by local authorities and key-stakeholders at the population level so that the diverse communication strengths and needs of whole communities and populations are met. The Authorities level establishes and formulates policies, the Service Providers level plans and implements and the Individual level builds on what has been achieved in the other two levels and benefits from them.

Communication is the process of sending and receiving messages through verbal or nonverbal means





Circle 1: close and permanent communicative partners (parents, siblings, etc.)

Circle 2: close friends/family

Circle 3: known persons but not close friends.

Circle 4: professionals (physicians, psychologists, educators, teachers, speech therapists, etc.)

Circle 5: unfamiliar partners

These circles represent different layers of the person's life. Each circle adds a unique color to the story of their personal and social experiences. Together, they create a mosaic that reflects the strength of relationships and the variety of connections that shape who they are. It's like a colorful tapestry that tells the story of their journey, with each circle contributing its own special thread to the narrative.

What is inclusive communication

Effective communication is a crucial ingredient of successful change and a tool that can be used to directly target any identified need (Lewis, 2006; Lewis et al, 2006).¹ Inclusive communication is key to effective communication, because enables active participation of all members of the society/community.

Considering a communication disability from a social perspective it can be thought that, as any form of disability, it is formed and established not so much from the individual impairment per se, but rather from different levels of social barriers (Walmsley, 2001).

It follows that overcoming any such barriers is essential for the improvement of the quality of life of the people with any communication needs. To this end, the concept of inclusive communication is useful as its goal is to decrease any communication barriers.

The five good communication standards

Good communication enables inclusive relationships, supporting individuals to have choice, control, greater independence, and improved health outcomes. Sustainable improvements in communication can only be achieved through a 'whole systems approach'.

The Royal College of Speech and Language Therapists (RCSLT) recommend five good practice standards to meet the speech, language and communication needs of individuals. These standards provide a practical framework by which families, carers, friends, professionals, and commissioners can know if a service has made reasonable adjustments to their communication practice. Each standard is clearly defined in terms of what the standard is, what good looks like and how others will know it has been achieved.

Standard 1: There is a detailed description of how best to communicate with individuals.

Everyone understands and values an individual's speech, language, and communication needs. Individuals are supported and involved, together with the people who know them best, to develop a rich description of the best ways to interact together. This description is agreed, active, regularly updated and readily available. This description may be referred to as a communication passport, guideline, or profile. It includes the best ways of supporting understanding and expression, promoting interaction and involvement and describes 'how to be with someone.'

Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

Service providers recognize that people understand and express themselves in different ways. For individuals this means getting information and expressing themselves in ways that meet their needs. Inclusive Communication is an approach that seeks to 'create a supportive and effective communication environment, using every available means of communication to understand and be understood'. For services to demonstrate inclusion and involvement innovative and creative solutions to understanding the views of individuals are often required.

Standard 3: Staff value and use competently the best approaches to communication with each individual. Staff recognize communication difficulties.

They understand that they need to change their communication style to support the service user and have the knowledge and skills to adapt their communication levels, styles and methods. Staff are aware of factors that impact on communication, especially hearing, sight and sensory integration. Staff know that how they are, what they think and how they say things matters. Staff understand how good communication underpins informed consent and capacity.

Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.

An understanding, welcoming and socially rich environment is fundamental to relationships for all individuals, and particularly people with communication needs. Relationships are central to well being. Getting the communication environment right contributes to enabling people to live valuable and meaningful lives. It is the quality of interaction that contributes to overall emotional and mental well being, providing a sense of belonging, involvement, and inclusion. Interaction may not necessarily involve speech. Interaction is a way of 'being' with another person, making meaningful contact with those who are hard to reach or easy to ignore.

Standard 5: Individuals are supported to understand and express their needs in relation to their health and well being.

People with learning disabilities face avoidable health inequalities. Limited communication and health literacy reduces capacity to convey health needs effectively. It is essential to consider communication needs to support individuals with their health. Arriving at a diagnosis can prove difficult if a person cannot describe signs and symptoms easily, or their behavior is misunderstood and misconstrued. Staff need to be aware of how individuals communicate about their health and how they show that they are in pain. This includes considering ill health as a cause for changes in behavior. Knowing how much a person can understand is also essential in deciding about their capacity to have health treatment.

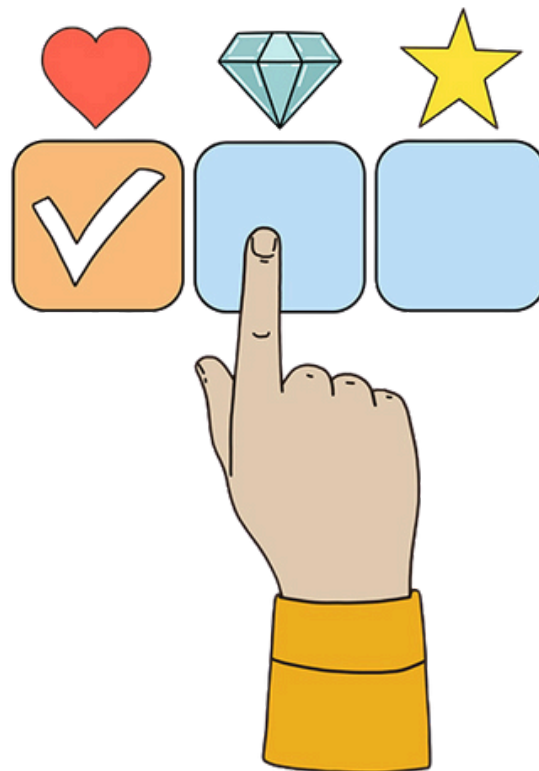
Consequently, we observe that inclusive communication reduces inequality and social isolation. It promotes human rights and helps public authorities avoid discrimination. Inclusive communication makes services more accessible for everyone. It will help to achieve successful outcomes for individuals and the wider community. It enables people to live more independently and to participate in public life.



Approaches to support communication

"Employees do not need to know, how to use all the tools and methods that support communication. However, it is important that the employee understands the importance of using the methods in terms of the realization of customer involvement."

-Handbook of disability services, Finland-



When it comes to supporting communication of individuals with Intellectual and Developmental Disabilities (IDD), it is important to consider their unique needs and abilities. Here are some strategies that can help facilitate communication:

- **Augmentative and Alternative Communication (AAC):** AAC systems can be beneficial for individuals who have difficulty with verbal communication. These systems can range from simple picture boards to sophisticated electronic devices. Work with a speech-language therapist or AAC specialist to determine the most appropriate AAC system for the individual.
- **Visual Supports:** Visual aids can enhance communication and comprehension for individuals with IDD. Use visual schedules, social stories, and visual cues to help convey information and support understanding.
- **Simplify Language:** Use clear and concise language when communicating. Break down complex information into simpler, more manageable chunks. Avoid using jargon or abstract concepts that may be difficult for the individual to understand.
- **Active Listening:** Be an active listener and give the individual ample time to process and respond. Use non-verbal cues such as nodding, maintaining eye contact, and providing encouraging gestures to show that you are engaged in the conversation.
- **Promote Social Interaction:** Encourage social interactions and provide opportunities for the individual to engage with peers and family members. Structured activities, group discussions, and social skills training can help develop communication and socialization skills.
- **Use Multi-sensory Approaches:** Incorporate multiple senses into communication to enhance understanding. For example, use gestures, visual cues, and tactile objects when conveying information. This can help individuals with IDD who may have difficulty processing information through verbal channels alone.
- **Supportive Environment:** Create a supportive and inclusive environment that encourages communication. Minimize distractions, provide a quiet space if needed, and ensure that the individual feels safe and comfortable expressing themselves.
- **Training and Collaboration:** Collaborate with professionals such as speech-language therapists, occupational therapists, and special education teachers. They can provide guidance, resources, and training to help develop communication skills and support the individual's overall development.

Remember that everyone with IDD is unique, and their communication needs may vary. It is important to assess their abilities, preferences, and challenges to provide personalized support. Working closely with professionals and caregivers can help create an effective communication plan tailored to the individual's needs.

What is AAC?

Communication that supports, complements, and replaces speech (Augmentative and alternative communication)

General term for means of communication used to supplement, support, or replace spoken language

For example:

- pictures
- objects
- gestures and body language
- support signs
- writing and drawing
- communication tools
- speech devices



An intensive interaction

- An operating model that uses early interaction methods to communicate with people with severe developmental disabilities or people on the autism spectrum.
- The most important thing is the interaction itself. The purpose of communication is not necessarily to exchange information or ask for things, but to be together.
- The purpose is for people who rely on early interaction to learn the basis of communication.
- In the method, we start communicating in the same way as a disabled person himself communicates. Ways of communication can be e.g., eye contact, smile, vocalization or rocking.
- The aim of empowering interaction is not only to strengthen the basis of communication but also to increase the quality of life. The approach helps people with severe intellectual disabilities to connect with others.



Facial expressions, gestures and body language

Facial expressions, gestures and body language can also be used consciously when you want to emphasize the subject and its features. It requires a competent partner to have sensitivity and the ability to stop and genuinely observe and listen. Sometimes the initiative can be so subtle or located in such a part of the body that it is difficult to notice and interpret it as a message. The use of gestures in communication is natural and often faster than telling with words. The means of expression of a profoundly intellectually disabled person can be vocalization, crying and different tones of crying, cheerful vocalization, contact vocalization, laughter, gaze, physical relaxation or tension, general activity or passivity, and sometimes also simple gestures such as pointing with the hand. With these means, a person can express his emotional states and basic needs or make simple choices.

The success of the announcement always depends on the active interpretation of the people close to you. Essential language expressions are often very individual and subtle, and it is not always easy to interpret them unambiguously. People close to them usually learn to interpret the speech impaired person's actions and non-verbal communication in different everyday situations. These can be used to describe and present things even without words (an example of this is pantomime).

