

What happens when we can't communicate?

Managing difficult communication challenges

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Aims

- **To improve the experience of health care for people with communication difficulties**
 - To increase awareness of communication
 - To gain knowledge of different communication disorders
 - To understand the role of the speech & language therapist
 - To improve skills in communicating with adults with communication disorders

Methods of communication



Practical 1 – Communicating without Speech

- Get into pairs.
- Label yourselves person A and person B.
- Person A needs to cover their eyes whilst Person B will be shown a message.
- Person B will need to convey the message to person A without speaking/writing.

Message to convey:

- “What time is my daughter-in-law coming round tomorrow?”

What is communication used for?

- To satisfy needs
- Social interaction
- Self expression
- Controlling, reasoning and problem solving
- Seeking/giving information
- Seeking/giving consent
- Channel for imagination/creativity
- Entertainment

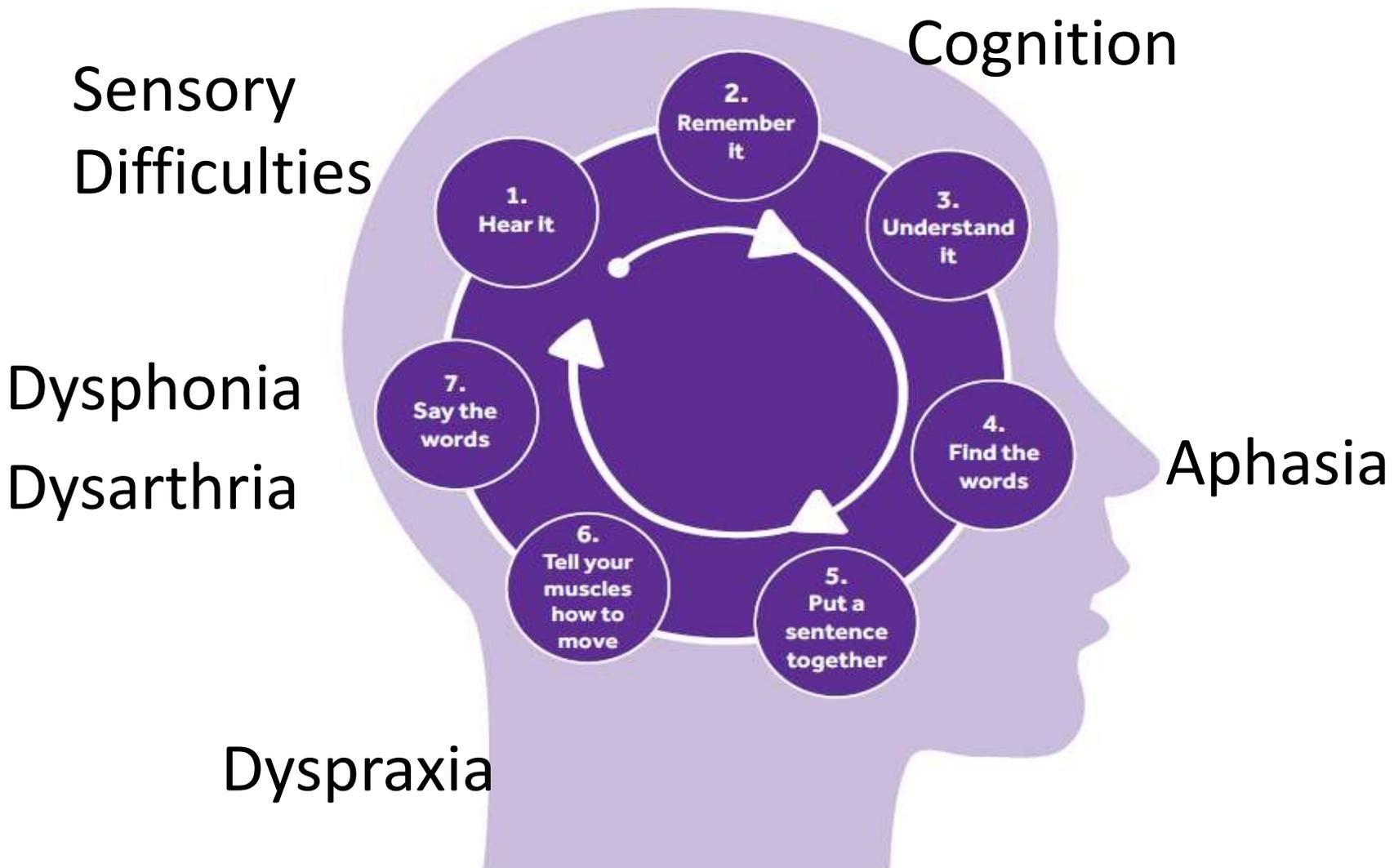
The role of the SLT

- To find out the extent, type and severity of disordered communication
- To provide a communication diagnosis
- Inform and advise MDT members
- To provide information and support for patients and family/carers
- Identify strengths and provide strategies for ways to help them communicate.
- To make recommendations for therapy

Possible Causes of a Communication Disorder

- Stroke/Cardio Vascular Accident (CVA)
- Traumatic Brain Injury
- Dementia
- Progressive Neurological Conditions e.g. Parkinsons Disease, Multiple Sclerosis, Motor Neurone Disease.
- Head and Neck Cancer/Laryngectomy
- Trachestomy
- Other causes include:
 - Mental Health, Anoxia, Infections, High fevers.

