

# Adapting Communication for Patients with Communication Disorders

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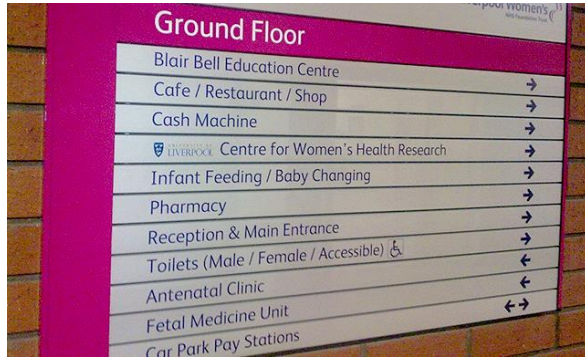
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# Topics we will cover

- 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)*



## Serious side effects include:

- heart attack
- stroke
- high blood pressure
- heart failure from body swelling (fluid retention)
- kidney problems including kidney failure
- bleeding and ulcers in the stomach and intestine
- low red blood cells (anemia)
- life-threatening skin reactions
- life-threatening allergic reactions
- liver problems including liver failure
- asthma attacks in people who have asthma

## Other side effects include:

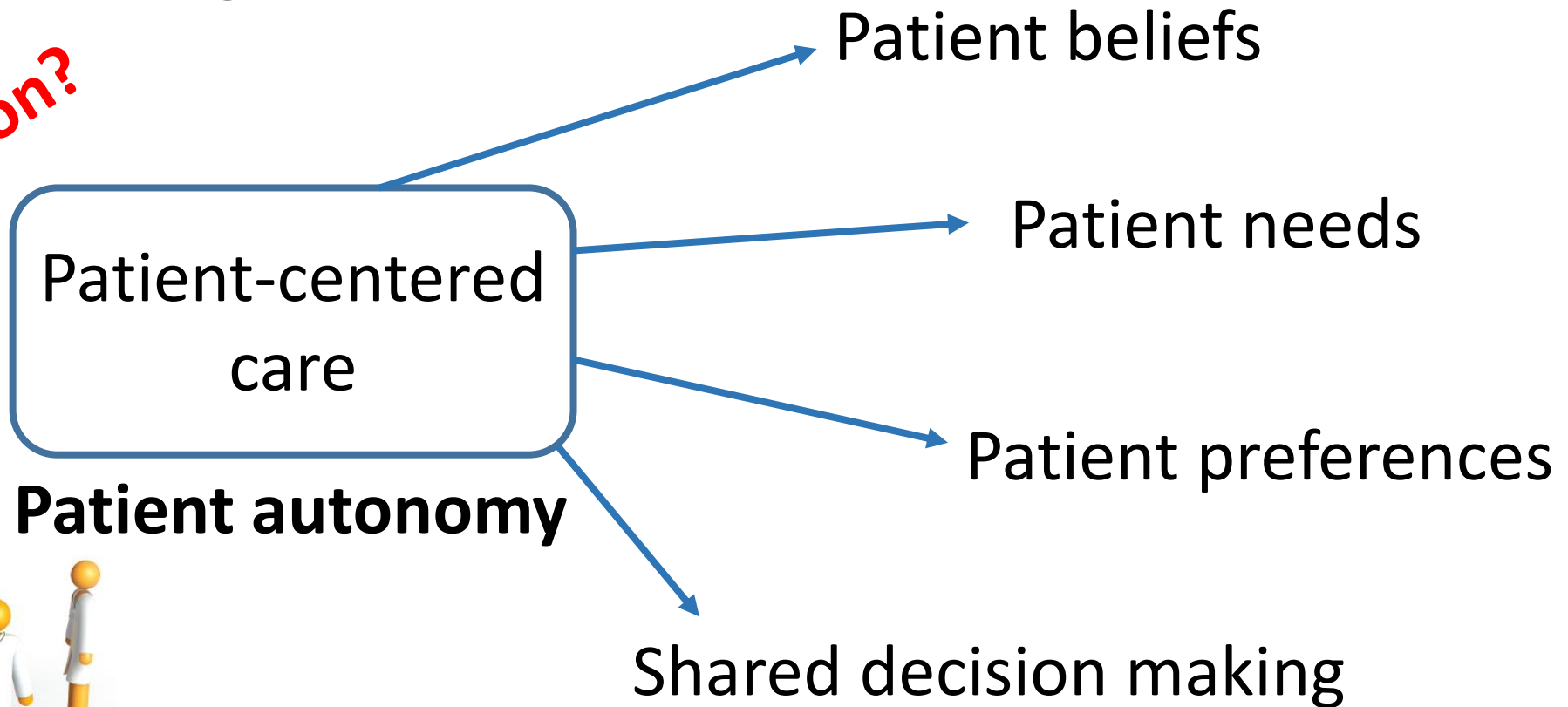
- stomach pain
- constipation
- diarrhea
- gas
- heartburn
- nausea
- vomiting
- dizziness