The use of images in communication

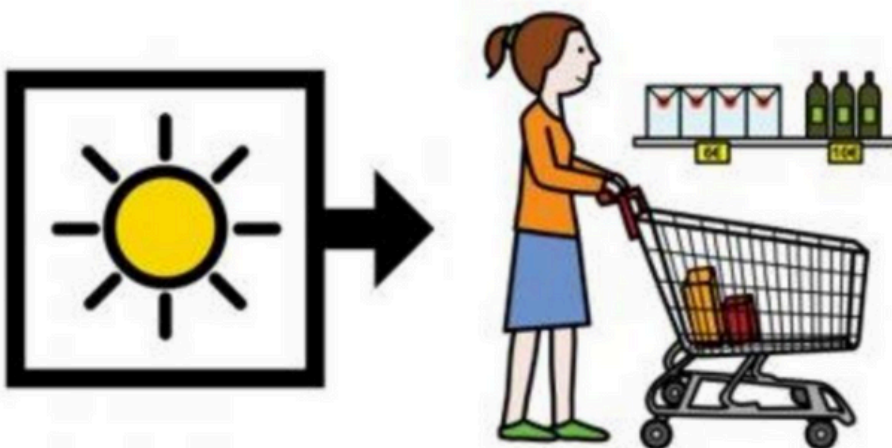
This means the use of pictorial symbols alongside speech and non-verbal communication. A picture is also a way to illustrate content that is difficult to understand in spoken or written form.

Pictures can work in a person's communication when the person understands the connection between the image and what the image represents. You need the experience that a picture can refer to the thing it represents. This process requires clarifying questions from the interlocutor and wording of the produced message.

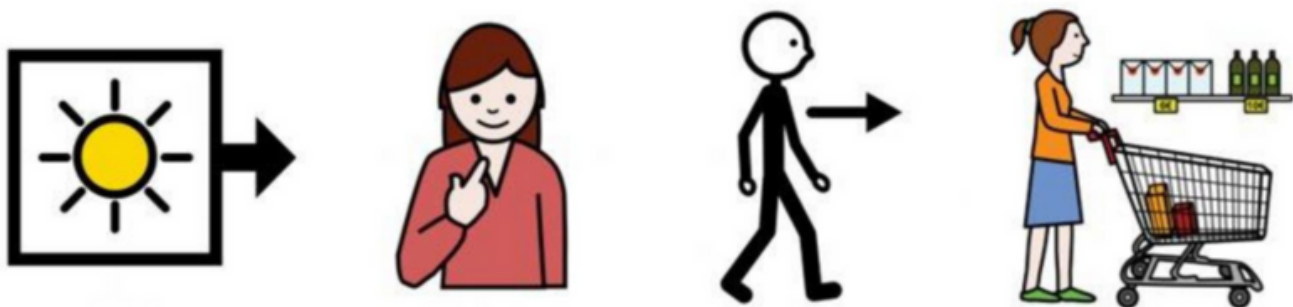
Communication can take place with one or more pictures, picture boards, picture or communication folder, tablet, drawing, etc.

When using pictures and graphical representations in communication tools, pictograms are not always the best choice.

Before conceptualizing the communication tool, it is important to define the level of representation of the beneficiary.



Narration with individual pictures (keywords): **TOMORROW - SHOP**

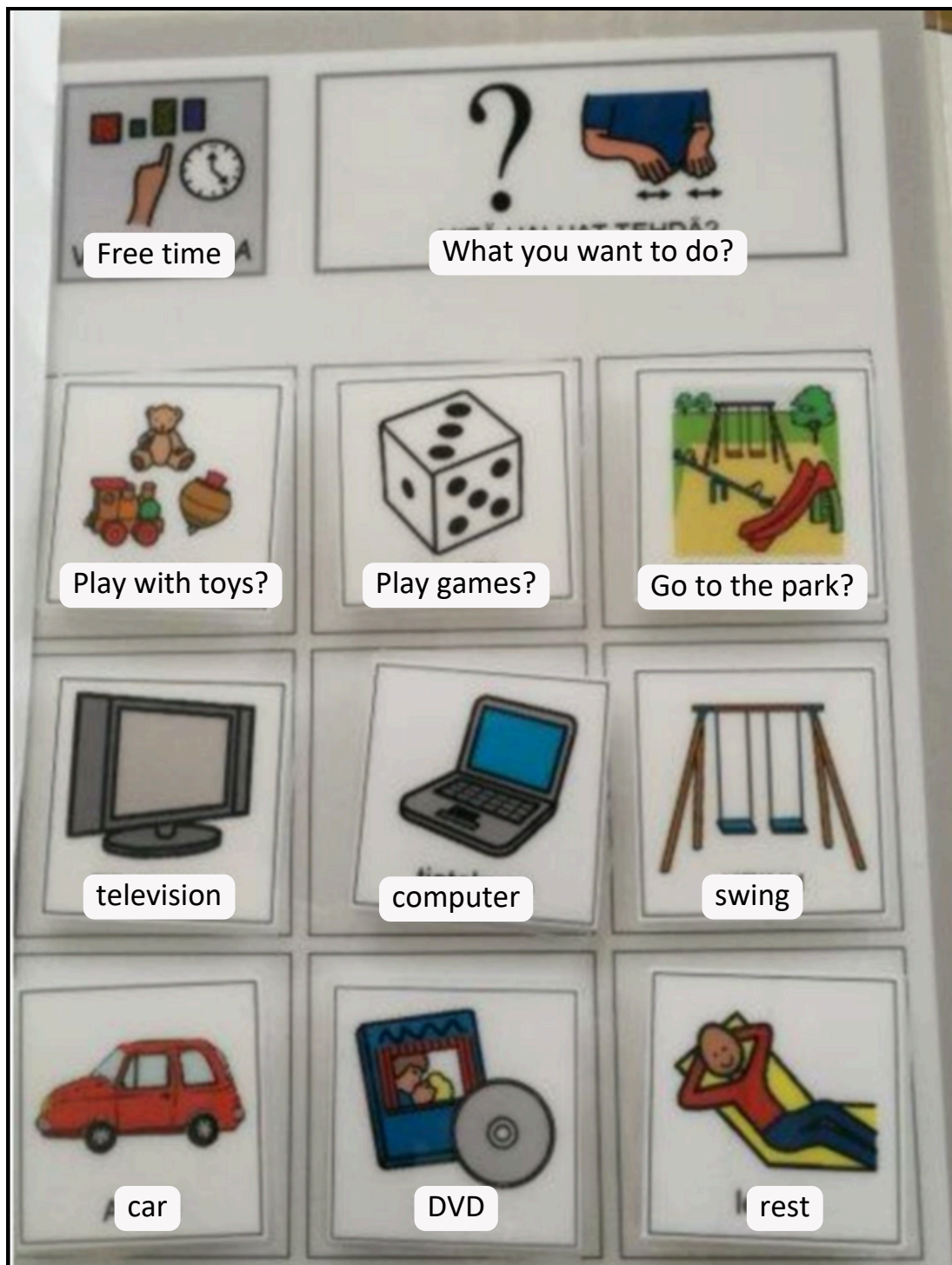


Tell the story with several pictures by also following the word order of the sentence (picture writing):
TOMORROW - I - GO - SHOP

Photos: Papunet 2024, Image Bank, papunet.net

Pictures can also be used for choosing activities

In this example, the person is choosing a leisure activity. A person can indicate their choice or transfer the image to its own daily program. There are pieces of Velcro behind the pictures. It is a handy tool for learning to make your own selections in situations. Practice first from two options and gradually expand the number of options.



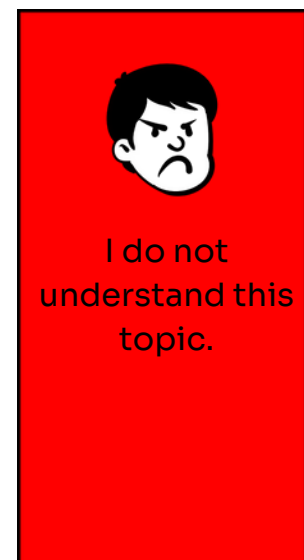
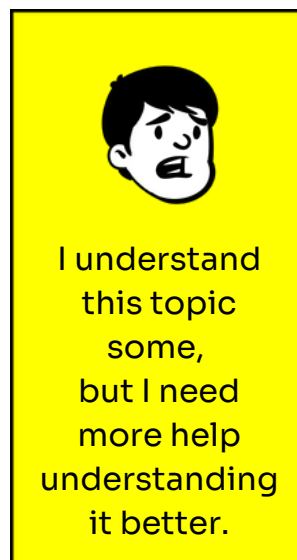
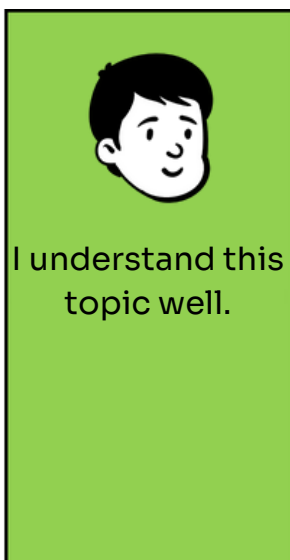
Below is an example of **First - then cards**. Cards illustrate the events of the near future in the order of implementation.



It can be difficult to constantly carry large pictures or folders with you. A convenient way is to make **thumbnails** to attach to a key ring.



Below is an example of **traffic light cards**. They can also contain an illustrative image in addition to/ instead of the text.





An example of a weekly program and the structuring of everyday life.

