Describe communication with people with a communication disability in an aged care, health, or disability context

26982 V1
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Level 2
Credits 4
Describe communication with people with a communication disability in an aged care, health, or disability context

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Before you start

Welcome to this workbook for:

**Describe communication with people with a communication disability in an aged care, health, or disability context.**

**Unit Standard 26982.**

For this unit standard you will have:

- This workbook.
- A trainee’s assessment.

**What you will learn about**

In this workbook you will learn more about:

- Features of good communication.
- Modes of communication.
- Factors impacting on communication.
- General tips for communication.
- Communication aids.

**How to use this workbook**

- This is your workbook to keep – make it your own by writing in it.
- Use highlighters to identify important ideas.
- Do the learning activities included throughout this workbook. Write your answers in the spaces provided.
- You might find it helpful to discuss your answers with colleagues or your supervisor.
- Finish this workbook before you start on the assessment.

**Glossary and study hints**

The glossary and study hints book has study hints for all trainees.

It also explains key words and phrases from the compulsory unit standards for Foundation Skills and Core Competencies. You can download it from [www.careerforce.org.nz](http://www.careerforce.org.nz)
Workbook activities

Stop – check what you know about this topic
You will see this stop symbol in places where you are asked to stop and think about what you know and:

• Record your current knowledge or impressions.
• Check your knowledge.
This stop provides a reference point to return to later.
Stop activities have a blue background like this.

Learning activities
You will come across learning activities as you work through this workbook.
These activities help you understand and apply the information that you are learning about.
Learning activities have a pale yellow background like this.

Rewind
When you see this rewind symbol, go back to:
• Think about what you know.
• Check your knowledge.
This rewind gives you an opportunity to add to, change or confirm some of your initial thoughts and ideas.
Rewind activities have a green background like this.

Describe communication with people with a communication disability in an aged care, health, or disability context
Before you go any further in this workbook, think about what you know about...

Communication

What is your preferred way of communicating with other people?

List as many ways to communicate as you can think of.
What is communication?

Communication is an interaction between two or more people. It is about sending and receiving messages, thoughts, ideas and information, and responding.

Communication can only be effective when both the sender and the receiver understand the same information as a result of the communication.

Communication involves more than just talking. It also involves listening, processing the information, understanding the information, and responding and replying to these messages.

There are many ways that people communicate: from basic listening and speaking, and reading and writing, to gestures, pointing and sign language.

These ways can be referred to as “modes” of communicating.

Gestures can be made by the hands or the body. Examples include a wave to signal goodbye, a bow, or leaning towards or away from a person.

Pointing may be to pictures, symbols and/or written words on a picture board or book. Pointing may also be by eye movement, using a communication device.

Increasingly, people communicate using mobile phones and computers. There is useful speech recognition and speech-to-text software available.
Modes of communication

Modes of communication are the different ways that we can pass on and receive information. People usually prefer particular ways of being communicated with.

Written communication
Written communication is information that is written down. Examples include service plans, memos, emails and text messages. Written information can also include pictures, symbols and drawings.

Verbal communication
Verbal communication is what you say – the words that you use. Choose short and simple words when communicating with a person with a communication disability.

Examples of verbal communication are conversations, staff meetings and talking on the telephone.

Vocal communication
Vocal communication is how you use your voice, and includes: the clarity of your speech, and your voice volume, tone and pitch. These features are all described on pages 13 and 14.

Communication

The communication message in a face-to-face situation is passed on in three ways – verbal, vocal and non-verbal.
Modes of communication

Non-verbal communication and body language

Most of the messages we give and receive when we communicate face to face come from non-verbal communication or body language, rather than from the actual words that we say.

Non-verbal communication is exchanging information without words. It includes what we do and how we do it. Examples are touch, a look, and the use of space.

Physical contact like shaking hands gives a different message from patting a person on the back.

Non-verbal communication also includes communication methods like sign language.

Body language includes facial expressions, eye contact, posture, gestures and all the ways we use our body to communicate. Examples include smiling, nodding, shaking your head, making eye contact, and gestures like shrugging your shoulders.

You need to make sure that your body language, as well as how you speak, reflects the words that you are saying.