# Impact of communication on health care

Recognition of:

**Communication?**

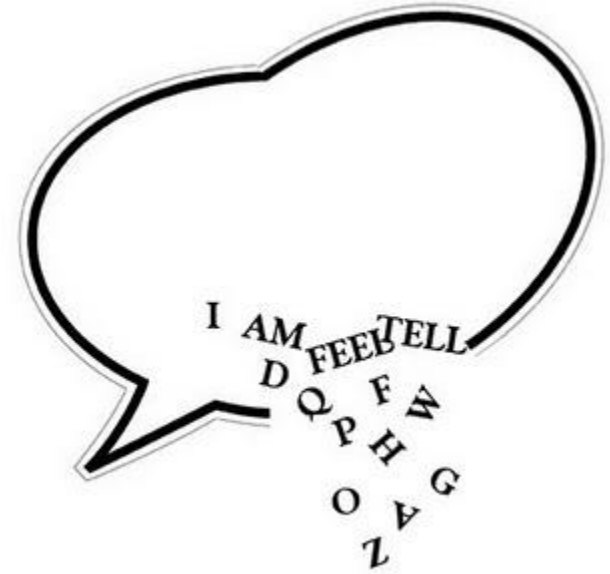


**Patient autonomy**

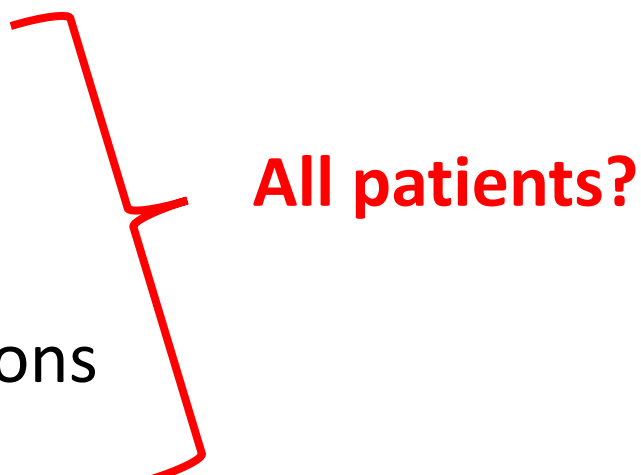


# Communication disorders and health care

- 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
- 
- All 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



**Language (Aphasia)**



**Cognitive-Communication**



**Speech**



**Hearing**

# 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

**F**

**Familiarize**

**R**

**Reduce Rate**

**A**

**Assist with message construction**

**M**

**Mix communication modalities**

**E**

**Engage patient first**

Burns et al, 2012 (modified)



## Familiarize

- 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

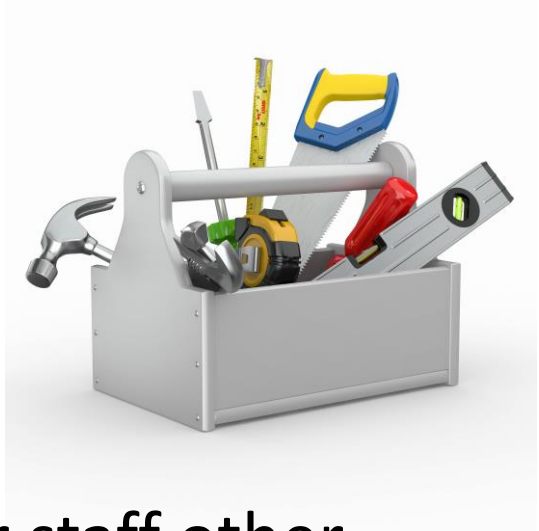


# Communication toolkits



- 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](mailto:mburns@uw.edu)
- Carolyn Baylor: [cbaylor@uw.edu](mailto:cbaylor@uw.edu)
- Kathy Yorkston: [yorkston@uw.edu](mailto:yorkston@uw.edu)



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