

# Alternative Augmentative Communication in paediatric dentistry: a mighty tool to amplify mother tongue's power



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## Abstract

**Aim** The role of a child's mother tongue in shaping his/her identity and emotional development is crucial. In the context of paediatric dentistry, this principle should always be reminded. The child's right to effective communication, even when a language barrier exists, is a fundamental principle, as recently stated in the 'Rights from the Start' rights fact sheet. Preserving a child's native language in the dental setting, especially in the context of an increasingly diverse society with a significant number of refugee children, is essential. Augmentative and Alternative Communication (AAC) strategies can assist in bridging language gaps and improving treatment outcomes, blending with the traditional approaches used in paediatric dentistry. The article promotes flexibility, innovation, and empathy in paediatric dentistry to provide optimal care and ensure that every child's rights are respected.

### Keypoints

- The relationship with one's mother language plays a central role in children's growth and in the relationship they can develop with the world, "motherised" by the words of the caregiver.
- The interaction between immigrant children from different linguistic and cultural backgrounds and dentists providing their care requires the integration of traditional paediatric dental techniques with AAC strategies that can compensate for deficient oral communication.
- Dentists treating immigrant children should follow the suggestions proposed in this article to establish the best and most tailored paediatric setting for the child's specific needs.

**KEYWORDS** Paediatric dentistry, mother tongue, Augmentative and Alternative Communication (AAC), language barrier, immigrant children, child rights-based approach.

## Introduction

New York, Christmas 2002. It was during my high school years, and over the winter break, I had received a much-awaited reward for the hard work of the past school year: the opportunity to visit the family of an Italian American friend I had met during the summer. The welcome was amazing. I found myself immersed in the vibrant, bubbling Italian American micro-society, where everything was a reference to their origin, traditions and the

language of a distant place. Words with a familiar sound, Italian, were used within English conversations to emphasize concepts and emotions, serving as a bond for that family, which was equally rooted in American customs. They explained to me that, for New Yorkers like them, it was important to maintain a connection with their roots to feel less "lost" in the vast American society. It was at that moment that I began to ponder the power of language: can we say that immersion in a mother tongue from a very young age is the first indispensable safe harbour for each of us during our development? Many years have passed since that experience, but I find this question, placed in the context of the paediatric dentistry world to which I belong, to be very relevant: how can respecting this premise impact our daily clinical practice?

### The role of the mother tongue in shaping the individual's identity

In children with typical development, speech sounds, facial expressions, gestures will acquire sense day by day, thanks to the interaction between mother/father/caregivers and child [Winnicott, 1971]. Around the 6th month of life, the family observes the phenomenon of babbling. Jacques Lacan discusses this moment, introducing the neologism *lalangue* [Recalcati, 2019]. This refers to the first sounds emitted by the baby, mixed into an indistinguishable unicum with their expressiveness and bodily gestures, allowing the child to display the initial form of their desires. Babbling precedes the structured language used within the family and governed by grammatical rules, and it is a universal phenomenon. Lallation acts as an answer to adults' speech by which a child is surrounded. Parents decode child's babbling into words (they will be shaped, chiselled, transformed into interpreted words), and thus the child will learn that the sounds they produce have the power to make things happen through the behaviour they see the parent exhibit as a result.

Indeed, it can be said, with a definition drawn from the anthology of Françoise Dolto, that human infants are "beings of language" [Walter, 2015; Dolto, 1985] from birth. They possess a spontaneous aptitude for communication and an innate predisposition to interact (that is, to engage in symbolic communication) with others, especially with the adults who care for them. The French psychoanalyst believes that it is possible to establish a kind of communication with the newborn, which will

not be based on their actual understanding of the content of the conversation but will be structured based on the infant's ability to perceive the emotional vibrations directed at them through words. Thus, the newborn is immediately capable of grasping the "grammar" of emotions. Just as the smallest unit in a linguistic system is represented by the phoneme, the language of emotions is structured around elementary units called *coineimi* (a neologism coined by the Italian psychologist Franco Fornari and derived from the Greek *koinos*, that means common, from which the word "communication" originates) [Fornari, 1988]. It is, therefore, an innate competence of every human to understand and interpret the ABC of emotions. Before language acquires full meaning in the conversation between sentient beings, the word gains significance in the child's life because its sound guarantees an exchange with the mother or the first person assuming the maternal role and caring for her/him in an empathic way.

