



A COMMUNICATIONS MODULE: UNDERSTANDING SPECIAL COMMUNICATION NEEDS



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A Communication Skills Module:
**UNDERSTANDING SPECIAL
COMMUNICATION NEEDS**

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

List five critical factors that must be present for successful communication.



Compare receptive and expressive communication problems.



List at least three ways you can help clients with hearing loss, dementia and stroke communicate their needs.



Discuss the role of the speech therapist and express how you can help clients reach their speech goals.



Demonstrate effective communication with all clients regardless of their special communication needs.



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intheknow

CAREGIVER TRAINING

A Communication Skills Module: Understanding Special Communication Needs

GETTING TO KNOW ROBERT

You are caring for Robert, a 56-year-old man who was recently diagnosed with cancer. He is about to go through surgery, radiation and chemotherapy.

To complicate matters, Robert suffered a left-sided **stroke** six years ago that left him with limited communication abilities.

- The stroke left Robert with **expressive aphasia**, which means he has trouble saying what's on his mind.
- He also has moderate **dysarthria**, which means there is a problem with the muscles needed for speaking (lips, tongues, throat).

Before the stroke, Robert was a truck driver. Although he was able to function well enough at his job, he never completed school and **cannot read or write** very well.

On your first meeting, you notice Robert is alert, he makes eye contact and smiles and nods while you speak. But, you soon realize he is **unable to answer** any of your questions.

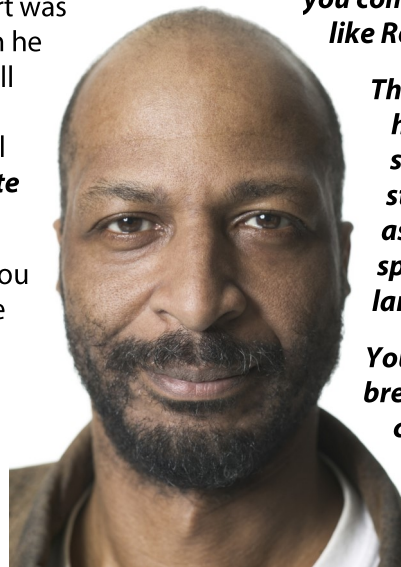
His daughter arrives and reports that family members only “understand” about one-third of what he tries to say. She confirms that he often just **“smiles or nods”** during conversation.

You wonder if Robert really understands what he is about to go through. And, you are concerned about how you will meet his needs when his daughter is unavailable to help you understand what he is saying.

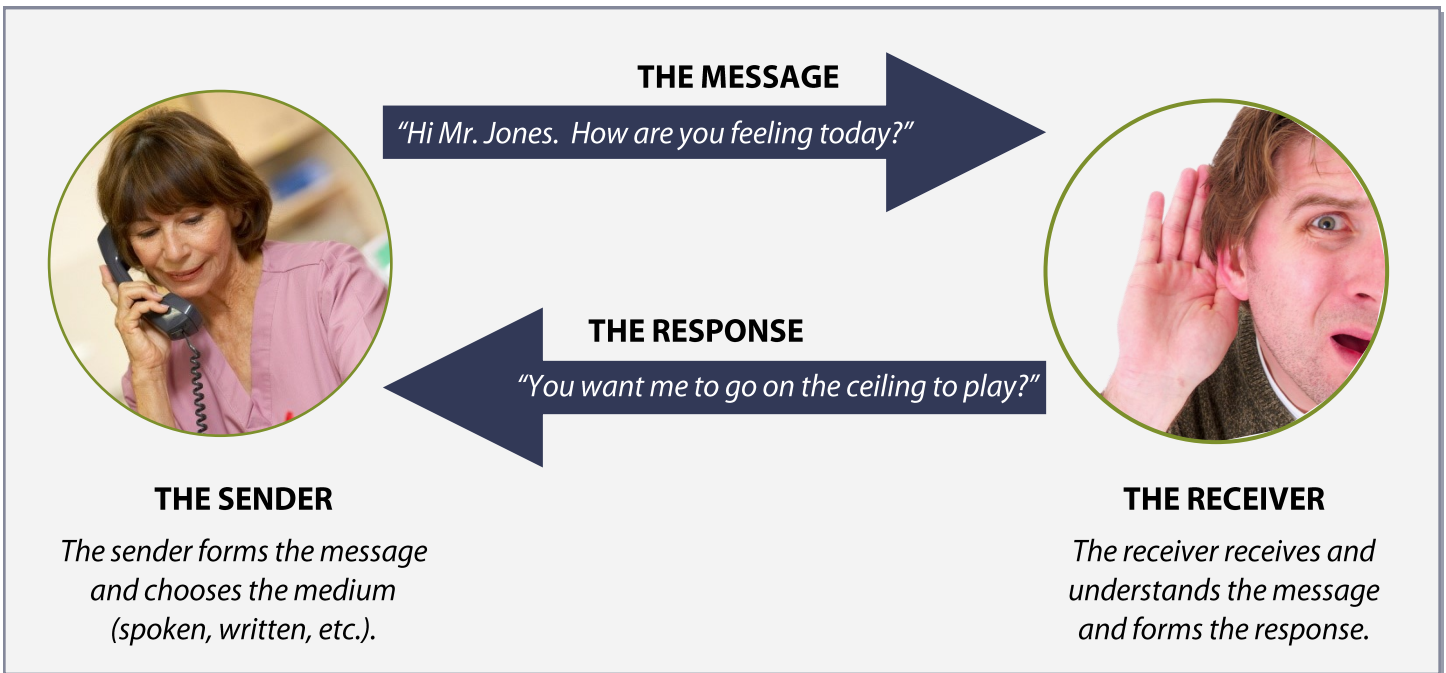
Robert has several special communication needs. As you read through this inservice you will learn plenty of practical ideas to help you communicate with clients like Robert.