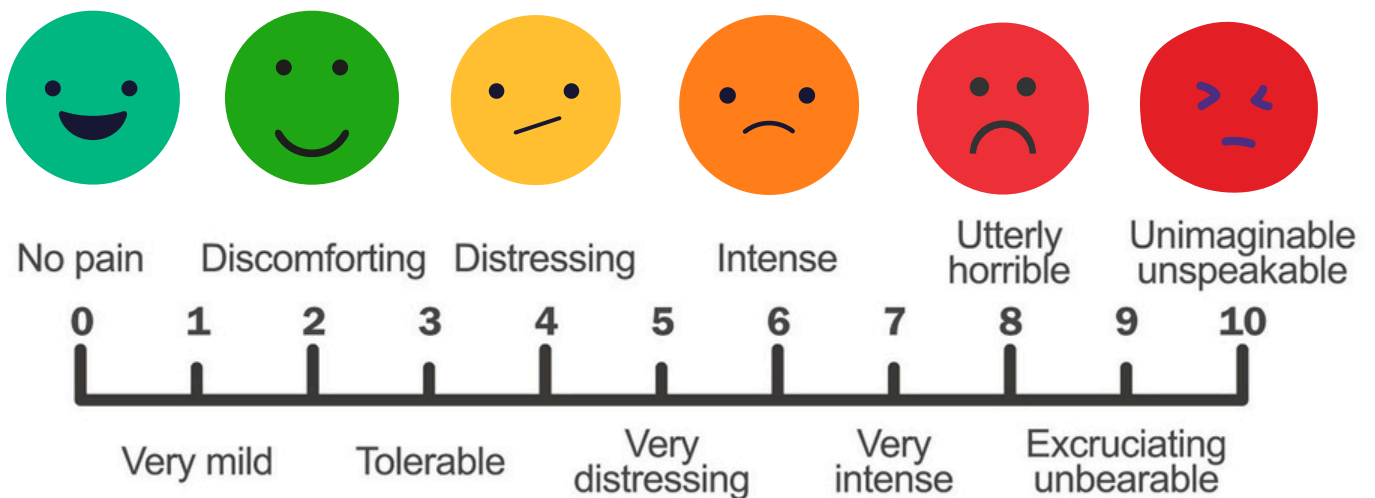
A good structure answers five questions:

- What to do?
- Where to do it?
- When to do it?
- How long does it take to do?
- With whom the activity is done?



Examples of mood/pain meters:

Furious		I need to stay safe
Mad		I need to take a break and use a calming strategy
Worried, scared, or anxious		I need to stop and breath. I can also use a sensory strategy to relax.
Happy		I am feeling good.
Sad or tired		I can ask for help, a hug, or a break.



Social stories

Social stories were created by Carol Gray in 1991. They are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

What are social stories for?

Social stories can be used to:

- develop self-care skills (for example, how to clean teeth, wash hands or get dressed), social skills (for example, sharing, asking for help, saying thank you, interrupting) and academic abilities
- help someone to understand how others might behave or respond in a particular situation
- help others understand the perspective of an autistic person and why they may respond or behave in a particular way
- help a person to cope with changes to routine and unexpected or distressing events (for example, absence of teacher, moving house, thunderstorms)
- provide positive feedback to a person about an area of strength or achievement in order to develop self-esteem
- as a behavioural strategy (for example, what to do when angry, how to cope with obsessions).



Objects in communication

- Mainly used with people with difficult developmental and sensory disabilities
- Are concrete signs that are easier to visualize than pictures
- The object can be looked at and felt, its surface can be smelled or even tasted.
- Can be e.g., a real object, an object like the real thing (e.g., a plastic apple), a miniature model, an object that evokes associations (e.g., a CD -> music), etc.



Drawing

By drawing the speech impaired person's partner can illustrate and present options during the conversation.

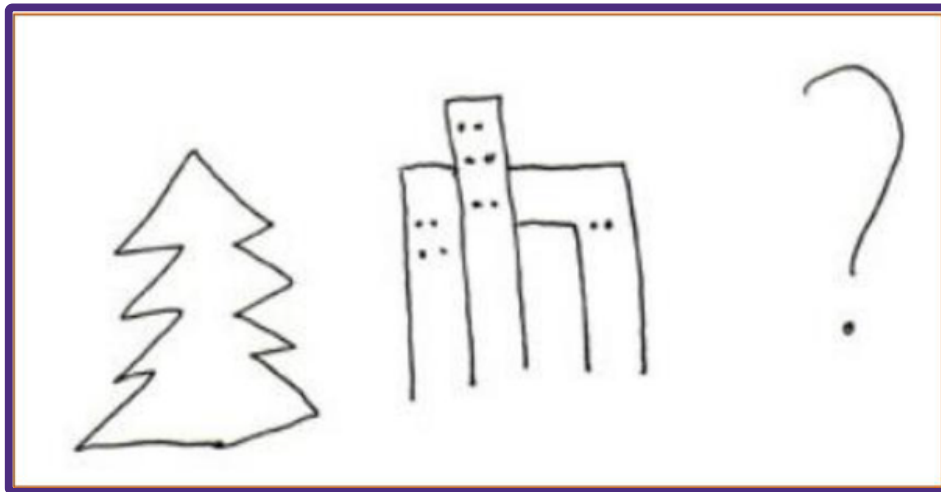
Drawing can also be used for image communication when the necessary image is missing.

Keep the threshold low - feel free to grab the pen!

Always remember to also give "something else" as an option.

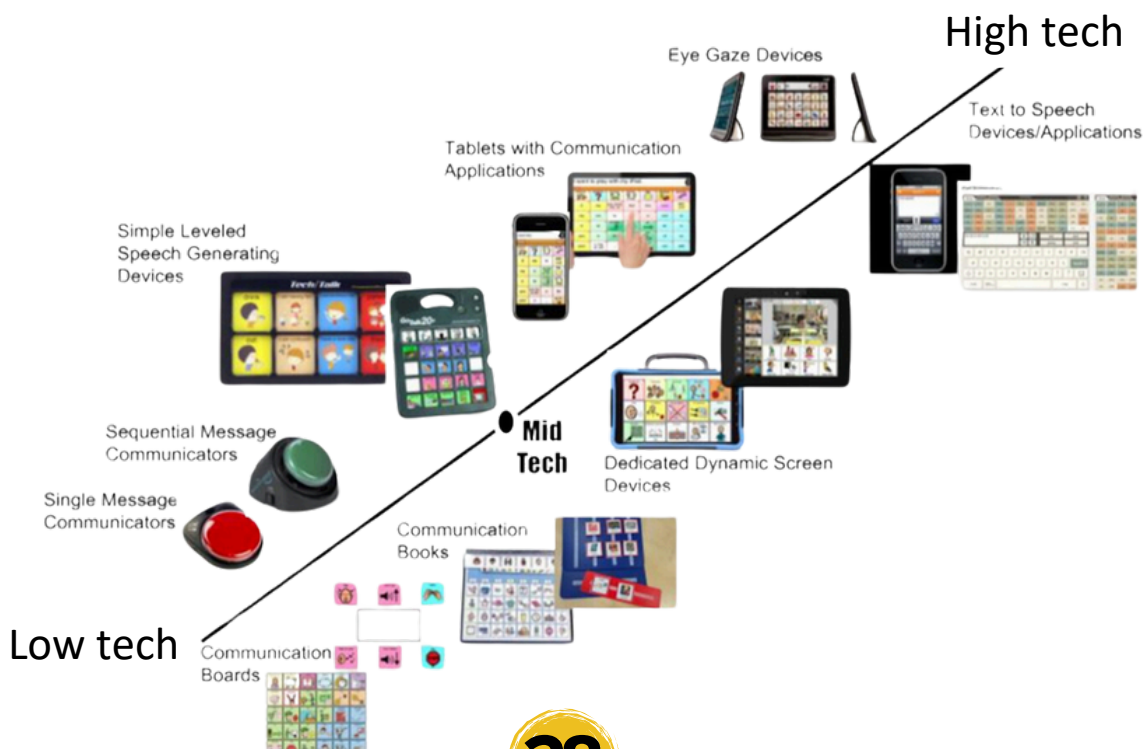
- https://youtu.be/uZA_NioJshs (3 min 1 s)

The speech-impaired person can also draw himself to support his speech.



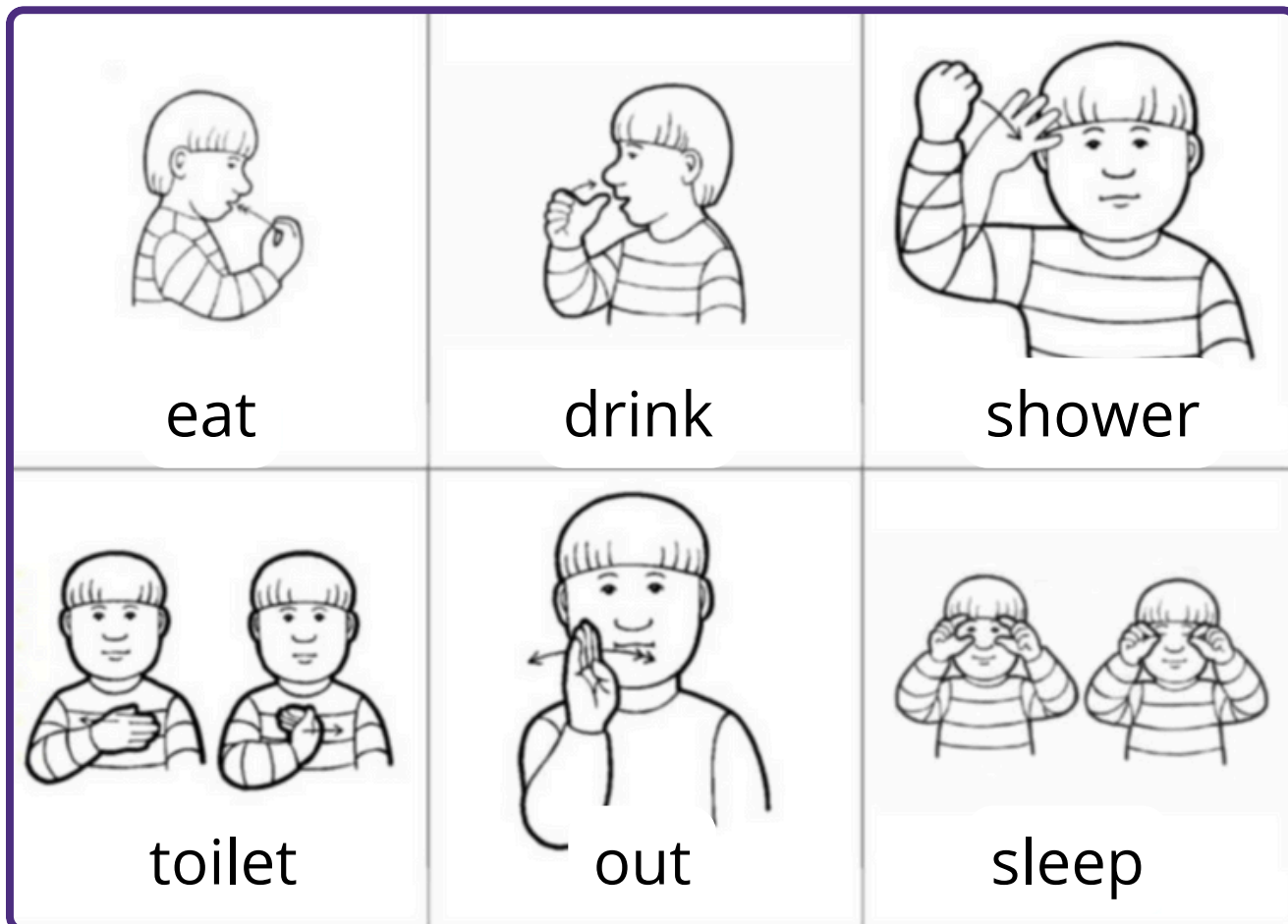
Augmentative and Alternative (AAC) Devices

An augmentative and alternative communication (AAC) device is a tablet or laptop that helps someone with a speech or language impairment to communicate. The term AAC device is often used interchangeably with terms like speech-generating device (SGD) or assistive communication device or simply communication device. AAC devices help users to communicate through a combination of words, sentences, and images that the device then "says out loud." Additionally, users can also communicate by typing or drawing, sharing pictures and videos, or even repeating words they hear out loud.

