

Debunking the Myth that it is Ever Too Late to Become an Effective Communicator
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It is critical that all young adults who graduate from educational programs leave school with effective communication systems that include both expressive and receptive modes. I have asserted throughout my career that among the greatest gifts we can give each of the students we serve is a formal, accessible, and well-documented communication system that can be sustained and even expanded throughout life. For individuals who are deafblind, these communication systems are typically multi-modal and include sign language or signed communication, tangible objects, line drawings, photos, voice output devices, etc. Over the past few years, I have become increasingly alarmed at the number of children and young adults who are being denied interventions and equipment to support communication access because these students are deemed to be too old to benefit from communication interventions. These denials are often based on the critical period hypothesis, the idea that there is a limited opportunity or window of time for communication and language instruction, and once this window of time has passed it is no longer possible to acquire language.

The critical period hypothesis contends that there is a critical period, generally believed to be from birth until the age of puberty, for the acquisition of a primary language. The critical period hypothesis was first proposed by Wilder Penfield and Lamar Roberts in their 1959 seminal text *Speech and Brain Mechanisms* and later advanced by the German-American linguist Eric Lenneberg in his 1967 book *Biological Foundations of Language*. Penfield and Roberts (1959) based their hypothesis on a number of observations, including that immigrant children learn new languages faster and without accents compared to their adult counterparts. Penfield and Roberts also observed that when impacted by injury or disease to the dominant cerebral hemisphere, children often speak again within months while adults take much longer and sometimes never recover. Penfield and Roberts also asserted that children reach the peak time for the capacity of imitation between the ages of 4-8. Many linguists have since proposed the less definite term 'sensitive period' to refine the critical period hypothesis, but this word change has not stopped individuals from using the underlying theory to reduce or deny services.

The idea that there is a critical period for acquiring language is being used to reduce or deny speech and language services as well as services of specialists in augmentative and alternative communication. The critical period hypothesis is also being used to deny intervener services because of the belief that transition-age students are beyond the age that such services would be beneficial. In the field of deafblindness, we have decades of anecdotal evidence that this is not the case; many of us have examples of students who did not have breakthrough communication success until late in their educational careers. When I began my teaching career serving young adults of

transition-age, several of the students who entered my program did not yet have effective formal communication systems, meaning that they communicated primarily through behaviors (e.g., acting on people and objects, proximity, etc.) and simple gestures (e.g., closing eyes, turning away, etc.) With targeted interventions and consistency, these same students graduated from school with expressive and receptive communication systems that included voice output boards, word lists, graphic schedules, etc. Since that time, I have witnessed countless success stories among students who might have otherwise been regarded as “too old to benefit.”

It is important that educators and family members understand the brain science related to skill development in young adulthood in order to counter the assertion that some young people can no longer benefit from communication instruction simply because of their age. It was once believed that due to maturation of the adolescent brain, students past a certain age no longer had the capacity to learn the skills necessary to become effective communicators. Current brain research suggests that brain maturation and neuroplasticity, the ability of the brain to reorganize its structure over time, allow for the learning of all skills well beyond childhood, including those skills specific to communication. Furthermore, brain research shows that positive outcomes increase when individuals continue to learn and master new skills throughout their lives. Jensen and Nutt (2015) state, “The good news about brain plasticity is that it may peak in childhood and adolescence but it never entirely stops—at least not until we do. The more you learn, the easier it is to learn the next thing.”

It is also important to differentiate between language and communication because they are sometimes used interchangeably despite their fundamental difference. There are countless definitions of language but common among these definitions is the idea that language provides a structure for communicating words and ideas among a community or group of people. Languages, whether they be oral, visual, or written, have grammatical structures, including syntax, that guide their use, and living languages change and adapt over time to meet the current needs of their users. Communication, on the other hand, is simply the exchange of information between two or more people using spoken or written words, signed communication, symbols, pictures, concrete objects of reference, etc. We strive to ensure that all individuals are provided access to language-rich environments so that they have the opportunity to acquire one or more languages within natural contexts that include competent, responsive communication partners. While acquisition of a primary language should always be the goal, it is not required to communicate effectively and many individuals who are deafblind lead happy, engaged lives regardless of the fact that they did not—or have not yet—acquired formal language.

When asking what can be done to proactively support access to communication and language services at all levels of educational systems, we can focus on the remarkable work of the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC). The NJC is a consortium that advocates on behalf of individuals with intellectual disabilities, including those with concomitant sensory needs, and is comprised of representatives from of eight organizations: American Association

on Intellectual and Developmental Disabilities; American Occupational Therapy Association; American Physical Therapy Association; American Speech-Language-Hearing Association; Association of Assistive Technology Act Programs; Council for Exceptional Children Division for Communicative Disabilities and Deafness; TASH; and United States Society for Augmentative and Alternative Communication.

The National Joint Committee developed the Communication Bill of Rights (Brady et al., 2016) and representatives from the field of deafblindness were part of the distinguished group of authors, including Dr. Susan Bruce of Boston College. The Communication Bill of Rights includes a total of 15 fundamental rights. A sampling of these 15 rights include the following: 1) the right to request desired objects, actions, events, and people, 2) the right to refuse or reject undesired objects, actions, events, or choices, 3) the right to make choices from meaningful alternatives, 4) the right to be informed about people and events on one's life, and 5) the right to access interventions and supports that improve communication. The NJC artfully titled their document a bill of rights. For Americans, this has special significance because it is the Bill of Rights of the U.S. Constitution that give us many of our fundamental civic rights. For everyone, the title gives the document special gravitas because rights reflect a moral or principled stance that serves as the foundation for all decision-making and actions. The Communication Bill of Rights can be downloaded at <http://www.asha.org/uploadedfiles/njc-communication-bill-rights.pdf>, shared with families and team members, and posted in classrooms and program offices to demonstrate a commitment to honoring its basic tenets.

In addition to the Communication Bill of Rights, the National Joint Committee (NJC) supports communication interventions and communication access for individuals of all ages. The NJC's position paper on Relation of Age to Service Eligibility (2011) states that research has demonstrated the development of communication and language skills into adulthood and that measurable gains are achievable—and likely—when provided with appropriate communication services (cite here). The position paper conclusively states, "Communication is a lifelong activity of value to people of all ages; intervention to facilitate effective communication is warranted for all ages." This position paper, when paired with the Communication Bill of Rights, provides valuable evidence for families, educators, and individuals who are deafblind when advocating for a strong focus on communication skill development throughout life.

The only critical period that really matters for students who have not had a great deal of communicative success is the one that includes that last few years of these students' educational careers and the provision of intensive communication instruction to ensure success and positive post-school outcomes. For most individuals who are deafblind, the school years represent the apex of access to communication and language services, and similar interventions in the adult service system will not compare to what was or could have been available during the school years. Maintaining high expectations for all learners, regardless of age and/or the presence of additional disabilities, demonstrates in a very concrete way our belief that all people have the potential to be competent communicators.

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