This includes clients with health issues like sensory problems, stroke and dementia—as well as clients who speak a different language.

You'll also learn how to break down communication barriers and how to help clients meet their speech therapy goals.



HOW “COMMUNICATION” HAPPENS



Five critical factors make up successful communication. There must be a:

- **SENDER:** The sender is the person who *starts* the communication.
- **MESSAGE:** The message is formed by the sender.
- **MEDIUM:** The sender chooses how she will communicate. It may be through speaking, writing, typing or even by using sign language.
- **RECEIVER:** Someone must hear, read or see the message and understand its meaning.
- **FEEDBACK:** The receiver must provide feedback that shows the message was understood.

So, what can go wrong with these factors?

- **The Sender** may fail to form a clear message. For example, a sender may say, “*You need coronary bypass surgery to mitigate your myocardial insufficiency.*” While this makes perfect sense to the sender . . . it may be nothing more than gibberish to the receiver.
- **The Medium** may not be appropriate. For example, providing written instructions to someone who cannot read will not get the message through.
- **The Receiver** may have a barrier such as hearing loss, visual impairment, brain injury, stroke or even Alzheimer’s disease—all of which can block or distort communication.

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



COMMON “RECEIVER” PROBLEMS

SENSORY PROBLEMS:

- Hearing impairment or deafness
- Visual impairment or blindness

BRAIN ABNORMALITIES:

- Stroke (causes aphasia)
- Dementia
- Alzheimer’s disease
- Brain tumor
- Traumatic brain injury (from an accident or combat)

MEDICATION SIDE EFFECTS

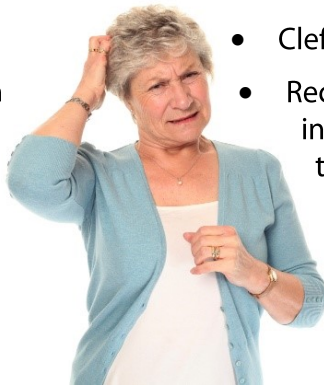
- Narcotics (can cause excessive fatigue)
- Antidepressants

CULTURAL DIFFERENCES

- Does not speak the dominant language
- Illiterate (cannot read or write)

STRUCTURAL PROBLEMS:

- Tracheostomy
- Breathing tube
 - Nasogastric tube
- Cleft palate
- Recent surgery in mouth or throat



2 WAYS THINGS CAN GO WRONG

RECEPTIVE COMMUNICATION PROBLEMS:

- Receptive communication refers to the way a listener *receives* and *understands* a message. So, a person who is hard of hearing, does not speak the language or someone who is confused may have *receptive communication problems*.

EXPRESSIVE COMMUNICATION PROBLEMS:

- Expressive communication refers to how a person *conveys* a message. This can be done by gesturing, speaking, writing or sign language. Meaning can be added by using body language or varying the tone and pitch of the voice. A person who has had a stroke or a traumatic brain injury may have *expressive communication problems*.