Around the age of 9 months, the child begins to refine the ability to hold objects with the hands. If these objects are named by the mother – "motherised" – they acquire the role of partial substitutes for the maternal figure, and the child, by drawing them near, gradually learns to cope with situations in which she is absent. The sound of the mother tongue, or the first words shared with the mother or maternal substitute, opens the child to the confidence of feeling like a subject capable of creatively manipulating the world.

#### The dental setting, an "echo chamber" of emotions

Dental setting can be described as an "echo chamber" where sensations are magnified. In my daily clinical practice as a paediatric dentist, I like to think of the role of the dentist during a session with a young patient not as that of an "orchestra conductor" but more like a "metronome", setting the pace at which the appointment unfolds, guided by the unique and singular connection that will be formed through active interaction with the child. The pedagogical role of the paediatric dentist is to blend approach techniques tailored to the specific situation and adapted to their own personality [Bagattoni et al, 2020; Cosi et al, 2022; Beretta et al, 2023; Tieri et al, 2023], to give voice to the relationship the child has with senses [Campbell, 2017]. The sensations experienced during the appointment (auditory, olfactory, visual and tactile) can evoke the child's previously developed adaptive reactions or inspire the integration of new responses to these stimuli [Ayres, 2005].

However, while for an empathetic parent or caregiver who provides their initial care to their child, the mutual exchange is constant and reinforced by the daily interactions, for the paediatric dentist, the relationship is often compressed into the limited time of the scheduled visit or treatment. In this situation, the child will offer a limited time frame in terms of cooperation, making the effectiveness and efficiency of our therapy the primary objective.

This approach always combines Art and Science. It's not just pulling magic out of the hat; it requires the doctor to quickly assess the situation and select the most suitable strategies, putting the specific needs of each child at the centre, within an evidence-based approach [Beretta, 2023].

In this regard, initiating communication with the child using Dolto's "*vrais mots* (genuine words)", authentic expressions that can be understood, assimilated, and believed, is crucial. But what can we do when there is a language barrier that hinders us in this process?

#### The child-right based approach

The inability to express one's needs, temporarily or permanently,

through one's own language can be inherently a disabling condition for an individual. Emigration involves leaving behind places, sounds, scents and sensations of one's birthplace. These elements shape a person's original experiences, forming an "internal culture" that requires on-going interaction with the "external culture". During migration, this exchange is partially disrupted due to the lack of complete alignment between the two cultures [Council of Europe, 2022; Martinazzoli, 2012]. An even more delicate condition is that of those who migrate from their country for political reasons and seek political asylum in a different country, protected under the 1951 Geneva Convention as refugees. In addition, the special position of the child must be considered. Integration models, which make foreign minors entitled to rights and responsibilities independent of their national origin, are based on the Universal Declaration of Human Rights of 1948, principles reaffirmed by the Convention on the Rights of the Child of 1989, ratified in Italy in 1991.

In everyday clinical practice, optimal communication in a language comprehensible to the patient not only ensures greater safety but also delivers superior diagnostic accuracy and results for the patient [Bhambra, 2023]. Plus, ensuring a two-way street of linguistic understanding between the parent and the dentist is the first step for the family to gain positive guidance on promoting their child's oral health [Colombo, 2019; Colombo, 2023]. These principles are essential components of the "child rights-based" approach that daily dental clinical practice should aim for as emphasized in the recent manifesto "Children's Rights from the Start" [Harris, 2023]: "The United Nations Convention on the Rights of the Child (UNCRC) states that adults should know about children's rights and should help children learn about them (Article 42)". Every child deserves access to clear and understandable information, even when language may pose a barrier on the dentist's chair, to safeguard and enhance their overall health.

#### Julia's case and the speech-impaired child: assistance through Augmentative and Alternative Communication

In this context, while conducting clinical activities at the Paediatric Dentistry Unit of Circolo Hospital in Varese (Italy), the encounter with a twelve-year-old patient named Julia, a refugee from Ukraine, has provided a poignant illustration of how frequently we may encounter this perspective and the possibilities offered by Augmentative and Alternative Communication (AAC). AAC comprises a realm of research and clinical practice that encompasses the full range of tools, strategies, and techniques employed when verbal language is compromised or challenging, especially in patients with "complex communication needs" [Beukelman et al, 2013].

