The Origins of Makaton

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29 June 2016
Teaching sign language to deaf mentally handicapped adults

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Journal of the Institute of Mental Subnormality
Volume 2, Issue 1, pages 23–25, June 1974
Makaton

- System of speech, signs and symbols to aid communication

- Developed to support Deaf Children with LD

- Based in BSL

- Expanded for use in a range of conditions e.g. ASD, LD.
Makaton Research

- Use in Adults with Autism and Catatonia without an LD
- Promoting use in health care professionals/Trainees
- Historical Origins
Why Learn Makaton?
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Study Background

- Large institutions for people with LD small proportion with severe hearing impairment

- Learning disabilities and institutionalisation affect language development.

- Aggravated by hearing impairment

- Caused isolation, inability to express needs and challenging behaviour
Study Background

- Studies in late 60’s and early 70’s into the unique needs of the individuals with hearing impairment and learning disabilities

- Primary aim was to provide basic communication method

- Secondary aims of socialisation, stimulation and learning experience.
Study Background

- Paper describes the following:

  ‘teaching of sign language to groups of deaf residents in four large Surrey hospitals for the mentally handicapped’
Population Selection

- List of deaf individuals compiled for each hospital by MDT
- Total 41 participants
- All individuals had severe hearing loss
- IQ ranging from 30-98
- 25/41 had additional conditions
- 8 had previous knowledge of sign language ‘majority used crude natural gesture’
Method

- 2 hour, weekly, teaching session
- Period of teaching between 9 and 36 months
- Emphasis on socialisation and ‘relaxed and happy atmosphere’
- 145 BSL signs were taught
- Signs chosen on special needs population vocabularies and subjective assessment of essential concepts.
Method

- Signs accompanied by speech
- Taught from flashcard where appropriate
- Reinforced with use of objects/simple language material
- Separated into easy stages
- Revision incorporated into each session
Method continued

- Session included whole group participation
- Smaller groups for practice
- Signs related to reality as soon as possible
- Opportunities to employ signs for communication
- Three teachers completed teaching and rotated between groups
Analysis

- Ability to comprehend and express the 145 signs were assessed

- Vocabulary separated into 4 groups and assessment completed over 4 different days

- Not completed in one session due to ‘Low IQ and fatigue’
Results

- Handout
Results

- All subjects learnt to express some signs (36-137)
- All subjects displayed comprehension of signs taught (66-138)
Results

- Results show ‘feasibility of teaching conventional sign language to deaf, severely subnormal patients.’

- ‘IQ did not correlate closely with success in signing’

- Comparison between 9 month and 36 month group show ‘a nucleus of 145 signs can be absorbed in a few months’
Discussion

- Reflection that all the group participants used signs to communicate with each other.

- Authors were going to use the findings and experience as follows:
  - Structure and improve teaching method
  - Devise a structured vocabulary – Makaton – graded by usefulness and difficulty
  - Allow individuals with learning difficulties to achieve a useful and manipulative basic vocabulary
Considerations

- Study of LD and hearing impairment but 9 of 41 participants had an IQ in the normal range
- Clarification of abilities of those who pre-study sign language knowledge
- Clarified excluded individuals
- No explanation of how assessed expression and comprehension
Considerations

- Analysis of use of signs for useful communication
- Introduction reflected on isolation and challenging behaviour but not assessed
- No control group
- Opportunity to determine if learning sustained
- Other patients not included
Follow up information

- Patients able to use it as a complete medium for communication
- Integration of patients improved
- Reduction in challenging behaviour
- Individual sign in groups and amongst themselves
Follow up

- **Penner and Williams (1982)**
  Demonstrated sign language effective several types LD, advancing communication abilities beyond that of traditional remediation

- **Le Prevost (1983)**
  Early introduction Makaton with infants with DS.
  Average language ability was 25 months at age 36 months compared with average development in DS children of the same age of 17.6 months

- **Carr (1979)**
  Following simultaneous speech and sign use, some children’s speech improves, but for many the output is negligible; almost all make significant gains in their ability to use sign language.
Summary

- Uncontrolled study

- Significant in terms of revolutionising communication with people with learning disabilities

- Aspirational quality improvement
Learn Makaton!

- Yes
- No
- Good
- Bad
- Please
- Thank you
- Doctor
- Nurse
- Coffee
- Hello
- Goodbye
- How are you
- Where
Questions?
Additional References

• **Birkett, E.M. (1984)**
  A comparative study of the effects of the Makaton vocabulary and a language stimulation programme on the communication abilities of mentally handicapped adults  [available online]
  [https://www.makaton.org/aboutMakaton/research](https://www.makaton.org/aboutMakaton/research)

• **Walker, M. (1977)**
  Teaching sign language to deaf mentally handicapped adults. [available online]
  [https://www.makaton.org/aboutMakaton/research](https://www.makaton.org/aboutMakaton/research)