Types of Communication Difficulty



Aphasia

- A language disorder.
- **RECEPTIVE:** difficulty with understanding spoken words and/or reading
- **EXPRESSIVE:** difficulty with talking and/or writing
- People with aphasia may...
 - Have problems understanding the meaning of words.
 - Put words into fluent sentences which make no sense e.g. “The bizz is fitting in the old tonker.”
 - Produce ‘nonsense words’.
 - Confuse words with similar meanings e.g. “plate” for “cup” or similar sounds e.g. “jelly” for “telly”.
 - Have difficulty finding the right words.
 - Have difficulty producing more than a few words.
 - Have difficulty producing grammatical sentences e.g. “Shopping home later.”

Dyspraxia

- Dyspraxia is a disorder of planned and co-ordinated movement, causing people to have difficulty saying what they are consciously thinking about saying
- Errors are produced when saying words e.g. cat → cap, hospital → hopistal.
- Speakers are aware of their errors and try again – groping for the correct production
- Words are often produced differently each time e.g. ‘hopistal’, ‘hopsital’, ‘hotipstal’
- Speakers are able to perform involuntary movements e.g. pursing their lips for a kiss but struggle to close their lips to produce a ‘p’ for speech.

Dysarthria

- A motor speech disorder characterised by weakness and inco-ordination of the speech muscles.
- It may be acquired in addition to dysphasia and / or dyspraxia or it may occur in isolation.
- The characteristics of dysarthria can depend upon the area of the brain lesion. This can impact different aspects of speech physiology;
 - Respiration
 - Phonation
 - Articulation
 - Resonance
 - Voice quality/pitch
- Many different sub-types of dysarthria classification depends upon speech presentation.
- The presence of dysarthria can sometimes make it difficult to establish if there is any aphasia.

Dysphonia

- Dysphonia is a term applied to voice disorders which can present as breathiness, hoarseness, low volume, abnormal pitch or total loss of voice.
- Can be due to local lesions in the larynx (sometimes on the vocal cords themselves e.g. nodules), reduced breath support, reduced vocal cord adduction or abduction (vocal cord palsy) and infection.
- May co-occur with Dysarthria
- Disorders which commonly effect voice are Parkinson's Disease, Multiple Sclerosis, CVA, Cancer.

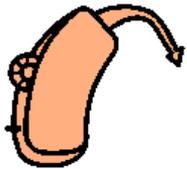
Facilitating Communication: Practical 2

- Dysphasia matters [video](#)

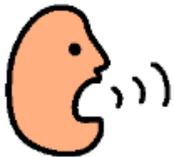
Strategies for Understanding



Check you have their **attention** before talking.
Reduce background noise and distractions



Check **hearing aids** and **glasses** are being worn.
And make sure the other person can **see your face**.



Speak **clearly** and **slowly** and use an appropriate **tone of voice**



Be **patient** – give the other person **more time** to absorb the message



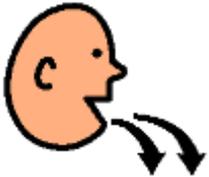
Use **short sentences** and **familiar words** -
emphasise the **key word** or **phrase**



Touch may be used to **keep attention, give reassurance** and **maintain contact**



Check they have understood. Establish a reliable **'yes'** and **'no'** response



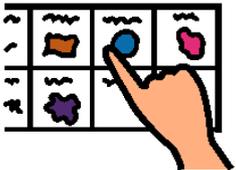
If necessary **repeat or rephrase** your message – try expressing the idea in **different ways**



Introduce **one idea at a time** and use a **key word** to **cue** the person into the topic of conversation

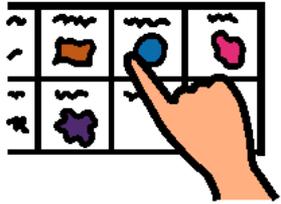


The **written word** or **drawing** may help

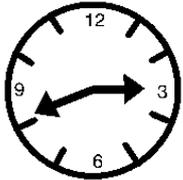


Use **gestures, pointing to real objects or pictures, facial expression** to get your message across.

Strategies for Expression



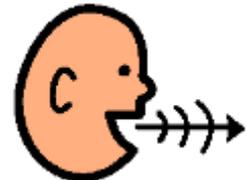
Encourage them to support their talking with **gesture, facial expression, head nods and pointing**



Wait - give the other person **plenty of time** and keep the communication as **relaxed** as possible.



If they can't find the word encourage them to **talk around** the word or **describe** it.