Julia presented with her mother complaining of a deep decay, causing pain. Julia and her mother spoke only Ukrainian and could not communicate properly their needs. The child appeared very fearful and due to the language barrier, it was not possible to determine whether she had been frightened by previous dental or medical experiences or if simply being in an unfamiliar environment caused the little patient discomfort and anxiety. The combination of strong negative emotions associated with dental treatment (DFA) [Cianetti, 2017] and the presence of language barriers, depowering the role of Speech as a tool of interaction, deprive the person of strategies useful to express his/her own needs and compromise effectiveness of traditional psychological conditioning techniques commonly used in Paediatric Dentistry. After a first failed attempt of treatment, the dental team raised the question of which path to take in order to successfully treat the young patient. Julia's condition in the

It's a participation-centered model where the AAC operator assesses the individual's skills within a team comprising parents, dentist, chairside assistants, and, if necessary, a social worker and teachers. This allows for a customised intervention plan based on the child's current barriers and facilitators. [Mirenda, 2014; ISAAC, 2023]
It works on the child's strengths to achieve communicative competence. We are much more interested in knowing what a child "can do" rather than what a child "cannot do" (positive reinforcement). [Sennott et al, 2016]
It compensates for the "temporary disability" in the initial interaction (e.g., during the first visit) with the local language for foreign patients. [Beukelman et al, 2013]
It supports the quality and quantity of incoming language exposure and allows for interactive play with each child's receptiveness and curiosity. [Beukelman et al, 2013]
It strongly depends on the interactive and communicative skills of the AAC operator: being "trained" paediatric dentists encourages empathy and a more proficient use of AAC. [Kent-Walsh et al, 2005]
Breathing is the only prerequisite that is relevant to communication! [Mirenda, 1993]

**TABLE 1** Features of Augmentative and Alternative Communication (AAC) helpful in managing the child's therapeutic approach.

TOOLS	DEFINITION	SUGGESTIONS	AIMS
Small Talks [Beukelman, 2013; ISAAC, 2023]	Conventional phrases with a predictable structure, translated and transcribed into the child mother tongue language.	<ul style="list-style-type: none"> <li>• Transcribe the sentences onto sheets or enter them on a mobile phone or tablet that the child will hold in the hands: engaging children, giving them the impression that they are contributing to the dentist's "work", increases their active and positive participation during the session.</li> <li>• Divide the phrases into areas of interest (i.e. steps of the clinical procedures): it makes contents more easily available</li> <li>• Introduce each dental instrument and procedure with Small Talks: children love routine</li> <li>• Encourage the child to read aloud the sentences: the room will be filled up with his/her language!</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate the Tell-Show-Do management technique</li> <li>• Establish clear and precise boundaries to manage anxiety, with a reinforcement of the "enhancing control" technique by the child over the situation.</li> </ul>
Symbolic Systems [Bhambra, 2023]	Stylised symbols that represent words, phrases, and concepts related to the topics of interest.	<ul style="list-style-type: none"> <li>• Select symbols and assemble a customised table, where both languages (that of the dentist and that of the patient) appear next to the image. This allows the child to point to the symbol of interest on the table.</li> <li>• Choose symbols based on Concreteness (depiction of activities, sensations, body parts, a scale for quantifying pain), Familiarity (representation of familiar objects or activities), and Brightness of color (color contrasts that make the images clear and easily understandable).</li> </ul>	Humanise the dental setting and create a sense of "familiarity", in a new environment and in an exceptional circumstance.
Simultaneous Communication	Involvement, during the operative session, of the support of an interpreter.	It does not exhaust all the communicative necessities of the situation, but can work as a "glue" that holds the triangle "child - parent - dentist" together	<ul style="list-style-type: none"> <li>• Put the parent at ease, with a resulting benefit for the child.</li> <li>• Create a sense of camaraderie in a playful, cheerful, light-hearted environment.</li> <li>• Give a "voice" and emphasise some operative steps when necessary.</li> </ul>

**TABLE 2** AAC tools useful in the dental setting, in the presence of a linguistic barrier with children. The combination of these tools can be used as a "corrective emotional experience". New perceptions generate new emotional experiences that overwrite eventual negative emotional experiences previously encountered. This, along with a good doctor-patient relationship, promotes the child's compliance [Alexander, 1946].