For example, you may say “Pleased to meet you” when introduced to somebody. If you do not sound pleased, and you quickly turn away, the person may get the message that you are not pleased about the meeting.

Body positioning is part of body language and non-verbal communication. People tend to sit closer to someone they like and lean towards the person, which creates a feeling of warmth and interest in the person.

Ideally you should be on the same level as the person you are communicating with. Squat or sit down by a person who is sitting in a chair or wheelchair, or who is lying on a bed.

Take note!

It may be that you have to change your behaviour to get the communication message across.

For example, you may need to be patient, use simpler language and speak more slowly to a person with a brain injury.
**Learning activity**

Here are some modes or ways that people use to communicate.

As you read through this table, **tick** those modes that are used by the people who you support. **Add** in any other forms of communication that are used.

<table>
<thead>
<tr>
<th>Communication mode</th>
<th>Tick if used by people who you support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking/speaking</td>
<td>●</td>
</tr>
<tr>
<td>Lip reading</td>
<td>●</td>
</tr>
<tr>
<td>Gestures</td>
<td>●</td>
</tr>
<tr>
<td>Body language</td>
<td>●</td>
</tr>
<tr>
<td>Body positioning</td>
<td>●</td>
</tr>
<tr>
<td>Facial expressions</td>
<td>●</td>
</tr>
<tr>
<td>Use of eyes</td>
<td>●</td>
</tr>
<tr>
<td>Behaviour</td>
<td>●</td>
</tr>
<tr>
<td>Sign language</td>
<td>●</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication mode</th>
<th>Tick if used by people who you support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braille</td>
<td>●</td>
</tr>
<tr>
<td>Written (writing, typing, drawing)</td>
<td>●</td>
</tr>
<tr>
<td>Text from mobile phone</td>
<td>●</td>
</tr>
<tr>
<td>Phones</td>
<td>●</td>
</tr>
<tr>
<td>Emails</td>
<td>●</td>
</tr>
<tr>
<td>Letters</td>
<td>●</td>
</tr>
<tr>
<td>Alternative communication</td>
<td>●</td>
</tr>
<tr>
<td>Picture boards or books</td>
<td>●</td>
</tr>
<tr>
<td>Other modes</td>
<td>●</td>
</tr>
</tbody>
</table>
**Learning activity**

Think about two people you support who have a communication difficulty. Complete the table.

<table>
<thead>
<tr>
<th>People I support</th>
<th>How does this person communicate with me?</th>
<th>How do I communicate with this person?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person one</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication disability is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Person two</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication disability is:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Features of good communication

Knowing about and using features of good communication will help you to communicate successfully with older adults and people with disabilities.

Creating a communication friendly environment includes:

- Acceptance
- Respect
- Empathy
- Clarity of speech
- Listening
- Active listening

It is also important to deal with potential barriers to communication.

Acceptance
Understanding and accepting that someone has a communication disability is important. Accept that there are going to be communication challenges that will require work and effort.

There will be times in communicating with a person with a communication disability when the communication appears not to be working.

However, on the whole, your communication is likely to be successful and meaningful and you should then have a much better experience with that person.

Respect and empathy
Always treat people you are talking to with respect. Let them finish talking and do not interrupt.

Do not talk about people as though they are not present. If someone is there and you need information, get the information from the person if you can.

Empathy is the ability to recognise other people’s feelings and situation. When you are communicating with someone, always be aware of the nature of the person’s communication disability and its effects. Responding with empathy improves the communication.
Features of good communication

Clarity of speech
When you are talking to someone, you need to ensure that you speak clearly. Move your mouth to pronounce each word carefully and precisely.

Clarity of speech includes:
- Volume
- Tone
- Pitch

Volume, tone and pitch are all tools in what is called the vocal part of communication – how we use our voice.

Volume
Volume is the loudness or softness of your voice. Controlling and using volume appropriately is important in getting your message across.

You need to make sure that you adapt your voice to the needs of the person. Speak at a good volume, but not so loudly that you are shouting or “talking down” to someone.