Check if they want you to **prompt**. If you know the word they are searching for, give the **first sound** to encourage them to say the whole word.



Offer a pen and paper to **write** or **draw**



If they have a **communication aid** ensure they can **reach it** and **encourage its use**.



Ask questions which require a **'yes'** or **'no'** response and **summarise** as you go



Ask questions which illicit single word responses e.g. 'Do you want **tea** or **coffee**?'



If the person is having difficulty talking it may be helpful to **anticipate** what they might want to say



Don't pretend you've understood when you haven't

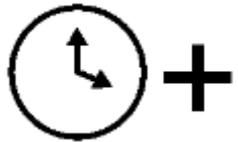


If you're getting stuck don't be afraid to **take a break** - things may be easier after a rest.

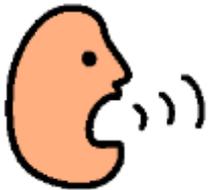
Strategies for Speech



Listen carefully. Reduce background noise as much as possible



Encourage the person to **speak slowly** to give themselves **more time** to form the sounds



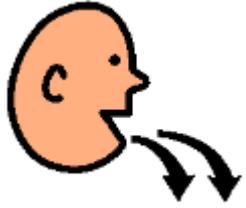
Speaking in a **louder than normal voice** makes speech sound clearer. Encourage them to fill their lungs and use the breath to make the words louder



When forming their sounds encourage them to make **all the movements bigger than usual**



Encourage the person to **pause** and **breathe** when they need to and not when they are out of breath



If you have understood part of the message **repeat back** what you have heard to avoid the other person saying the whole message again.



Encourage them to support their talking with alternative methods of communication such as **gesture, writing, electronic communication aids, and picture charts.**

Ways to improve voice quality

Encourage the patient to:

Remain well hydrated

- Increase water intake
- Avoid caffeine, alcohol
- Steam inhalation

Avoid coughing and throat clearing

Stop smoking

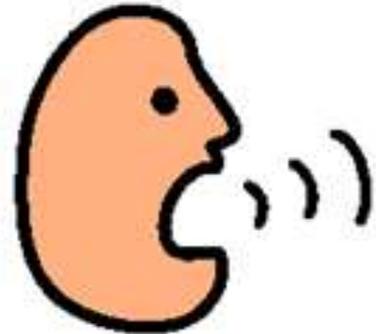
Employ voice rest

Reduce background noise

Speak in a comfortable conversational voice

Avoid atmospheric irritants

Monitor and control reflux

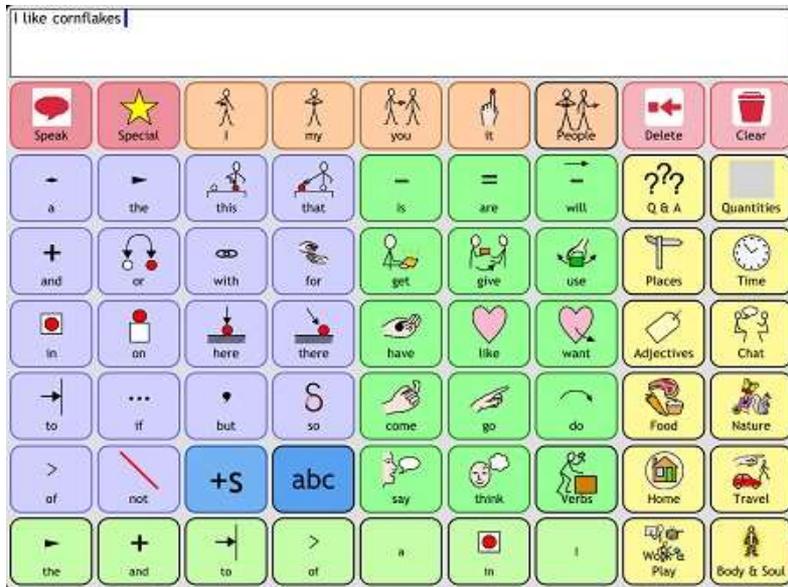


Communicating over the telephone

- Establish the patient's level/means of communication prior to the telephone call if possible
- Make your speech clear- speak slowly and clearly, with an appropriate tone of voice
- Allow more time for the other person to process what you have said, and allow more time for them to respond
- Clarify what information you've heard, request repetition as needed
- You will not have visual cues to guide you

Practical 3: AAC Resources

Grid 2



Predictable



Questions to answer using device:

- What is the name of your first pet?
- How many siblings do you have?
- Where were you born?
- What is your favourite colour?



Conclusion

- Communication is a two way process
- We can enable or disable patients
- Be resourceful in facilitating communication
- If unsure contact the speech and language therapist for advice
- SALT : RHH/WPH on 12676
NGH on 15068
Community 62041

Useful links

- www.communicationpeople.co.uk
(Hospital Communication Passport)
- <http://nww.sth.nhs.uk/NHS/Nursing/DementiaManagement/> (All About Me)
- <https://www.stroke.org.uk/professionals/resources-professionals/communication-aids>