TRASLITTERAZIONE ALFABETO LATINO-ALFABETO CIRILLO			
SIMBOLO	TERMINE IN ITALIANO	PRONUNCIA IN CIRILLO (con l'accento giusto evidenziato)	TRADUZIONE IN UCRAINO
	STO BENE	СТО БЕНЕ	ВСЕ ДОБРЕ
	SONO FELICE	СОНО ФЕЛІЧЕ	Я ЩАСЛИВИЙ/ЩАСЛИВА
	NON HO PAURA	НОН О ПАУРА	Я НЕ БОЮСЯ
	SONO TRANQUILLO/A	СОНО ТРАНКУЛЛО/ ТРАНКУЛЛА	Я СПОКІЙНИЙ/СПОКІЙНА
	STO MALE	СТО МАЛЕ	МЕНИ ПОГАНО
	SONO TRISTE	СОНО ТРІСТЕ	МЕНИ СУМНО

FIG. 1A

	PIANGO	ПЯНГО	Я ПЛАЧУ
	MI SENTO SOLO/A	МІ СЕНТО СОЛО/СОЛА	МЕНИ САМОТНЬО
	SONO AGITATO/A	СОНО АДЖІТАТО/АДЖІТАТА	Я СХВИЛЬОВАНИЙ/СХВИЛЬОВАНА
	NON DORMO	НО ДОРМО	Я НЕ СПЛЮ
	SONO ARRABBIATO/A	СОНО АРРАБ'ЯТО/АРРАБ'ЯТА	Я ЗЛИЙ/ЗЛА
	SONO PREOCCUPATO/A	СОНО ПРЕОККУПАТО/ ПРЕОККУПАТА	Я ХВИЛЮЮСЯ
	HO PAURA	О ПАУРА	Я БОЮСЯ

FIG. 1B

	PENSO	ПЕНСО	Я ДУМАЮ
	GUERRA	ГУЕРРА	ВІЙНА
	CASA	КАЗА	ДІМ
	AMICI	АМІЧІ	ДРУЗІ
	FAMIGLIA	ФАМІЛІЯ	СІМ'Я
	BAMBINI	БАМБІНІ	ДІТИ
	UCRAINA	УКРАІНА	УКРАЇНА

FIG. 1C

FIG. 1A Bilingual material (Italian/Ukrainian) created for welcoming and facilitating communication between Ukrainians and Italians in various situations. Each table presents symbols with clear and shared meanings, accompanied by words in both languages (Ukrainian-Italian), to express basic needs, feelings, and conversational phrases. The material can be used by both communicative partners as needed. People who want to request or convey something can simply point to the symbol or word on the table corresponding to the meaning they want to express. The listeners, in turn, can indicate the response on the table and, if necessary, propose a question in return. Image credit: Logopedisti Senza Frontiere. Arasaac. 2023.