Both of these communication problems can be temporary or permanent, depending on the actual cause. And, while communication may be difficult—it’s not impossible!



WATCH THE KING’S SPEECH

In the movie, “The King’s Speech,” Britain’s Prince Albert (Colin Firth) struggles with an ***expressive communication problem***. He has a stammer (*also known as a stutter*).

Throughout the movie, the Prince receives speech therapy from Lionel. One intense conversation between the two men goes like this:

Prince: *Listen to me. Listen to me!*

Lionel: *Why should I waste my time listening to you?*

Prince: *Because I have a voice!*

Lionel: *Yes...you do.*

- What does The King’s Speech teach you about an individual’s right to be heard? How can this be helpful in your day to day interactions with clients who have special communication needs?
- Why do you think having a way of expressing ourselves is so important?
- Discuss your thoughts with your supervisor and co-workers. Find out their thoughts on the matter.

SPOTLIGHT ON SENSORY PROBLEMS

COMMUNICATING WITH THE HEARING IMPAIRED

- Keep in mind . . . people with hearing problems will hear **even less** when they are tired, sick or stressed. So, if your client with mild hearing loss suddenly has an even harder time hearing, take time to find out what's really going on.
- If the person wears a hearing aid, but still seems to have trouble hearing you:
 - Check to see if the hearing aid is in the person's ear, turned on, adjusted and has a working battery.
 - Find out when the last hearing evaluation was done. It may be time to re-evaluate!
- Stand directly in front of the client, making sure you have his attention and that you are close enough before you speak.
- Reduce or eliminate background noise as much as possible.
- Speak in your normal voice, without shouting. If you have a high voice, you may want to try lowering the tone or making your voice "deeper."

COMMUNICATING WITH THE DEAF

- Use sign language (if both you and the client know it), or use gestures like holding an imaginary cup to your mouth to ask if the person would like a drink.
- Write messages if the person can read.
- Use a picture board or other device, if available.
- If the person reads lips, face him when talking, be concise with your statements and questions, and avoid eating, drinking, smoking or chewing gum when speaking.

COMMUNICATING WITH THE VISUALLY IMPAIRED

- Legal blindness is not necessarily *total* blindness. Use whatever vision remains.
- Ask your client what will help. For example, increasing the light, moving things closer, describing where things are or other small changes may make things much clearer.
- Try to explain what you are doing. For example, "I'm looking for your slippers." Or, "I'm putting away your wheelchair."
- Always leave things where they are unless your client asks you to move something.



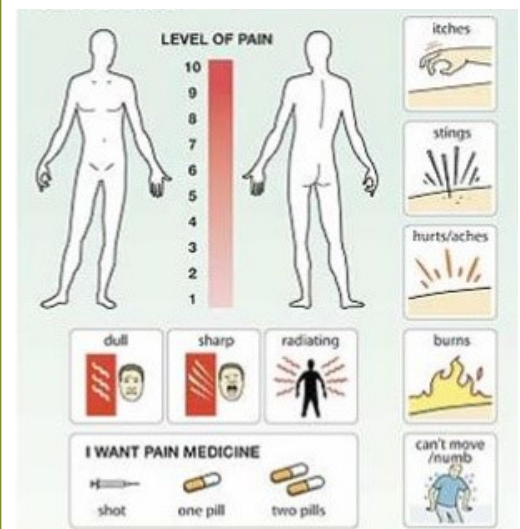
THE NEXT Step!

Apply what you've learned!

HOW DO YOU ASSESS PAIN?

How do you know if your client is in pain when you can't communicate with language?

Ask your supervisor or SLP for a picture board like this one to help you understand your client's pain.



Three old timers were taking a walk.

One remarked to the other,
"Windy, ain't it?"

"No," the second man replied,
"It's Thursday."

And the third man chimed in,
"So am I. Let's have a Coke."