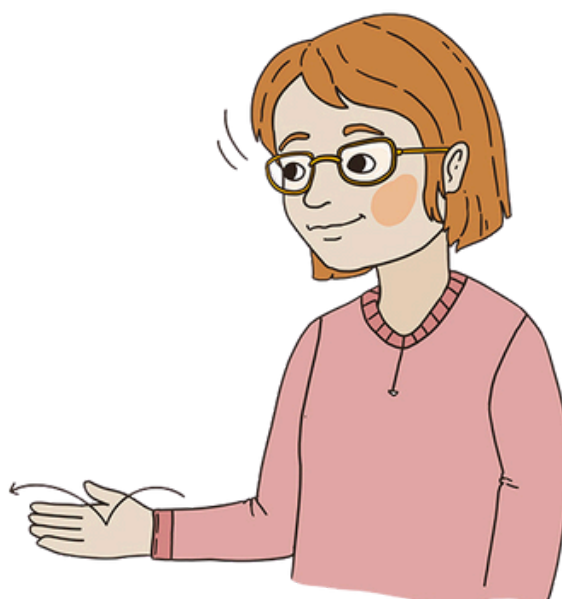


Support signs

Support signs are individual basic signs in sign language. Speech is always used alongside them. The use of signs rhythmizes, slows down and clarifies speech. Remember to make eye contact (note the challenges in eye contact if necessary). Usually only so-called keywords are indicated. For example: "Put your shoes on" – What word would you sign?



Examples of finnish support signs. Photos: papunet.net




Communication passport

The passport can be a one-page card or have multiple-pages.

The passport can be built, for example, on the following content structure:

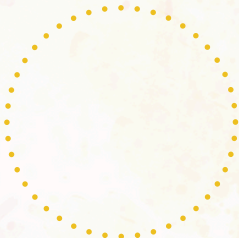
1. Me: The communication pass owner introduces themselves.
2. Important information: From the point of view of the communication partner, essential information about the passport owner's communication and the issues to be considered in the interaction and different ways to support them.
3. This is how I communicate: A brief description of the most important ways of communicating and the meanings of messages.
4. This is how you communicate with me: Instructions on how the partner should communicate and interact.
5. Important things, people, or places: Things, people, and places that I like and that are important.
6. Things I don't like.
7. My strengths: Things that the owner of the communication pass knows, is good at, or practices.
8. Support me like this.


Communication Passport

My name is 






Communication

I prefer to communicate by	When communicating with me please do this
words <input type="checkbox"/>	_____
gestures (eye/hands) <input type="checkbox"/>	_____
writing things down <input type="checkbox"/>	Please don't _____
other <input type="checkbox"/>	_____

Thing I like 

Thing I don't like 

Sensory: I am affected in these ways

 SIGHT	 HEARING	 SMELL	 TOUCH	 TASTE

How to support people on how to use specific means for good communication

Gaze

Gaze is among the important means involved in communication. It is the act of looking, intently, or not. During a face-to-face interaction between two people, both persons look at each other and exchange different signals among which is gaze. On the one hand, with eye gaze, we perceive information from our interaction partners, and, on the other hand, our eye gaze specifies to our interaction partners what we pay attention to. In addition, the eyes in the facial expression also contribute to indicate how we feel, our emotional state.

Babies start to use their caregivers' gaze during the first year, as soon as six months. From this period, joint attention appears. Joint attention is involved in situations where two interaction partners pay attention to the same things.

This is a way through which babies obtain information on their environment. Another is through pointing: they are showing something (see gestures).

Natural gestures

Natural gestures are nonverbal movements or body postures that can be involved in interactions. They are most often easily interpreted and occur spontaneously in most children. They are made without explicit teaching. In addition, natural gestures are universal across cultures. They often serve to complement or reinforce verbal communication.

Not all gestures are used for the purpose of communication, but even when they are not produced with this intent, most gestures can still help facilitate communication.

Our facial expression can indicate how we feel. For example, a smile generally indicates happiness or friendliness.

Our posture, that is the positions of our body, also gives indication of our internal states.

Natural gestures can also be movements used to communicate an intent. For example, young children often reach out their arms towards adults when they want to be picked up or carried. Most of them also quickly learn to indicate what they want by pointing.



Conventional gestures

Contrary to natural gestures, conventional gestures have meanings shared by the members of a culture. Thus, they are not universal, they are learnt and have socially constructed meanings.

Examples of conventional gestures are:

- Grasping one's hand and shaking it to greet them
- Crossing the index and middle fingers to symbolize wishing for good luck in some Western cultures
- Namaste is a Hindu greeting gesture made by placing the palms together in a prayer-like position in front of the chest
- The pointing behaviour is a gesture that most children do spontaneously very early, but they may need time to understand it when it is done by someone else. They need to learn its meaning. Thus, the pointing behaviour becomes a conventional gesture.



Gestures in communication

Gestures play a crucial role in human communication. They help to convey emotions, intentions, and social cues in various situations. They can be used instead of verbal communication; they can also complement or reinforce verbal communication.

Some gestures also play a crucial role during the development. This is particularly the case with the pointing gesture. A main function of the pointing gesture is to direct one's attention to outside entities. With the acquisition of the pointing gesture, it is possible to share attention with other persons to objects and event of mutual interests, which corresponds to joint attention. It is also possible to follow the attention and gestures of the other persons to objects. People who have acquired these gestures will more probably have access to communication: following the attention and gestures of the other persons to objects is a way to understand what they are talking about. For example, if I am talking about « Polaris » while I am pointing to my cat, you will understand that « Max » is its name. The same occur with novel words. Research has shown that pointing gestures are associated with a higher frequency of communication initiation and with better language outcomes.

Thus, understanding and knowing how to use conventional gestures help to acquire the appropriate use of language.

Supported decision-making

Supported decision-making allows individuals with disabilities to make choices about their own lives with support from a team of people they choose. Individuals with disabilities choose people they know and trust to be part of a support network to help with decision-making.

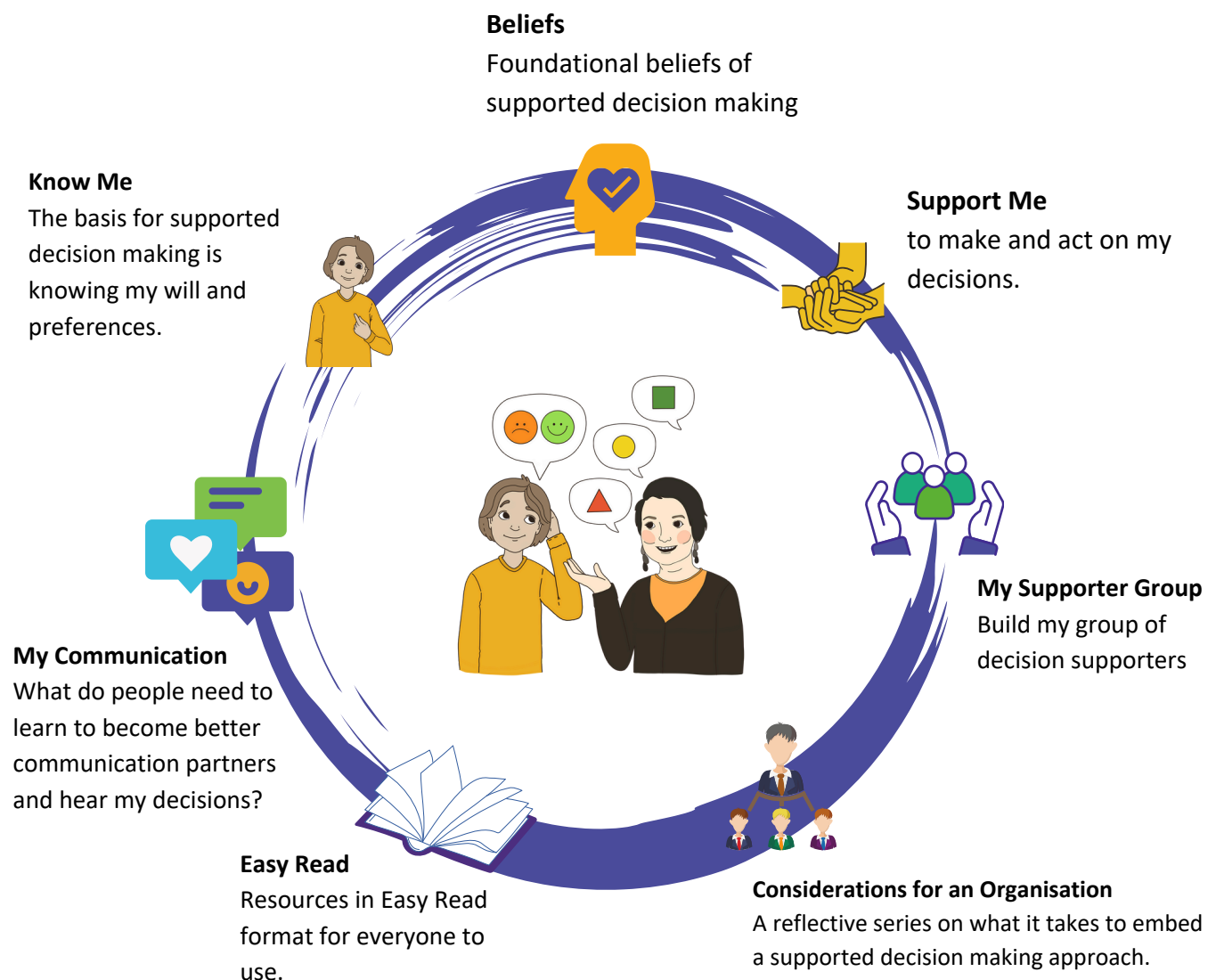
Supported decision-making is an alternative to guardianship. Instead of having a guardian decide for the person with the disability, Supported decision-making allows the person with the disability to make his or her own decisions.