Evaluating the environment and how it relates to the person’s hearing abilities will help you adjust your volume to a level that is comfortable to the person. For example, in a noisy environment you could raise your voice when talking with a hearing impaired person to make sure that you are heard.
Features of good communication

**Tone**
Tone is the sound quality of your voice. Tone of voice plays a major role in getting a message across.

The tone of your voice can reflect how you are feeling about a subject or a person. It is important when communicating that you do not let emotions (such as frustration or anger) show through in your voice.

The tone of a person’s voice is an important part of communication as it may often override the actual words a person is saying. For example, gentle words said in a cold manner may sound harsh.

**Pitch**
Pitch is how high or low your voice sounds. People are able to have some control over the pitch of their voices. Pitch can be affected by emotions.

People pick up on the pitch of a person’s voice and interpret the emotions that the person is displaying. When a person is excited or frightened, the muscles around the person’s voice box or larynx tighten. This response results in a higher pitch.

People who have a hearing disability may not be able to hear sounds that are of a high or a low pitch.

It is important when communicating to use your voice intelligently. For example, do not yell when angry or raise your voice to a high pitch when you are excited.
Features of good communication

Listening

Communication is a two-way process. Listening is an important skill in good communication.

How we communicate with others depends on the situation. We may be more casual with our family members than we are with our manager or supervisor.

When communicating with a person with a communication disability, be patient. It may take more time to get your message across.

No matter who we are communicating with, there are some basic listening skills which are useful in any conversation or discussion.

• Give your full attention to the speaker.
• Wait for the person to finish speaking or complete the communication method.
• Look for non-verbal communication and body language.
• Pay attention to the person’s words and feelings.
• Use active listening skills when emotion is involved.
• Check that you got the correct message.
Features of good communication

Active listening
Active listening is a way of listening and responding to another person that improves mutual understanding, especially where emotions are involved.

Active listening involves listening to the person and watching out for the feelings that are behind the words.

Active listening includes the following techniques:
- Attending
- Paraphrasing
- Questioning
- Summarising
- Reflecting

Attending
Listen attentively to make sure you understand what someone is saying.

Give the person your full attention. Face the person and make sure that you can see each other’s lips moving and the facial expressions you each make as you talk.

Pay attention to the non-verbal cues a person gives to help you understand what the person is saying and feeling.

For example, the body language of the person may be closed and the person may have closed fists. This could mean that the person is angry.
Features of good communication

**Paraphrasing**
Check and confirm your understanding of what you have heard. Restate or summarise what you think the person has said in your own words.

**Questioning**
Ask questions about what you have heard.
Questions can clarify something that the person has said. Questions allow you to gather more information. Questions also let the speaker know that you are taking notice and listening.

**Summarising**
Summarise all the main points and the facts.
Talk to the person and show that you have heard what was said. Both the speaker and the listener can check that the correct facts have been heard.

**Reflecting**
Reflect back the person’s feelings and the ideas that have been heard by you.

Reflective listening is the process of paraphrasing, summarising and reflecting back to the sender the message which has been sent, in our own words. It includes the feelings that are being expressed as well as the words.

When we are actively listening we are genuinely interested in hearing and understanding the person’s point of view.
Dealing with potential barriers to communication

**Barriers to effective communication may arise because of the person’s health status and functional ability.**

Functional ability means functions like seeing, hearing, and the speed at which information is processed.

Being aware of potential barriers in communication is important to make sure that communication messages reach the receiver and can be clearly understood.

**Potential communication barriers will be different for each person.**

Some potential communication barriers include:
- Environmental
- Language
- Cultural
- Individual
- Mode
- Psychological and attitudinal

**Environmental barriers**

Environmental barriers can exist where the communication interaction takes place.

Background noise makes it difficult to hear each other and in dim lighting people may not be able to see well.

The physical positioning of people and the relationship between those people taking part in the communication interaction can be barriers.

If people are far away from each other, or one is behind the other as when pushing a wheelchair, it is not easy to see and hear each other to communicate effectively.
Dealing with potential barriers to communication

**Language barriers**
There are a number of barriers to language that you need to be aware of when communicating with others.

Different accents and use of words, along with sentence construction and vocabulary, are a challenge when people speak another language.

Barriers can arise when the person does not have the vocabulary to understand some words or gain meaning from communication interactions.