SPOTLIGHT ON STROKE

- **A stroke can affect the way a person sends or receives messages:**



- Some stroke survivors have a problem *understanding* speech. This is known as **receptive aphasia**.
 - Others have trouble *speaking* or saying what’s on their minds. This is called **expressive aphasia**.
 - Some stroke survivors have both problems.
 - A stroke can also affect the *muscles* used in talking—such as the muscles in the tongue, palate and lips. This is known as **dysarthria**. As a result, speech can be slowed, slurred or distorted, making it hard to understand.
- **Speak slowly and clearly:** Keep your voice low and unhurried. Use simple, everyday words, but don’t use “baby talk” or any other special voices as this may be offensive.
 - **Strokes do not usually cause hearing loss:** So, unless there was a hearing problem *before* the stroke, you can assume the client can hear you—but may not understand or be able to respond.
 - **Avoid raising your voice:** Speaking loudly may make understanding you even harder than usual. Practice talking in short simple phrases instead of shouting—and see if the client understands you better.
 - **Face clients directly when speaking:** Don’t speak to them suddenly from behind or you might scare them.
 - **Ask one “yes” or “no” question at a time:** If necessary, repeat the question using the same words.
 - **Be patient:** Allow plenty of time for the client to speak or to complete his thoughts—even if he is struggling with words. Avoid trying to guess what the person wants to say.
 - **Write and read:** Try having your client write the word he is trying to express and then have him read it aloud.
 - **Gesture:** Use gestures or point to objects to help find words or add meaning.
 - **Be honest with your client:** Let him know if you can’t quite understand what he is telling you.



CONNECT it now!

Apply what you know

COMMUNICATE WITH ROBERT

Remember Robert from the beginning of this inservice?

What have you learned so far about how you might help someone like Robert?

- **Make a list of some things you might try to make communicating with Robert easier and more effective.**
- **Discuss your ideas with your supervisor and co-workers and find out what they would do.**

SPOTLIGHT ON DEMENTIA AND ALZHEIMER'S

- **Approach Alzheimer's clients from the front:** Don't speak to them suddenly from behind or you might startle them.
- **Keep your voice low and unhurried:** Use simple, everyday words, but don't use "baby talk."
- **Identify yourself:** Don't be offended if your client doesn't remember you from day to day.
- **Try to stay calm and positive:** If you are feeling stressed or irritable, your mood can easily rub off on someone with Alzheimer's disease. If you stay calm and positive, your client will probably "mirror" your good mood.
- **Keep it simple:** Ask one "yes" or "no" question at a time. Repeat the question using the same words if the client doesn't answer you.
- **Give plenty of time to respond:** It can take up to one minute for your AD client's brain to process each sentence you speak.
- **Alzheimer's clients will often copy your actions:** If you smile, they will smile. If you frown or get angry, so will they!
- **Describe everything:** Be sure to let Alzheimer's clients know what you are doing—one step at a time.
- **Don't talk in terms of time:** For example, say "We'll take a walk after lunch." not "We'll take a walk in one hour." People with Alzheimer's disease lose their sense of time.
- **Use nonverbal communication:** Try using nonverbal cues such as touching or pointing to help your clients understand what you are saying.
- **Remain respectful:** Be sure to call your clients by name and be respectful, saying things like "thank you," "please," "yes, ma'am" or "no, sir." This helps them feel like the healthy adults they once were.
- **Praise your Alzheimer's clients:** They need to hear positive feedback like "Good job!" or "You're doing great." or "You look beautiful today."
- **Limit choices:** Alzheimer's clients become frustrated very easily. Don't give them a choice if there isn't one. For example, don't say "Do you want to take a bath now?" Instead say "It's time for your bath now."



THINK about it!

BABY DOLL THERAPY

Want to communicate better with clients suffering from dementia or Alzheimer's? Why not try "Baby Doll Therapy"?

Research has found that clients who suffer from dementia, are more active and more focused when carrying or handling baby dolls.

Giving these clients a "baby" to care for has been found to enhance communication, cooperation, and reduce agitation during routine care when these clients typically become angry or difficult.

Hospitals and nursing homes across England are using this technique. And, now facilities are popping up all over the US with the same successful results.

- **Does your workplace use "Baby Doll Therapy" or something similar? If so, is it working?**
- **Why do you think this type of therapy works so well?**
- **Some opponents argue that this type of therapy may be upsetting to family members. What are your thoughts?**

SPOTLIGHT ON LANGUAGE DIFFERENCES

Imagine becoming sick in a foreign country where no one speaks your language. Your non-English speaking clients are likely frightened and confused about what is happening to them and *all around* them while they are sick and most vulnerable.