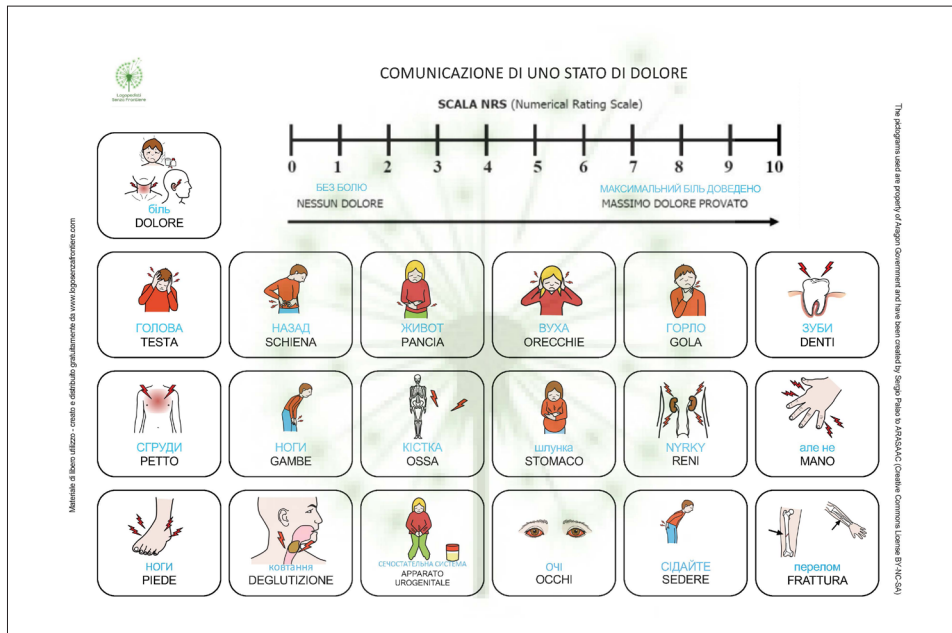


FIG. 1B

**FIG. 2** Bilingual material (Italian/Ukrainian) created for welcoming and facilitating communication between Ukrainians and Italians in various situations. Each table presents symbols with clear and shared meanings, accompanied by words in both languages (Ukrainian-Italian), to express basic needs, feelings, and conversational phrases. The material can be used by both communicative partners as needed. People who want to request or convey something can simply point to the symbol or word on the table corresponding to the meaning they want to express. The listeners, in turn, can indicate the response on the table and, if necessary, propose a question in return. Image credit: Logopedisti Senza Frontiere. Arasaac. 2023.

dentist's chair resembles that of a non-speaking baby, both emotionally and physically ("Other") [Recalcati, 2019], with the risk of encysting Juliaia behind a wall of non-verbalized fears.

In Table 1, we outline the distinctive features of AAC that can be valuable for guiding the therapeutic approach with children. In Table 2 and in Figure 1, 2 and 3, we present specific AAC strategies employed in Juliaia's case, which allowed for the successful and smooth conclusion of the planned treatments for the child. These strategies can be applied in similar situations where language barriers pose challenges to the therapeutic approach.

### Communication can exist within diversity

Communication is part of one of the nine domains of the "activities and participation" component of the International Classification of Functioning, Disability, and Health (ICF) [WHO, 2001]. By engaging in communication, it is possible to intervene and exert influence on my personal and social reality, shaping every aspect of life in which one chooses to participate [Brady et al, 2016]. Communication allows for the evaluation of how challenges can be overcome and how individual wellbeing can be enhanced in the face of difficulties, contextual factors, and adaptations [Ray, 2007]. However, communication is not merely a tool at the disposal of human beings. As we have discussed, language plays an uplifting role in human nature, forming the framework in which individuals are immersed from birth and shaping social relationships. Ensuring the preservation of the child patient's native language within the intricate dental environment is just as crucial as having a comprehensive understanding of the clinical procedures to be employed. Our ever more diverse society encourages us to embrace new communication strategies that can augment the positive outcomes of our decisions. This is especially important considering the substantial number of minors who are fleeing from war and seeking refuge all over Europe. In Italy, according to the Department of Civil Protection's report in December 2023, more than 30% of Ukrainian individuals seeking temporary protection

are minors, amounting to 61.233 children. Additionally, 30% of arriving adults are accompanied by dependent children [Italian Government. Civil Protection Department, 2023].

In order to provide treatment for Juliaia, communicative strategies that are increasingly used in the medical and educational fields have been studied and reworked. Assimilating ideas from diverse disciplines, expanding our knowledge in a flexible manner, and embracing differences and innovation are all qualities we hope a paediatric dentist can embody. All of this empowers us to stay true to the core of our daily clinical practice: there is only one-way to care for any child, and it is defined by empathy, gradual progress, and unwavering respect.

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The guide to the use of the material on the site states the following: "The symbols inserted within the material are Arasaac pictograms, chosen because they are "open source" and therefore more suitable for the objectives of this project. The material can be viewed, downloaded, printed, and shared for free. It is prohibited to make modifications, alter, delete the watermark, remove the inscription regarding the use of Arasaac symbols, and the inscription indicating Logopedisti Senza Frontiere as the creators of the table. All contents are subject to copyright and intellectual property protection. Law 633/41 and subsequent amendments. Article 2575 of the Civil Code." (The inscriptions are on the left and right sides of the images, vertically).

### Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.



**FIG. 3** Pictorial sequences specifically crafted for young children offer a visual narrative, effectively illustrating the step-by-step process of routine dental treatments. Image credit: Royal College of Surgeons (Bhambra et al, 2023).

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