What is supported decision-making?

'Supported decision-making' has no formal definition, and different people use it differently. We use it to refer to any process in which an individual is provided with as much support as they need in order for them to be able to:

- 1) Make a decision for themselves; and/or
- 2) Express their will and preferences within the context of substitute decision-making (for example, guardianship or compulsory treatment for mental disorder).

In both cases, the purpose of supported decision-making is to ensure that the individual's will and preferences are central to and fully respected in decisions that concern them.





Supporting adolescent communication (Aged 10-18) with intellectual disability

Supporting communication with children aged 10-18 who have Intellectual and Developmental Disabilities (IDD) can be a rewarding but challenging endeavour. It's crucial to recognize the uniqueness of each child, as their needs and abilities may vary significantly. To facilitate effective communication, it's essential to employ clear and simple language, using visual aids and symbols as necessary. Building trust and rapport with the child by demonstrating patience, empathy, and non-judgmental attitudes is key. Additionally, utilizing visual supports like schedules and communication aids can enhance comprehension and expression. For those with more significant communication difficulties, Augmentative and Alternative Communication (AAC) systems may be beneficial. Employing non-verbal cues, active listening, and adapting communication to individual needs are essential strategies. Establishing a structured and predictable environment, tailored to the child's interests, and involving parents and caregivers can create a supportive communication ecosystem. Finally, it's crucial to celebrate any progress and respect the child's communication choices, promoting their autonomy and self-esteem throughout the process.



Individualized Education Plan (IEP)

An individualized learning plan (IEP) is a customized educational plan designed to meet the unique needs and goals of a specific learner. It considers the learner's strengths, weaknesses, interests, and learning style, and provides a road map for their academic progress. IEPs are commonly used in schools, colleges, and other educational settings to support students who require personalized attention or have specific learning challenges.

Here are some key elements typically included in an individualized learning plan:

Assessment: The IEP begins with an assessment of the learner's current skills, knowledge, and abilities.

This may involve tests, interviews, observations, or evaluations by teachers, parents, or specialists.

Goals and Objectives: Based on the assessment, specific goals and objectives are set for the learner. These goals are often broken down into smaller, achievable steps to track progress.

Individualized Instruction: The IEP outlines the instructional strategies and resources that will be used to support the learner's progress. This may include modifications to the curriculum, specialized materials, assistive technology, or additional support from teachers or specialists.

Accommodations and Modifications: If the learner has specific learning challenges or disabilities, the IEP may include accommodations and modifications to ensure their needs are met. This can include adjustments to the learning environment, instructional methods, or assessment methods.

Timelines and Progress Monitoring: The IEP establishes timelines for achieving the set goals and includes methods for monitoring progress. This may involve regular assessments, check-ins, or progress reports to track the learner's development.

Support Services: If the learner requires additional support services, such as speech therapy, counselling, or occupational therapy, the IEP may outline the specific services and how they will be integrated into the learning plan.

Communication and Collaboration: The IEP encourages ongoing communication and collaboration among the learner, teachers, parents, and other professionals involved in their education. This ensures that everyone is aware of the learner's needs and can work together to support their progress.

It's important to note that an IEP is highly personalized and tailored to the individual learner's needs. It allows for flexibility and adaptability to ensure the best possible learning experience and outcomes for the student.



Pedagogical support

Pedagogical support for individuals with Intellectual and Developmental Disabilities (IDD) is a crucial aspect of ensuring inclusive and effective education. The term "pedagogy" refers to the strategies and methods employed in teaching, and when tailored to address the unique needs of individuals with IDD, it becomes a powerful tool for fostering their cognitive, social, and emotional development.

In providing pedagogical support for IDD individuals, it is essential to adopt a person-centered approach. This approach recognizes and respects the individuality of each learner, acknowledging their strengths, interests, and preferred learning styles. Teachers and educators should employ differentiated instruction, adapting teaching methods and materials to accommodate diverse abilities and challenges within the IDD spectrum.

Examples of how you can support

- Get student's attention before communicating
- Be clear and specific
- Use visual instructions
- Some students may find it easier if they can use gestures
- Some may need to point to the correct answer instead of talking.
- Give brief prompts immediately before each activity
- Give encouragement and guidance
- Consider using least-to-most prompts
- Provide opportunities to work with their peers
- Allocate specific tasks when engaging in group work
- Some tasks may need to be tailored to better engage a student
- Include student interests
- Have a consistent routine
- Consider teaching the whole class how to self-monitor
- Provide lots of opportunities to practise
- Students may need to practise a task or behaviour many times
- Offer fewer tasks with more opportunities to practise



Positive Behaviour Support

Positive behaviour support (PBS) is evidence-based approach that aims to improve the quality of life for individuals with intellectual disabilities. It focuses on understanding the reasons behind challenging behaviours and implementing proactive strategies to promote positive behaviour change. PBS is grounded in the principles of respect, dignity, and person-centeredness. Here are some key components and strategies involved in PBS for individuals with intellectual disabilities:

Functional Behaviour Assessment (FBA): This process involves identifying the underlying causes or functions of challenging behaviours. It includes gathering information about the individual's environment, triggers, antecedents, and consequences of the behaviour. FBA helps in understanding why certain behaviours occur and guides the development of effective support strategies.

Person-Centered Planning: This approach recognizes the unique strengths, preferences, and goals of individuals with intellectual disabilities. It involves collaborative efforts with the individual, their family, and support team to create personalized plans that focus on enhancing their overall well-being and achieving meaningful outcomes.

Positive Reinforcement: The use of positive reinforcement is a fundamental aspect of PBS. It involves providing rewards or incentives for desired behaviours to increase the likelihood of their recurrence. Reinforcement can be in the form of praise, tokens, privileges, or other preferred items or activities. The goal is to create a positive environment that encourages individuals to engage in appropriate behaviours.

Environmental Modifications: Modifying the environment to support positive behaviour is another important strategy. This can include creating structured routines, ensuring physical accessibility, providing visual supports (such as schedules or visual cues), and removing or reducing triggers that contribute to challenging behaviours. An organized and supportive environment can promote independence, reduce stress, and enhance overall well-being.

Teaching Alternative Skills: Teaching individuals' alternative skills to replace challenging behaviours is a key aspect of PBS. This involves identifying and teaching new behaviours that serve the same function as the challenging behaviour but are more socially appropriate. For example, if an individual engages in self-injurious behaviour to gain attention, teaching them alternative ways to request attention effectively can help reduce the challenging behaviour.

Collaborative Support: Positive Behaviour Support requires a collaborative approach involving the individual, their support team, family members, and relevant professionals. Open communication, sharing of information, and coordinated efforts are essential for implementing effective strategies and ensuring consistency across different environments.

Data Collection and Analysis: Collecting data on behaviours and the effectiveness of intervention strategies is crucial for ongoing assessment and adjustment. Regularly monitoring and analysing data help in identifying patterns, evaluating progress, and making informed decisions to modify or refine support strategies.

Positive Behaviour Support is an empowering approach that emphasizes understanding, respect, and the promotion of individual strengths. By focusing on proactive strategies and creating a supportive environment, it aims to improve the overall quality of life and well-being for individuals with intellectual disabilities.

Hand model of positive education

Thumb: give positive feedback

Self-esteem and confidence in one's own competence are strengthened by consistent and real feedback. Successful positive feedback motivates to grow, develop, try, and try again and again, even stretching the level of one's own competence. At best, feedback increases the persons confidence in their own abilities and opens new perspectives for the future.



Index finger: talk about strengths.

When the strength speech becomes familiar, it can turn into a living, constantly heard language of use. It is important for the person to know that his success was due to perseverance and courage, not by chance or magic.

It is good for the speech of strength to grow from the individual level to the level of the whole environment level.

Middle finger: capitalize on persons strengths.

Talking about strengths is important so that we know the tools of our minds.

It is essential that persons get real experiences of using their own strengths, not just knowledge of their existence. It is good to give persons the opportunity to think about in which situations and with whom their strengths are best used, and to give them space to act in a self-directed manner.

Ring finger: promote cohesion

One of the most important factors in well-being and happiness is a sense of belonging and being good enough to be yourself. Having your own safe group and the opportunity to share things in it without fear are of the utmost importance for every student, and the factors that most make school fun.

Feelings of group cohesion and acceptance can be concretely supported by teaching social skills such as kindness, leadership, compassion, and forgiveness.

Little finger: lead by example

The professional's own example of a present, enthusiastic, and genuinely caring activity is more important than the choice of learning material or teaching method.

Clients may forget what they have been taught, but they will never forget what the professional makes them feel. The professionals's warm and positive attitude motivates the client to work, engages them in the topic of the lesson and reduces disruptive behavior.