**Cultural barriers**
These barriers exist because of the differences in cultural make-up of a person. Culture can refer to nationalities but also cultural background, differences in age, gender, ethics, values and religion. These factors all affect how we communicate.

Misunderstandings can occur when there is little understanding or acceptance of people’s cultural make-up. For example some gestures that a person uses may be acceptable to one person, but offensive to another person.
Dealing with potential barriers to communication

**Individual barriers**
Individual barriers can arise because of the communication disabilities a person has, the way the person perceives and interprets messages, the person’s ability to filter information to make sense of it, and the preferences the person has for communicating.

**Mode barriers**
Communication is more effective if the correct mode of communication for the person is used. Mode barriers exist when the person’s preferred communication mode is not used, or when not everyone has the knowledge of how to interpret the communication mode that is used. An example is using sign language.

**Psychological and attitudinal barriers**
Psychological and attitudinal barriers include the person’s state of mind at the time of the communication interaction. If there is an unwillingness to participate, or the person has lost interest, or the person is confused or muddled, then there will be barriers to how effective the communication interaction will be.

Barriers may arise when a person is not in the frame of mind to communicate at that time, or maybe has pre-conceived notions about communicating.

Being aware of the person’s state of mind is essential to successful communication.
**Learning activity**

Think of the last few communications that you had with a person you support who has a communication disability. Complete this table and the table on the next page.

<table>
<thead>
<tr>
<th>Name of communication disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>What communication method(s) did you use?</td>
</tr>
<tr>
<td>How did the methods you used support the communication interaction?</td>
</tr>
<tr>
<td>What made this communication interaction successful?</td>
</tr>
</tbody>
</table>
## Learning activity
Continued from previous page.

Complete this table for a communication interaction that was unsuccessful.

### Name of communication disability:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer – for an unsuccessful communication interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>What communication method(s) did you use?</td>
<td></td>
</tr>
<tr>
<td>How did the methods you used support the communication interaction?</td>
<td></td>
</tr>
<tr>
<td>What made this communication interaction unsuccessful?</td>
<td></td>
</tr>
</tbody>
</table>
Aspects of effective communication

Effective communication is about conveying your messages to other people clearly and unambiguously.

It’s also about receiving and understanding information that others are sending to you.

Communication can only be effective when both the sender and the receiver understand the same information as a result of the communication.

Communicating with older people and people with communication disabilities often requires extra time and patience. Communication disabilities are explained under four main areas:

- **Functional (physical) communication**
  - Health and functional status as well as some medications can impact on a person’s ability to communicate effectively.
    - Loss of teeth affects the person’s clarity of speech and how words are pronounced. It may be painful or uncomfortable to speak.
    - Changes to vocal mechanisms mean that a voice can become weaker and the person becomes harder to understand.
  - Muscular changes or difficulty in moving muscles may mean people lose the ability to use or co-ordinate the muscles required to form spoken words. They may also lose dexterity and fine motor skills (movement and muscle control). They may be unable to control their mouths and make words. They may not be able to use body language and gestures.
  - The person may no longer be able to speak with clarity if the amount of saliva changes. Excess saliva in the mouth can cause the person to dribble when speaking. Reduced saliva means the mouth can be so dry that it is uncomfortable to move the tongue.

- **Sensory communication**
- **Cognitive communication**
- **Social communication**
Aspects of effective communication

- Dysphasia is commonly known as stammering or stuttering. People with dysphasia have difficulty speaking clearly, and they have problems pronouncing words correctly.
- Dysarthria is when the person cannot speak without slurring words. Dysarthria can be caused by an illness that began at birth or may develop later in life due to an illness such as multiple sclerosis, or because of stroke or brain injury.
- People who have suffered strokes or other neurological (nerve) damage may have difficulty with speaking or communicating, because the muscles that they need to speak clearly are weakened, move slowly or may not move at all. This muscle damage can result in slurred speech, very soft speech, very slow speech, abnormal tone and pitch, or breathiness.
- People who have a physical disability may prefer to use gestures or communication boards where they can either write or point to words and objects to get their message across. They may use a speech assistive device, or a speech-generating device.
Aspects of effective communication

**Sensory communication**

Sensory communication disabilities are varied and can affect a person’s ability to communicate in many ways.