- **Remain calm and focused:** If you become frustrated or angry about the situation, you will be no good to anyone. Your non-English speaking clients need your care and compassion at least as much—if not more—than your other clients.
- **Find a translator right away:** It's best to use a formal translator, when possible, instead of a family member. Asking a family member to translate delicate questions such as “Did you have a BM today?” can be embarrassing for both the client and the family member.
- **Check you current staff:** If your client speaks a language common to the area, you may already have a translator on staff who is fluent in his native language.
- **Use a service:** Check which translation services are available through your workplace. Most services can provide translators in nearly any language within 24 hours.
- **Use Language Line:** Many healthcare providers also subscribe to Language Line, a 24-hour, toll-free telephone translation service. Locate the number and call for an instant interpreter.
- **Expand your knowledge:** Take the time to learn a few words in the client’s language. Saying “Hola” rather than “Hello” helps develop rapport and increase trust. You might also want to consider learning words such as “pain” and phrases such as “How are you feeling?”
- **Become culturally competent:** Take some time to learn more about your client’s culture. The language barrier is one thing, but there may other issues, such as eye contact or prayer rituals that will help you communicate.
- **Gesture and demonstrate:** Use hand gestures and demonstrations to enhance communication.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for Mrs. J., a 74-year-old Vietnamese woman who lives with her daughter and her daughter’s family.
- The family speaks English and Vietnamese—but, Mrs. J. only speaks Vietnamese.
- The daughter is always present to help you with communication. But, on this day, you arrive and there is only a 14-year-old grandson available to help you.
- **WHAT YOU KNOW:** You are not sure if you can legally use the teenager to interpret—and you don’t really want to put the child in a position to discuss his grandmother’s personal issues.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to give your client the care she needs in this situation. Hint: It is not legal to use a minor to interpret, but it is still done in many healthcare situations.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

MEET THE SPEECH THERAPIST

Speech therapists, also called speech-language pathologists (or SLPs, for short) assess, diagnose, treat, and help to prevent disorders related to speech, language, voice, and swallowing.

Speech-language pathologists work with people who have:

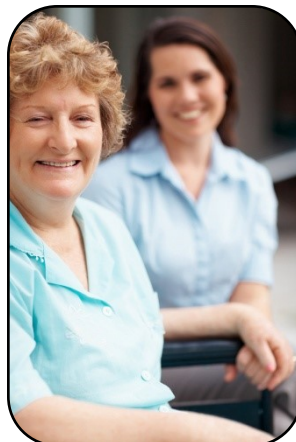
- Trouble producing speech sounds.
- Problems understanding and producing language.
- Attention, memory, and problem-solving disorders.
- Swallowing difficulties.

Speech-language pathologists use special instruments and assessment methods to analyze and diagnose the cause and severity of the problem.

The SLP develops an individualized plan of care, tailored to each client's needs. For individuals with little or no ability to communicate through speech, the SLP may select alternative communication methods including automated devices, picture boards, or sign language, and will teach clients how to use them.

SLP's also teach individuals how to strengthen muscles or use other strategies to swallow without choking or inhaling food or liquid.

- **Get to know your client's SLP:** If you are having trouble communicating with your client, talk to the speech therapist. If the client does not have a speech therapist, talk to your supervisor about getting one assigned.
- **Work with the SLP:** Find out what the SLP has planned for your client. Learn what goals the client is working toward. Learn how to use any devices or tools the SLP is using with your client. If you are unsure of how to use these things, then, just ask!



TALK about it!

Open the Discussion

INTERVIEW A SPEECH THERAPIST

Locate the Speech Therapist that works with your clients. Request a few minutes of his or her time or meet for lunch. Ask your SLP the following questions:

1. Can you tell me more about your job and the things you do on a daily basis?
2. What are the best and worst things about your job?

If the following is true, you might ask:

1. I'm working with a client who is getting speech therapy from you. Can you tell me what I can do to help him reach his goals.
2. I have a client who may benefit from speech therapy. Can you tell me what I need to do to get her evaluated?

Now, share what you have learned with your co-workers!

"When you are a true listener, you will hear what is not said."