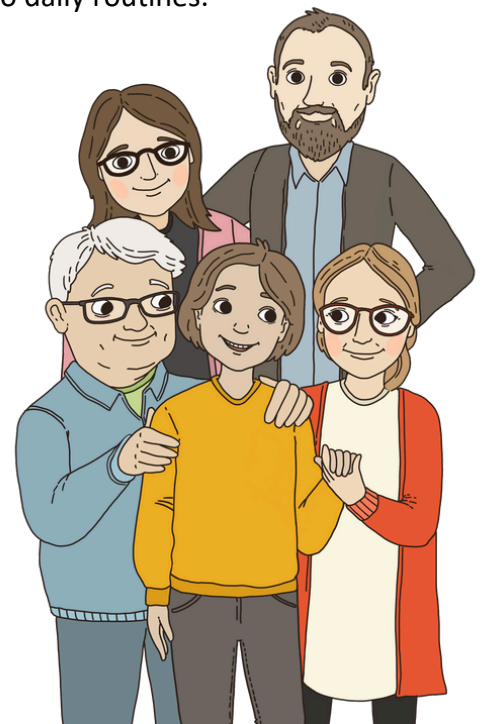
Collaborating with speech and language therapists (SLTs)

1. **Expert Guidance:** SLTs possess expertise in evaluating the child's unique communication needs and capabilities. They can formulate tailored communication plans and provide specialized interventions based on the child's profile.
2. **Assessment:** SLTs conduct comprehensive assessments to determine the child's speech and language strengths and challenges. These assessments serve as the foundation for developing targeted strategies.
3. **Therapy Goals:** Collaborative discussions with SLTs help align therapy goals with the child's educational and daily life communication needs. This ensures a consistent approach across various settings.
4. **Progress Tracking:** Regular collaboration with SLTs allows for ongoing progress monitoring and adjustments to the communication plan as the child's skills develop.



Family Involvement:

1. **Family involvement** is equally vital in supporting a child with IDD, and it extends beyond the therapy sessions
2. **Learning Communication Strategies:** Encouraging parents and caregivers to attend therapy sessions and workshops with SLTs empowers them to acquire effective communication strategies. This knowledge can be applied at home, reinforcing the child's progress.
3. **Communication-Rich Environment:** Families can create a communication-rich environment at home, using tools and techniques recommended by SLTs. Visual aids, schedules, and Augmentative and Alternative Communication (AAC) systems can be integrated into daily routines.
4. **Insight and Feedback:** Families often have a deep understanding of the child's preferences, interests, and communication patterns. Their insights are invaluable for tailoring communication strategies effectively.
5. **Consistency Across Environments:** Family involvement ensures that the child's communication support is consistent across different environments, whether at home, school, or in the community.
6. **Emotional Support:** The emotional support and encouragement provided by family members are essential for the child's self-esteem and motivation during their communication journey.

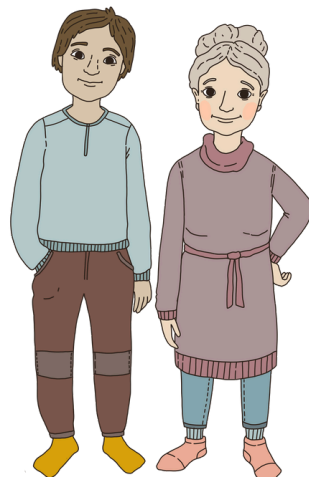




Group age 2

Supporting adults communication (Aged 18-25) with intellectual disability

Supporting the communication needs of young adults with intellectual disability requires a holistic approach from different expertise within the framework of the organization. The individualized plan of each beneficiary is developed by the person with intellectual disability, along with the family and the multidisciplinary team of the organization, based on the specific needs of the beneficiary. In parallel, the professionals offer a variety of new experiences for the people with intellectual disabilities, in order to get familiarized with different communication environments, and finally support their social inclusion.



Individualized Intervention Plan

The development of the Individualized Intervention Plan is implemented by the members of the Interdisciplinary Council and the educational staff of the organization. It complies with ISO guidelines 9001:2008.

Steps:

1. Preparation of an Individualized Intervention Plan by the Interdisciplinary Council.
2. Planning of the implementation by the professionals, trainers and therapists.
3. Individual Intervention Plan Assessment by the Interdisciplinary Council.
4. Completion of an Individual Intervention Plan by the professionals, trainers and therapists.

Analysis:

Phase 1: The Interdisciplinary Council of the organization, taking into account the initial assessments of the beneficiary, draws up the beneficiary's Individual Intervention Plan which includes the following:

- The present and potential situation of the beneficiary
- The training programme

The Individualized Intervention Plan is recorded in a document and signed by the members of the Interdisciplinary Council.

Once the Individualized Intervention Plans have been completed, the Coordinating Trainer shall compile the overall programme per workshop in the "Workshop Programme" and communicate it to the respective trainer.

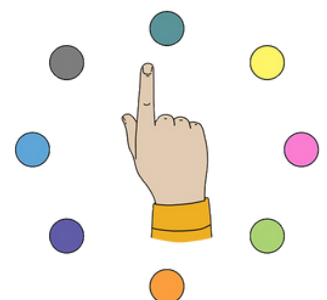
Social Services also informs the parents/legal guardians and the beneficiary of the programme to be followed. Where required, a meeting of the legal guardians/beneficiary is arranged with the Interdisciplinary Council to provide the necessary clarification.

Phase 2: Each supporter implements the plan within their workshop based on the planned topics as described in each "Workshop Description". The supporter fills in the "Workshop Attendance Log" the attendance of the trainees in the workshop and all noteworthy events and behaviours of the beneficiary.

On a weekly basis the Interdisciplinary Council holds meetings where the beneficiaries' progress and incidents are discussed.

Phase 3: Twice a year and whenever required, the Interdisciplinary Council evaluates the objectives set in the Individual Rehabilitation Plan and updates them where necessary. The evaluation of the objectives shall be recorded in the Individual Rehabilitation Plan. The assessments carried out shall be recorded in the Council's Book of Minutes.

Phase 4: At the end of the academic year, the final evaluation of the Individualized Intervention Plan is carried out by the professionals and trainers. The completed plan is then filed in the trainee's file by Social Services.



Attitudes and values for communicating with people with intellectual disability

- Ensuring that there is sufficient time before a discussion starts
- Ensuring that right conditions for the communication of the room (noise, absence of other persons)
- Ensuring that the interlocutor is ready/willing to communicate
- Taking into account the context/environment in which a communication is taking place (school, work)
- Taking into account the age of the person with IDD
- Adopting appropriate communicative behavior in terms of posture, physical distance and volume of voice
- Establishing and keeping eye contact
- Accompanying their speech with gestures
- Accompanying their speech with facial expressions
- Ensuring that they are understood by the interlocutor
- Rephrasing their message in a different way when it is not understood.
- Adapting communication according to the interlocutor's abilities
- Promoting dialogue by empowering the interlocutor to express themselves.
- Giving the interlocutor time to express themselves
- Understanding and respecting the feelings expressed by the interlocutor, whether expressed verbally or non-verbally.
- Forming an opinion after the interlocutor has finished talking
- Judging the seriousness of an issue on the basis of the interlocutor's experience rather than their subjective judgement
- Asking clarifying questions that help to ensure coherence and understanding of the communication
- Supporting the interlocutor in acknowledging their feelings.
- Verbalizing the emotional elements present in the interlocutor's expressions
- Encouraging the other person to express their negative feelings in words
- Giving options (2 or 3) to the interlocutor so that they can decide between specific choices
- Repeating often what has been said
- Summarizing the main points at the end of the conversation



Communication needs of Persons with IDD

1. Non-verbal communication (eye contact, proper proximity/appropriate personal space)
2. Appropriate speech volume
3. Pace of speech
4. Responsiveness and participation in conversation
5. Spontaneous speech
6. Understanding of the subject of the conversation
7. Understanding the problem
8. Understanding the cause and effect
9. Understanding details
10. Recognition and naming of emotions
11. Understanding the emotional intentions of others
12. Naming and describing symptoms/conditions that require specialized vocabulary
13. Distinguishing between desires and imminent events
14. Understanding abstract concepts
15. Understanding complex sentences / sentences introduced by temporal or hypothetical links
16. Sequence of rules
17. Temporal concepts and sequences
18. Understanding passive voice
19. Understanding sentences containing negation
20. Understanding the use of the imperative form
21. Morphology and syntactic structure of sentences
22. Approaching the interlocutor, starting a conversation and keeping up with the dialogue



Recommendations for the inclusive communication

1. use of visualization
2. instructions to be given in up to 2 parts
3. slow pace
4. enrich speech with gestures
5. segmented presentation of oral texts and targeted intervention in recall of key information
6. encouragement to use complete sentences
7. support in understanding ideas "how, where, when, and why" questions
8. support in identifying and justifying what is right and wrong with visual material (to enrich inductive and reasoning skills)
9. use of a semantic recall table as well as general support for semantic organisation and enrichment of vocabulary
10. use of accompanying visual material for understanding long commands or commands containing concepts such as 'before/after or in addition to'
11. training and use of visualised material to remind the user of the correct voice volume.
12. recall with phonological or semantic assistance
13. reinforcement of each new concept in a multi-sensory way involving pictures, gestures as well as the written form of a word.
14. use of visualised material (e.g. communication book/"key ring" could be used to enhance spontaneous expression in more challenging/less structured activities (e.g. break).
15. Role playing
16. use of visualised material to remind people to use eye contact during discussion, waiting for turn in dialogue, etc.
17. early preparation - "rehearsal" of sentences (reducing possible anxiety)
18. allowing enough time to respond,
19. not trying to have someone try to complete their answer
20. maintaining eye contact during the conversation by the professional's braid
21. training and reinforcing the ability to express basic communication techniques through group work, such as the use of visual materials to remind people to use all parts of a sentence
22. reminding people to wait before starting a response
23. training in describing pictures/texts in order to understand and extract the central idea and improve retention within that idea/theme (no reference to irrelevant information)
24. sufficient time to answer and assurance of this to minimise anxiety
25. use of a visualised 'reminder' form of the parts of a sentence and practice through specific activities to improve both the pace and organisation of thinking.
26. use of a personal communication book would help improve spontaneous conversation initiation
27. redirecting attention
28. training and enhancing the ability to express oneself in different communication situations both individually (e.g. justification in a possible misunderstanding, social rules, etc.)
29. social stories, thought bubbles.
30. support is needed in describing pictures/texts in order to convey the whole information, better linking of uttered sentences and extracting a central theme with the help of visual
31. use of visualised 'recall board' information
32. deeper understanding and 'practice' of possible emotional reactions (emotional vocabulary) and how these are reflected in facial expressions, e.g. through role play
33. naming emotional reactions
34. training in the use of a visual slow speech table would be helpful



Social skills development

Social skills are acquired through the observation and imitation of the behavior of others within a variety of processes.