Sensory communication disabilities include vision, hearing and deaf-blindness.

**Vision**

Visual problems include partial vision loss, inability to focus and colour blindness. People may wear corrective lenses that enable them to see more clearly.

A person who is legally blind is unable to see.

Vision plays an important part in communication. Vision loss makes it harder to see the parts of the message conveyed by non-verbal body language and facial expressions.

People with vision loss rely on the tone, pitch and volume of voice to aid in meaning and interpretation. Language spoken in unusual tones or speech that lacks clarity can be difficult to understand.

Group situations where several people are speaking are difficult for people with vision loss. These people may struggle with communication when there is noise in the background.

Sudden sounds may startle or annoy the person. Let the person know when you have arrived, and tell the person who you are. Tell the person when you are leaving.

People with sight loss may need someone who provides visual and audio information to them. Prompting, by telling someone specific information such as “He is smiling at you”, is helpful to people with sight loss.

People with sight loss may use Braille as a mode of communication. They may be able to touch type and communicate through computer programmes. Telephones also enable them to communicate with others.
Aspects of effective communication

Hearing
Hearing plays an essential part in traditional communication interactions for most people.

Hearing is crucial to the development of speech and language skills as it is through listening to others that children learn how to pronounce sounds and words, how to pace their verbal speech, and how to use correct tone and pitch in their speech.

When a hearing loss exists from an early age, a child’s language development may be delayed, causing speech and language difficulties.

The word “deaf” refers to a person who has some hearing loss. People with a hearing impairment who identify as part of the Deaf community use a capital D for Deaf.

Through hearing a person learns how to interpret and use pitch, tone and volume. People with hearing loss may not be able to hear themselves when they speak, and their speech may be hard to understand.

People with hearing loss may not hear other people speaking. They may miss parts of words or only hear part of a conversation. This partial hearing can lead to misunderstandings and frustration.

People experiencing hearing loss may be unable to hear noises clearly or they may find it hard to hear certain frequencies of sound.

Background noise can also hinder their hearing. People with hearing loss may have to concentrate harder on the conversation and may easily tire.
Aspects of effective communication

Any form of entertainment that relies on sound, such as movies or television, can be difficult for people with hearing loss.

People who have hearing loss may use a hearing aid and may lip read. Face people when talking to them, and speak slowly, clearly and loudly enough for them to hear.

Where hearing loss is severe, communication is generally by visual methods.

The person may use sign language or have a sign language interpreter who translates your conversation.

Deaf-blind

Deaf-blind is a dual sensory loss or significant impairment of both hearing and sight.

For people who are deaf-blind, the communication mode and aids and devices used will depend on the needs of the person. The person may use tactile signing, such as tactile finger spelling, hand-over-hand signing, or on-body signing.

On-body signing is a system of touch clues where the communicator points, touches or draws shapes on the person’s face, arms, torso and legs.

The person may also use printed or written signs that have been visually modified, such as larger text, and/or with contrasting words and backgrounds.
Cognitive communication

A cognitive communication disability means that a person has difficulty in gaining knowledge, and in applying logic and reason.

This disability is caused by damage to parts of the brain which can affect a person’s memory and the ability to think, reason and communicate.

Cognitive damage can make it hard for a person to learn and remember new things, affecting the ability to learn speech, language and social communication.

The person may not be able to remember details, words or experiences. It may be difficult to translate thoughts into speech, writing or gestures; or to interpret words, body language and facial expressions to make sense of communication.

The person’s speed of processing may be slowed and the person may not be able to concentrate for long. Or the person may struggle to stay interested and become distracted or fatigued.

Where the person’s reasoning skills are affected, the person may become self-centred and only able to see one point of view. The person may also become defensive or argumentative.

Medications and health and functional status can also affect cognition, which in turn will affect the person’s ability to communicate.

For instance, dementia can slow a person’s ability to think and process information.

Medications can cause drowsiness and nausea.

People who have a cognitive disability may prefer to use communication devices like communication boards, or they may use a speech assistive device or a speech-generating device.