~ Jeffrey Benjamin

MORE SPECIAL COMMUNICATION TIPS

- **Expect it to take longer:** Caring for clients with special communication needs may take longer than caring for other clients. Set aside enough time to do what you need to do.
- **Encourage participation:** Place important objects within reach. This maximizes a client's sense of independence.
- **Be prepared:** Arrange a back-up communication system for times when interpreters are not available. For example, have a family member on standby who can interpret in a pinch.
- **Praise every effort:** Encourage the client's attempts to communicate and praise even small achievements.
- **Acknowledge frustrations:** Being unable to communicate can be frustrating and isolating. Watch for signs of depression or helplessness.
- **Listen closely when your client attempts to communicate:** Clarify your understanding by repeating back what you heard.
- **Stand close by:** Position yourself within the client's line of vision. Your client may need to see your face or lips to understand what you are saying.
- **Assume your client understands you:** Avoid speaking to others in the presence of your client as though he or she understands nothing. It's likely, especially with stroke survivors, that client *does* understand, but just can't express that understanding to you.
- **Manage environmental noise:** Keep distractions such as television and radio at a minimum when talking to your client. This will keep the client focused, and enhance your ability to listen.
- **No pressure:** It may be difficult for clients to respond under pressure. Give plenty of time for your client to organize a response, find the correct word or make language translations.



5 KEY points

Key Points to Remember

1. Five critical factors must be present for communication to be successful. They include: a sender, a message, a medium, a receiver and feedback.
2. Special communication needs arise when a person has trouble either sending or receiving messages.
3. A problem understanding speech is known as a **receptive** communication problem. A problem using language to form messages is known as an **expressive** communication problem.
4. Special communication needs can be temporary or permanent. And, while these special needs can make communication difficult—it's not impossible!
5. Work with the speech therapist! Find out what the SLP has planned for your client. Learn what goals the client is working toward. Make use of any devices or tools the SLP is using with your client.

FINAL SPECIAL COMMUNICATION TIPS

- **Think about every word you speak:** Use short sentences and ask only one question at a time. This keeps the client focused on one thought at a time.
- **Speak slowly and distinctly:** Repeat key words to prevent confusion.
- **Say it with gestures:** Enhance you verbal communication with meaningful gestures to give your client more options to receive information.
- **Give simple but exact instructions:** If your client is capable of participating in his or her own care, you might say, "point to where it hurts," "open your mouth," or "lift your arm."
- **Avoid finishing your client's sentences:** Allow your client to complete his own sentences or thoughts. If he gets stuck, ask for permission to help. Say the word or phrase slowly and distinctly if help is requested.
- **Be honest:** Never say you understand if you do not. This may increase frustration and decrease the client's trust in you.
- **Build vocabulary:** When your client cannot identify objects by name, take time to practice. Point to an object and clearly enunciate its name: "cup" or "pen."
- **Start a list:** Create a list of words the client says. Add new words to the list as your client's vocabulary expands. Share this list with the family and other caregivers.
- **Correct errors:** Use gentle reminders when your client uses a word or phrase incorrectly. Not correcting errors will make communication more difficult later.
- **Encourage socializing:** Ask family members to talk to the client even though he may not respond. This decreases the sense of isolation and may assist in recovery.
- **Get more information:** Recommend clients and family members seek out more information from the American Speech, Language, Hearing Association online at www.asha.org.



WHAT I KNOW NOW!

Now that you've read this inservice on special communication needs, take a moment to jot down a couple of things you learned that you didn't know before.





A Communication Skills Module:
Understanding Special Communication Needs

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about special communication needs? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- Each of the following must be present for successful communication, EXCEPT:**
 - A. A clear message
 - B. Feedback (understanding)
 - C. A common language
 - D. A receiver
- A communication problem that makes it hard to understand the message is known as a(n) _____ communication problem.**
 - A. Expressive
 - B. Dysarthria
 - C. Language
 - D. Receptive
- To best communicate with a client with minor hearing loss, you should:**
 - A. Raise your voice.
 - B. Lower the tone of your voice.
 - C. Call the Language Line for an interpreter.
 - D. Talk as little as possible while providing care.
- A stroke can affect the way a person:**
 - A. Understands speech.
 - B. Forms messages.
 - C. Forms speech sounds.
 - D. All of the above.
- True or False**
It's best to use a family member to interpret for non-English speaking clients.
- True or False**
In addition to helping with speech, SLPs can also help with swallowing problems.
- True or False**
Being unable to communicate can lead to depression.
- True or False**
Clients with dementia will respond best to one "yes" or "no" question at a time.
- True or False**
If your client is struggling to find the right word, you should say it for him.
- Fill in the Blanks**
When communicating with clients with special communication needs, its best to use _____ sentences and ask only _____ question at a time.