Firstly, they are developed through the family system, and at a later stage by school and society. They are a prerequisite for successful interpersonal interactions. Bellack (1983 in Bielecki & Swender, 2004) defined social skills as observable and measurable interpersonal behaviors that promote the independence, the acceptance of society and the quality of life, which are important for the social inclusion and functionality of a person. They also enable the individual to establish healthy social relationships, avoid interpersonal conflict and cope with stressful situations. On the other hand, research findings show that poor social skills are associated with numerous problems including attention deficit, social isolation and withdrawal, aggressive and antisocial behavior, and challenging behavior. Persons with deficiencies in social skills is likely to be rejected by members of the groups to which they belong and/or withdraw, isolating themselves outside these groups. The likelihood of insufficient social skills is higher in people with intellectual disabilities.

Social skills include:

- Understanding and using verbal and extraverbal communication signals
- Ability to listen attentively
- Empathy
- Ability to adapt behavior taking into account the communicative environment
- Effectiveness in being understood and conveying information clearly
- Understanding social norms
- Dialogue skills – initiating, maintaining and smoothly ending a conversation (Listening, understanding, sharing thoughts, waiting their turn, asking for what they needs, giving feedback)
- Recognition and appropriate expression of emotions
- Development of the self-esteem / self-image (low self-esteem may entail social isolation or difficulties in relationships)
- Interpersonal skills – enhancing the ability to create and maintain close and quality relationships. Relationships involving intimacy, emotional attachment and trust can be characterized as quality relationships
- Collaboration skills
- Accountability skills
- Setting boundaries/denial/assertion skills. Setting boundaries and denial skills refer to the ability of a person with intellectual disability to set boundaries and deny situations or requests that they do not want in an appropriate way. Assertion skills refer to the ability to advocate what one desires in an appropriate way.
- Problem-solving skills
- Frustration management – The ability persons with intellectual disability to accept and manage frustration or failure in situations related to their goals or desires.



The techniques used to enhance social skills are important tools in the context of developing the social nature of people with intellectual disability. These techniques vary and focus on creating a positive and supportive environment.

Some of these **techniques** are:

- **Social stories** are designed to help the development of social skills, by increasing understanding and adaptation to everyday social situations. These stories typically include descriptions and illustrated narratives about specific social situations, behaviors, and expectations, providing people with intellectual disability with a structure for understanding and coping with societal challenges.
- **Visual stories** use images or graphic representations to facilitate understanding of specific situations or social norms. These illustrated narratives help to teach and explain social situations and interactions in a visual way, making information more accessible and easy to understand.
- The **visualized program** presents various activities, tasks or routines through illustrated instructions or graphic representations. This helps people with intellectual disability to understand and prepare for daily activities by following a series of steps with more ease and confidence. Through visual representation, it is easier to understand the predicted actions and expectations in any social situation.
- The **visualized rules** present social norms, suggested behaviors or expected reactions using illustrated or graphic examples. This helps to understand and integrate the rules of behavior in various social situations. The rules make expectations and guidelines more accessible and understandable, helping to effectively adapt the individual to the social environment.
- **Counselling groups and peer-to-peer discussion groups:** These are two other important methods in which people with similar experiences and challenges come into contact and interact in a supportive environment. Through dialogue and exchange of views, participants learn to listen and understand different points of view, while developing their ability to express their own ideas clearly. They learn mutual communication, the need for mutual listening and exchange of views with respect. They are encouraged to develop skills such as the ability to express their thoughts and feelings, paying attention to the order of speech and forming constructive discussions. They encourage social cooperation, mutual support and the development of trust among team members, providing a rich environment for practicing and improving their social skills. Through this interaction, participants can practice how they interact, learn to communicate effectively and create more constructive and equal social relationships. During the counselling groups, participants have the opportunity to share experiences, exchange ideas and develop social interaction skills. These groups provide a safe environment where participants can feel tolerant and understood by others experiencing similar challenges. This boosts self-confidence and a sense of belonging. Through mutual support and exchange of views, participants are trained in social signal recognition, communication and management of social situations. In addition, through these groups, various activities and practices enhancing social skills can be created, such as role plays, emotional expression exercises, and simulation of everyday social situations.

- **Dramatherapy techniques** are also a powerful tool and include role play, theatrical games, kinesiotherapy, interactive activities and creative expression through art for the enhancement of social skills. Through these techniques, the expression of emotions, the development of communication and self-confidence are promoted. Participation in these activities encourages the development of social skills as participants develop the ability to react to social situations, communicate with others and understand the feelings of themselves and others. Through this approach, people with intellectual disabilities gain increased awareness of themselves and the different social dynamics, improving their skills in reacting and interacting with their environment.
- Finally, **the establishment of rules and standards of acceptable behavior by professionals** is an essential means for the development of social skills of people with intellectual disability. These rules act as guidance, providing a framework and defining the expected social behaviors in various situations. In addition, the rules help create a safe environment by encouraging the comfort and safety of individuals to interact and explore their social skills. In addition, professionals guide the social behavior, teaching and promoting understanding of expected social behaviors, thus helping individuals develop their ability to manage social situations. The creation of a framework of rules also enhances their autonomy, providing a structure and frame of reference in their daily lives and social activities. The implementation and demonstration of rules and standards of acceptable behavior by professionals encourages positive social relationships and helps develop the interaction and communication skills of people with intellectual disability.



Visual Support & Gestures

Visual supports refers to any tool or object used to facilitate communication and understanding. These tools enhance the process of communication. From body movements to environmental elements, visual supports augment a person's ability to receive information from their sense of vision. They may include images, graphics, tables, programs, calendars, symbols, specially designed tools, or other visual elements that can help organize information and understand various daily activities. It is important to incorporate visual props into the educational environment of the program to enhance learning and increase successful participation.

More specifically, visual support can contribute significantly to enhancing the communication of people with intellectual disability in the following areas:

- 1. Comprehension and memory:** Visual tools can provide visual instructions, images, or graphical representations that simplify complex information and make it easier to understand, explain, and communicate concepts, ideas, and data, making communication easier to understand. Also, people tend to retain information better when it is presented visually. Visual aids engage multiple senses, enhancing memory making it more likely for individuals to remember key points.
- 2. Organization and structure:** Visual tools can help structure information using graphical organizational shapes, tables, or diagrams.
- 3. Enhancing social skills:** The use of visual tools can help enhance social skills, facilitating interaction and social participation.
- 4. Autonomy and self-confidence:** Through visual tools, people with intellectual disability can gain autonomy, enhance their skills and increase their self-confidence in daily activities.
- 5. Accessibility:** Visual aids can improve accessibility for different audiences, including those with different learning styles, different language and cognitive needs, or different levels of literacy. They provide a universal means of communication that transcends cognitive or cultural differences.

By providing visual tools that adapt to each individual's needs, we can enhance their communication and day-to-day functioning, helping them develop their skills and meet the demands of their environment.



Gestures are an additional way of communicating that uses body language and motor expression. In many cases, gestures can help facilitate the understanding or expression of specific ideas, feelings, or needs. For people who have difficulties understanding and/or using language, gestures can act as an additional means to communicate more effectively and overcome possible obstacles.

More specifically, some ways in which gestures contribute to this purpose are:

- 1. Enhancing verbal communication:** Gestures provide an additional means of expressiveness, which enhances language communication. They can accompany verbal expressions, offering additional information and clarifying its content. People with intellectual disability can use gestures to emphasize and add additional information to their communication.
- 2. Expression of emotions:** Gestures can help express emotions, such as joy, sadness, anger, etc. This allows people with intellectual disability to express their feelings in a richer and more effective way.
- 3. Social Communication:** Gestures can enhance social interaction by helping people recognize the signals and meanings associated with gestures. Gestures can facilitate social interaction, as they offer an additional way to communicate that strengthens interpersonal relationships.
- 4. Enhance comprehension:** Gestures can be used to support spoken expressions and help understand the contents of conversations.
- 5. Memory enhancement:** Gestures can help enhance memory skills, as hand movement and integration can enhance information storage and recall.
- 6. Access to Education and Work:** Gestures can be used to facilitate the education and employment of people with intellectual disability by offering a supportive method of communication. Gestures can be used as reference points for guidelines, especially when they need to direct or encourage the interlocutor to move in a certain direction.

Gestures add flexibility, richness and depth to the communication of people with intellectual disabilities, helping them to communicate more effectively and participate fully in society.

Overall, visual aids and gestures work effectively for all ages and all skill levels, and can be useful in providing information, enhancing memory and retaining information, organizing thought, reducing stress, managing change, and teaching routines. Environments in which visual supports and gestures can be applied include education, health, social inclusion, and everyday life.



Simplify language

The term "Simplify language" refers to the process of reducing the complexity of a text or language in order to facilitate comprehension by the listener or reader. When simplifying language, simple words, short sentences and an understandable structure are used to make information accessible to a wide audience. This practice is often applied to training materials, scientific texts, manuals and other documents, with the aim of increasing accessibility and improving understanding of the content.

This approach is particularly beneficial when verbally communicating with people with intellectual disabilities who have difficulties processing complex or abstract language. This can be done in the following ways:

- **Simple Vocabulary:** Use simple and everyday words instead of complex or complicated ones. This makes communication more accessible and easy to understand.
- **Short sentences:** Formulate ideas in short sentences to make them easier to understand.
- **Clear instructions:** Use words with clear meanings that do not increase the likelihood of misinterpretation.
- **Speech Structure:** Organization of speech with simple structure and clear meaning in order to facilitate understanding.
- **Visualization:** Accompanying use of images or graphics in speech to enhance comprehension.
- **Repetition:** Repetition of important information to enhance memory and comprehension.

These practices help create content that is more accessible for people with intellectual disability, making communication more effective.

Simplifying language in communicating with people with intellectual disability serves several important purposes:

Comprehension: People with intellectual disability may have difficulty understanding complex phrases or terminology. Simplifying language makes it easier for them to understand dialogue and communication.

