# Alternative Modes of Communication

Peggy Malone, Moderator
Speech Pathology Service
Veterans Administration Hospital
Houston, Texas

The round table discussion focused on divergent and innovative techniques, as opposed to traditional methods of achieving communication with patients and helping them establish modes of communication. Through the sharing of experiences and approaches, the participants' expressions lent themselves to the following organization:

I. Clinicians' use of alternative modes in evaluating patients.
   A. Tactile/Kinesthetic techniques have been found to be successful with trauma patients, especially akinetic mutism.
   B. Modeling with clay, the patient demonstrates conceptualization and provides a foundation for beginning therapy.
   C. Sequencing pictures, some global aphasics demonstrate thought processes.

II. Developing alternative modes of communication for the patient.
   A. Gesturing utilizes relatively intact processing.
      1. A gesture system which a patient has spontaneously developed may be expanded.
      2. Amerind can be learned as a gesturing means of communication if auditory comprehension and verbal retention skills are sufficiently high.
      3. Motor tasks utilizing objects and hardware in the home can be used to develop a gesture system and to supplement traditional approaches.
   B. Communication boards and notebooks are recommended.
      1. Commercially prepared materials are available for general use.
      2. Clinicians prepare notebooks for specific non-verbal patients utilizing information provided by families.
      3. Electronic communication devices for quadriplegic dysarthric patients are promising new commercial items.
   C. Drawing is often resorted to by patients when speech and graphic channels fail them. It can be encouraged as a primary means of communication and to supplement speech and writing.
   D. Stimulation through a combination of methods or modalities is usually, but not always, considered more productive than a single modality.
   E. Melodic Intonation Therapy is becoming more widely used and successes were reported.
   F. Intonation and stress patterns in stereotyped utterances sometimes facilitate communication. In such cases they should be accepted rather than discouraged.

III. Considerations.
   A. Severity of aphasia, apraxia, dysarthria influences selection of mode of communication or combinations of modes.
   B. Readiness periods affect selection of mode and the patient's acceptance of that mode (e.g., some apraxic patients accept Amerind only after failures with other approaches).
   C. Patient's place of residence and people in his environment determine, to some extent, choices of methods. Sophistication and interest of people in the environment contribute to success of communication.
   D. Justification and rationale are essential for clinicians to depart from traditional auditory and visual approaches. Some approaches, e.g., Amerind, appear to facilitate other output modalities.
   E. Difficulties may be encountered, e.g., lack of motivation or a reluctance to utilize a method which might call attention to differences. Remaining silent but appearing normal sometimes is preferred.

IV. Tone of the session.

Clinicians must be flexible and willing to try different approaches, exhaust all possible solutions and use ingenuity in efforts to meet communication needs of aphasic adults.