Adapting Communication for Patients with Communication Disorders

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Topics we will cover

• The vulnerability of patients with communication disorders
• Barriers to accessible health care (and employment)
• How communication disorders can affect DVR counselors
• Common types of communication disorders
• Simple strategies to improve communication with these clients
Impact of communication on health care

“Communication is the medium through which healthcare is provided.” (Lipkin, 2010)
Impact of communication on health care

Recognition of:

- Patient beliefs
- Patient needs
- Patient preferences
- Patient autonomy
- Shared decision making

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Communication disorders and health care

• Estimated 5-10% of the U.S. population diagnosed with a communication disorder (Bartlett et al., 2008)
  • 30 million people
• How many of them are patients?
• Patients with communication disorders (PCDs) struggle to participate in their own health care (Burns, et al., 2015)
What makes health care settings challenging for patients with communication disorders?

- Everyone is rushed
- New / unfamiliar information
- Multiple unfamiliar people and environment
- Lack of quiet and private places for conversations
- Confusing paperwork (consent forms / billing)
- Lack of health care provider knowledge & training for communication
- Misunderstandings about the communication and intellectual competence of patients

(Burns et al., 2015; Hoffman, et al., 2005; Murphy, 2006)
One person’s experience
How can communication disorders affect you?

• What are your major job responsibilities?
• How much of your job requires effective communication with your clients?
• What if your clients struggle to communicate?
What are communication disorders?

• Difficulty receiving, sending, processing and/or comprehending information
  • Language disorders (vs. language difference)
  • Speech disorders
  • Cognitive-communication disorders
  • Hearing loss

• May be developmental (congenital) or acquired

• Patients may exhibit one or a combination of different communication disorders
What is NOT a communication disorder?

• Speaking a *different* language

• Speaking a *dialect* of a language

• *Cultural differences* in communication
Common types of communication disorders

<table>
<thead>
<tr>
<th>Language (Aphasia)</th>
<th>Cognitive-Communication</th>
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<tbody>
<tr>
<td>Speech</td>
<td>Hearing</td>
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Language disorders

• Difficulties with understanding or expressing language
• **Language disorder ≠ Cognitive disorder**
• Most common is aphasia (acquired)
• Different modalities will be affected to different extent
  • Auditory comprehension
  • Verbal expression
  • Reading comprehension
  • Written expression
Language disorders
Cognitive-communication disorders

• Problems with communication resulting from non-linguistic cognitive functions
  • Attention
  • Memory
  • Problem solving/organization
  • Executive function

• Can affect:
  • Social interaction
  • Activities of daily living
  • Learning and academic performance
  • Vocational performance
Cognitive communication disorders
Speech disorders

• Problems with the physical production of speech sounds
• Can be due to weakness or incoordination
• **Language and cognition may be intact**
• Types of speech disorders:
  • Dysarthria (problems w/ muscle strength and control)
  • Apraxia of speech (problems sequencing movements)
  • Voice disorders (including from head and neck cancer)
  • Stuttering
Speech disorders
Hearing disorders

• Problems with hearing acuity
• 2 types of hearing loss: conductive and sensorineural
  • Sensorineural: sound degraded in loudness AND clarity
    • Commonly associated with aging (presbycusis) and noise exposure
• Hearing aids rarely provide full compensation of hearing function
• Hearing disorders often co-occur, making other existing communication disorders worse
What can we do?

• Key barrier to good communication: lack of provider knowledge as to how to communicate with PCDs (Murphy, 2006; Yorkston, et al., 2015)

• Solution: Adapt communication to meet the needs of PCDs
  • Allow them the opportunity (and autonomy) to communicate

How?
FRAMEing the conversation

Familiarize
Reduce Rate
Assist with message construction
Mix communication modalities
Engage patient first

Burns et al, 2012 (modified)
When you first meet a patient:
  • Find out HOW they communicate BEFORE starting the medical interview
  • Acknowledge the disorder; Ask them their preferences for communication
  • Get information from patient, chart, other staff, family

Does this patient reliably understand you?

How does this patient best expressive him/herself?
Reduce Rate

• Slow down your speech (for language / cognition / hearing)
  • Shorter sentences – one idea at a time
  • Frequent pauses
  • Keep tone / intonation natural (don’t talk down to patient)

• Allow extra time for patient to respond
  • Wait patiently
  • Stay focused on patient

• Allow longer (or more frequent) appointments
  • Document need in the chart
Assist with message construction

• Put questions in a logical sequence (don’t jump around)
• Restructure questions to be easier to answer
  • Yes/No is ok, but tiring; multiple choice can be good
• If communication is not going well, try a different strategy
• Let the patient know what you do and DO NOT understand
• Check for comprehension regularly
• This is tiring! Be alert for patient fatigue
Mix communication modalities

To help the patient understand you:
• Supplement what you say with visuals
• Use meaningful gestures, body language
• Use context and environment around you

To help the patient express himself /herself:
• Offer and encourage different communication methods
• Have paper and pens ready for patient
• Have pictures of common vocabulary
Augmentative and alternative communication

Low Tech Examples:
• Pencil and paper
• Alphabet board / Message board / Picture board
• Communication / memory notebook
• Picture exchange system (PECS)
• Eye-gaze systems (blinking is NOT ideal)

High Tech Examples:
• Electronic devices (phones / tablets)
• SGD – Speech generating device
Engage patient first

- Talk directly with the patient
- Do NOT talk down to the patient
- Involve the patient in discussion and decision-making
- Show respect for patient and his/her autonomy
- Build rapport as you would with other patients – visiting, humor, etc.
- Family should help you communicate WITH (not FOR) the patient
Communication toolkits

• Remember to refer to speech-language pathologists!
• Paper / small white boards / pens in all rooms and at front desk for patients to use without having to ask
• Simple alphabet or number boards copied in large print in exam rooms and at front desk
• Picture album depicting common vocabulary you use with patients to supplement verbal communication
• Quiet, well-lit rooms where you sit face to face with patients
Communication toolkits

• Patient education materials formatted to be easy to read
• Have a way for patients to communicate with you or your staff other than phone calls (secure email, etc.)
• Pocket-talker for people with hearing impairments (get it at amazon or consult with audiologist)
• Encourage medical and office staff you work with to get trained in these strategies
Resources/contact information

• Speech-language pathology and Audiology services

• Michael Burns: mburns@uw.edu
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• Kathy Yorkston: yorkston@uw.edu