Access: The use of simple and understandable vocabulary allows people with intellectual disabilities to have easier access to information and services, eliminating barriers that may arise due to language difficulty.

Autonomy: Language simplification enhances the autonomy of people with intellectual disability, allowing them to express themselves and understand their environment more comfortably.

Social participation: Language simplification facilitates the integration and participation of people with intellectual disability in social activities, allowing them to contribute to the community.

Overall, simplifying language helps create a more accessible and inclusive environment where everyone can communicate and participate more autonomously.

Peer interaction

Peer interaction refers to the social interaction that takes place between people who are of similar age, status, or abilities. These individuals are often referred to as peers. Peer interaction is a critical aspect of human development, especially during childhood and adolescence, but continues to be important throughout life.

Key aspects of peer interaction include:

Socialization: Interacting with peers provides individuals with opportunities to learn and practice social skills. It helps develop communication, cooperation and conflict resolution skills.

Emotional development: Interacting with peers allows individuals to experience a range of emotions and learn how to manage and express their emotions. Relationships with peers can offer emotional support and contribute to a sense of belonging.

Identity formation: Peers play an important role in forming a person's identity. Individuals often compare themselves to their peers and may adopt behaviors, values, and attitudes based on social influence.

Learning from each other: Peer-to-peer interaction promotes sharing of learning. Individuals can exchange ideas, perspectives and information, enhancing their cognitive and intellectual development.

Cultural and social norms: Peer groups often reinforce cultural and social norms. Individuals within a peer group may adopt common behaviors and norms that prevail in their social context.

Problem solving: Collaborative activities with peers promote problem-solving skills. Collaborating on projects or resolving conflicts can enhance critical thinking and decision-making skills.

Friendship: Interactions between peers can lead to the formation of friendly relationships. Friendships provide emotional support, companionship, and opportunities for recreational activities.

Independence and autonomy: Interacting with peers allows individuals to develop a sense of independence and autonomy. They learn to navigate social situations without constant guidance from adults.

It is important to note that the impact of peer interaction can vary depending on the nature of relationships, context, and individual differences. Positive interactions between peers can contribute to personal growth and well-being, while negative interactions can have negative effects on mental health and social development.



Enhancing the communication skills of people with intellectual disability requires recognizing and addressing their specific needs. Interactions between peers play a key role in this process. Ways they can help improve communication skills:

Modeling and imitation: Peer interactions provide people with intellectual disability with the opportunity to observe and mimic the communicative behaviors of their peers. Modeling helps to learn the appropriate use of language, social skills and conversation strategies. Peers can serve as positive role models for communication. Encouraging inclusive behaviors and teaching how to support the others, can create an environment that promotes effective communication.

Socialization and enforcement: Engaging in peer-to-peer interactions allows individuals to practice their communication skills in real-world situations. Socialization helps build self-confidence and familiarity with different communication contexts.

Feedback and reinforcement: Peers can offer constructive feedback and positive reinforcement during interactions. This feedback is valuable for people with intellectual disability to understand what works well in their communication and in which areas they may need improvement.

Shared learning: Peer-to-peer interactions often involve shared learning experiences. Collaborative activities with peers can enhance vocabulary, problem-solving skills, and overall cognitive development.

Emotional support: Peer relationships provide emotional support, creating a positive and encouraging environment. Feeling accepted and supported by peers can boost self-esteem and motivation, positively affecting communication skills.

Developing social skills: Peer interaction allows individuals to develop and improve their social skills, such as waiting for turns, listening, eye contact, and interpreting nonverbal cues – all key components of effective communication.

Inclusive environments: Creating inclusive environments that foster peer interactions enhances a sense of belonging. When individuals feel included, they are more likely to engage in peer communication and practice their skills in a variety of settings.

Structured social programs: Implementing structured social programs or interventions that focus on developing communication skills can be beneficial. These programs may include specific activities, games, or exercises designed to improve communication in a supportive and controlled environment.

It is important that these interventions are individually adapted to the needs and abilities of the individual. In addition, the involvement of teachers, speech therapists and other professionals to offer targeted support to further enhance the communication skills of people with intellectual disability.

Patience and Empathy

Patience and empathy are two important skills related to the way we deal with and communicate with others. These approaches enhance mutual understanding, encourage cooperation and facilitate the creation of positive relationships. These are crucial aspects that contribute to more effective communication. People with intellectual disability often face communication deficits that may stem from either difficulty understanding or expressing verbal expressions or even the need for more time or repetition during communication.

Patience and empathy are prerequisites for a communicative environment that is supportive and adapted to these individual needs of people with intellectual disability.

Patience refers to the ability to wait calmly even when faced with difficulties or delays and to show understanding and tolerance, giving the interlocutor the time and space they need to understand and express themselves. It is important in many aspects of life, including interpersonal relationships, work, and managing challenges.

More specifically, the ways in which patience helps promote communication with people with intellectual disability are:

- **Time for expression:** People with intellectual disability may need more time to express their thoughts or answer questions. Patience gives them the time they need, thus enhancing communication.
- **Repetition and Rephrasing:** Communication with people with intellectual disability may require repetition of questions or reformulation of information to ensure understanding. Patience is an essential skill as it allows for repetition and restatement in conditions that are not characterized by pressure.
- **Understanding and accepting diversity:** Patience helps to understand, accept and respect diversity and the unique needs that each person with intellectual disability may have.
- **Creating a safe and friendly environment:** Patience helps create and maintain a friendly communication environment, which is important for the comfort and safety of people with intellectual disability.



Empathy is the ability to understand and empathize with the feelings, needs, and experiences of others.

Putting oneself in someone else's shoes and perceiving the world from one's perspective.

As people with intellectual disability often develop non-verbal forms of communication to compensate for any difficulties, understanding and empathy from those around them can help solve communication challenges.

Ensuring empathy when interacting with people with intellectual disability is important for a variety of reasons:

Better Understanding of Needs: Empathy helps the interlocutor to better understand the needs and challenges faced by people with intellectual disability. This understanding allows the interlocutor to adjust his communication accordingly.

Enhancing Self-Esteem: Empathy helps boost the self-esteem of people with intellectual disability, as they feel accepted and their needs understood.

Better Collaboration: Through empathy, a framework of cooperation is promoted, as shared understanding creates a positive climate that encourages open communication.

Enhancing Trust: Empathy helps establish trust between individuals, as a sense of understanding reduces the fear of rejection and the chances of withdrawal.

Promoting Participation: Empathy encourages the participation of people with intellectual disability in social activities and communication contexts.

As communication is a two-way process, it is important that patience and empathy are cultivated in the person with intellectual disability himself.

Some ways you can develop empathy and patience are:

- **Social Stories:** Social stories are a powerful tool for developing empathy and patience in people with intellectual disability. These stories offer structured descriptions of everyday social situations and interactions, helping individuals understand and predict behaviors. Through this framework, they can be trained in recognizing emotions, respecting personal spaces and understanding social rules. Through this process, empathy is enhanced, while repeated exposure to situations helps shape patience, promoting a better framework of understanding.
- **Visualization:** Visualization is another tool for developing empathy and patience in people with intellectual disability. Through visual representation, these people are able to perceive and understand information and concepts more effectively. The use of graphics, images and colors can enhance understanding, while the visual representation of time and processes can contribute to the development of patience, helping individuals recognize relationships between different elements and develop the ability to wait patiently.
- **Role-playing:** Role-playing games are an excellent way to develop empathy and patience in people with intellectual disability. During these games, participants take on various roles, incorporating new experiences and positions. This interactive process encourages the recognition of the different purposes, feelings, and needs of characters, while enhancing empathy and understanding of others. As well as Participants face challenges and contradictions in the context of the game, develop their patience as they learn to face and resolve different situations. Through this interactive approach, they develop critical skills that enhance their social communication and become aware of the needs of others.

- **Counseling Groups/Assembly:** Counseling Groups/Assembly are an effective and safe environment for the development of empathy and patience in people with intellectual disability. Through participation in these groups, individuals are confronted with various social and human dynamics, encouraged to express their thoughts and feelings and listen to the opinions of others. The interactive nature of groups promotes social contact and enhances communication skills. In addition, frequent interactions provide opportunities for training on issues related to emotion management, enhancing patience and the ability to cope with difficulties. Through these groups, participants develop emotional intelligence and demonstrate increased patience as they cope and grow through different situations.
- **Participation in activities in the community:** Participation in activities in the community is a powerful factor in developing empathy and patience in people with intellectual disability. Constant interaction with various social and cultural experiences promotes understanding of oneself and others, while enhancing the ability to perceive and respond to various situations. Participation in community activities provides opportunities for social integration, increasing self-confidence and the ability to manage challenges. In addition, different activities require active participation and develop patience through facing different challenges and delays.
- **Collaborative activities:** Collaborative activities are a powerful means of developing empathy and patience in people with intellectual disability. During collaboration, the need for mutual understanding and communication enhances empathy, as partners recognize and respect the different needs and skills of each individual. The development of patience arises from the need to cope with different speeds and approaches, while constant interaction and exchange of ideas contribute to the development of trust and constructive relationships, promoting patience as a key to achieving common goals.
- **Team sports activities:** Group sports activities are an ideal field for developing empathy and patience in people with intellectual disabilities. Participation in sports environments promotes interaction, helping athletes develop sensitivity towards their teammates and understand the needs of the team. The perception of cooperation and the need for patience are fundamental to achieving common goals. During training and competitions, athletes are trained to face challenges with patience, developing the ability to face difficulties with perseverance and flexibility. Through constant communication and participation in team sports, they are empowered not only physically, but also socially and emotionally.
- **Strategies for recognizing and managing emotions:** Emotion recognition and management strategies are proving to be extremely effective in developing empathy and patience in people with intellectual disability. By recognizing their emotions, individuals develop sensitivity not only to their own emotions but also to the feelings of others. Managing their emotions allows them to deal more effectively with challenges and waiting, while encouraging the development of patience. By taking advantage of these strategies, they develop the ability to recognize various emotional states and effectively manage uncertainty or problems that arise, thus enhancing empathy and the ability to react patiently.

Overall, mutual empathy and patience combine to create a constructive communicative approach and cultivate a cooperative relationship of trust that respects the dignity and individuality of each individual.

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