To Haiti and Back:
Addressing Complex Communication Needs in Extreme Poverty

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BACKGROUND

- 15% of the world's population experience some form of disability and these individuals are at significant risk of living in poverty (World Health Organization & The World Bank, 2011). Two-thirds of individuals who live below the international poverty line live in low-and middle-income nations (Rank & Yadama, 2007).
- All individuals with disabilities have the right to freedom of expression and access to information using communication systems (United Nations, 2006). However, many individuals with communication disabilities, especially those who live in extreme poverty (a) are excluded from participation in daily activities and (b) have limited access to health care, education, and employment opportunities (World Health Organization & The World Bank, 2011; United Nations, 2006).
- Augmentative and alternative communication (AAC) strategies can serve as tools for individuals with disabilities to achieve basic freedoms and maximize participation in society.
- Many opportunities exist for speech-language pathologists (SLPs) to travel to low resource areas on volunteer programs with non-profit organizations and university programs to provide AAC services in low- and middle-income nations. It is essential that SLPs who participate in these trips are astutely aware of the needs of these highly vulnerable populations.

CULTURAL HUMILITY

SELF-AWARENESS

- Use of self-critique:
  - to examine how one's own background, beliefs, experiences, and biases may shape the lens used to view and understand the world (Ortega & Faller, 2011) and
  - to identify personal cultural influences, strengths, and limitations.

OPENNESS

- "A willingness to learn from others" (Morris, Brotheridge, & Urbanski, 2005 1331).
- Openness is exemplified when clinicians develop this willingness to learn from clients and families (Ortega & Faller, 2011).
- A demonstration of openness would consist of a clinician listening to and acknowledging the cultural experiences, values, and preferences unique to each individual.

TRANSCENDENCE

- "Acceptance of something greater than the self" (Morris et al., 2005, p. 1331) or an acceptance that an individual plays a small yet meaningful role within a broader context (Gormley, 2017)
- Can lead to a deep appreciation for the unique roles of clients, families, and professionals and recognition of the positive worth of each individual (Morris et al., 2005).
- Practitioners serve as active learners of the families and served and acknowledge that reality is dynamic and complex (Ortega & Faller, 2011).

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RECOMMENDATIONS FOR AAC PRACTICE IN LOW-RESOURCE AREAS
(Gormley, 2017)

1. Consider the impact of poverty on the family's sociocultural background
- Learn about the history and culture of the community and nation
- Learn the potential causes and effects of poverty on the community, family, and child

2. Consider access to goods and services
- Connect families to professionals and community organizations that can increase access to health care, clean water, and nutrition
- Use inexpensive, low-tech aided AAC materials (e.g., construction paper) and methods (e.g.. hand drawing symbols, tape to laminate) to create individualized communication systems

3. Work within a team to provide ongoing, collaborative support
- Identify and train team members to use basic communication strategies and use AAC strategies
- Identify the common purpose of team interactions (e.g., maximize the child's community participation) and bridge differing perspectives to achieve this common goal

4. Investigate the strengths, needs, and goals of all stakeholders
- Learn, identify, and openly acknowledge the strengths and supports of individuals during communicative interactions
- Complete a needs assessment and observations of children and their partners in a natural context
- Participate in informal conversations to better understand the dreams and goals of the individual and family for increased community participation (Muttiah, McNaughton, & Drager, 2015)

5. Provide meaningful and relevant instruction to individuals with CCN and their communication partners
- Provide training related to foundational principles of communication, power of communication, and AAC modalities (e.g., gestures, communication boards) (Muttiah et al., 2015).
- Provide strategies that integrate AAC into daily life and meaningful activities (e.g., religious activities, community gatherings)

6. Create and evaluate sustainable AAC strategies
- Encourage communication partner and integral community members in education, health care, and religious sectors to be active members in AAC trainings and provide opportunities for these individuals to practice AAC strategies.
- Empower key communication partners to deliver future communication trainings.
- Provide AAC systems that are easily replicable and adapted with low-cost materials. When appropriate, emphasize unaided AAC.
- Conduct social validation procedures with all stakeholders.

CASE EXAMPLE: HAITI

- Service trips were completed with an interdisciplinary team from America to displaced persons camps outside Port-au-Prince, Haiti. Goal of trips was to form classrooms for children with special needs. All of the children came from families who lived below the international poverty line and had limited access to consistent sources of food, water, and medical care. Most of the children had never attended school due to associated costs and/or social stigma.
- First, families were connected to community organizations (e.g., clinics to obtain medicine) to ensure basic needs were met. Once this occurred, children could demonstrate consistent readiness for learning and communication goals could be addressed. SLPs discussed with families the goals, strengths, and needs of their child.
- Unaided AAC techniques such as eye-pointing and gestures were highlighted to teachers, parents, and key community members (e.g., local pastors) as powerful communication modes. Low-tech AAC system use and creation (e.g., paper communication boards that were hand-drawn and laminated using clear tape) were trained with key partners. Adaptations to Kent-Walsh and McNaughton's (2005) AAC partner training was completed: (a) SLPs modeled the AAC technique (e.g., selection of meaningful and relevant vocabulary from a story, offering choices, use of expectant delay) within the classroom while teachers observed, (b) teachers then completed guided practice first within role play then in the classroom to practice the AAC strategies, and (c) teachers trained the AAC technique with the child's parents.

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