Cognitive communication disabilities affect thinking ability, memory, and the use of voice and language.
Aspects of effective communication

Memory
Your memory stores information like what you had for breakfast, in recent memory; your short-term memory holds what has occurred moments ago like the name of a person you have just met; and your remote or long-term memory holds memories stored a long time ago, like your childhood friends.

Memory is affected by ageing but also by depression, dementia, stroke, head injury, alcoholism and the effects of drugs.

There is a difference between forgetting things and remembering later, and actual memory loss.

People with memory loss may not be aware that they can’t remember things.

The person with memory loss may take a long time to understand what has been said. The person may misinterpret what has been said, or imagine that something has been said.

Voice
The way a voice is used conveys emotion and meaning behind the words being said.

A person’s voice may be very quiet or breathy due to physical disabilities. The vocal chords may be damaged or the speech muscles may not work correctly. Making sounds and forming words for some people can be very difficult and can make it hard for others to hear or understand what is being said.

A person may have difficulty articulating words, which is forming sounds and putting them in the correct order. A sound may be added or substituted for another, or some sounds may be omitted altogether.

A person’s fluency is affected when the flow of speech is interrupted by unusual rhythms, hesitation, repetition of sounds or words, and the “stretching out” of sounds.
Aspects of effective communication

Expressive language
Expressive language is the ability to communicate wants and needs and to be understood by others.

Where expressive language is affected for a person, the person will have difficulty in expressing him or herself using speech. The person may be able to understand what is being said, but is unable to respond with the same level of language.

The person will probably have difficulty in putting sentences together logically and using correct grammar. The person may not be able to recall the words needed and may have a limited spoken vocabulary. These factors can result in the person not being able to communicate effectively.

Receptive language
Receptive language disorder is a learning disability that affects a person’s ability to understand spoken and written language.

People with this disability often find it difficult to organise their thoughts, and they have difficulty with speech. These two factors combine to make it difficult to communicate verbally with other people.

People with this disorder have difficulty with understanding language and making connections between words and the objects or ideas that those words represent. They may have problems with producing sounds and speech.

Brain injury can affect both receptive and expressive language abilities.

Non-verbal language
Non-verbal language is anything we do that gives information to people, but is not spoken.

There is a specific disability where people have problems understanding any communication that is non-verbal. Although these people understand speech, they do not understand body language or facial gestures or do not interpret them correctly. They are missing out on vital information that is being communicated.

These people are unable to monitor the reactions of the people around them. They might interrupt people, talk too much, talk out of turn, stand too close or touch too much.

Other people may start to avoid them, and avoid interacting with them.
Aspects of effective communication

Social communication

Social communication is being able to communicate with people in social situations.

Examples of social communication are having conversations with more than one person and communicating with people for specific purposes, for example, at work.

Social communication includes many types of social behaviour, such as:

- Understanding humour.
- Relating well to others.
- Reading non-verbal features from other people.
- Interpreting pitch and tone of voices.
- Making eye contact.
- Interacting with people in a variety of situations.

Poor social interaction skills can cause people to have communication difficulties. People who do not have good social interaction skills may find it difficult to engage in conversation or social interaction.

These people may struggle with interpreting language and get the wrong message. For example, the person may take some things literally when they are only meant in fun.

These people may not understand humour or may not be able to interpret non-verbal communication such as tone, facial expressions and gestures.

People with poor social skills may not understand the etiquette around how to behave in communication interactions and may use inappropriate language, body language or facial expressions.

They may position their bodies in a way that can appear uninterested, invasive or threatening.

Social communication disabilities can include:

- Autism and Asperger’s syndrome
- Cerebral palsy
- Communication delays
- Challenging behaviour
- Intellectual disability
**Learning activity**

Think of a person you support who has a communication disability. Think about those aspects of the person’s communication that are affected. **Complete** the table.

### Name of communication disability:

<table>
<thead>
<tr>
<th>Aspect of communication</th>
<th>Tick if affected</th>
<th>Why and how is this aspect of communication affected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
### Name of communication disability:

<table>
<thead>
<tr>
<th>Aspect of communication</th>
<th>Tick if affected</th>
<th>Why and how is this aspect of communication affected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressive language</td>
<td>●</td>
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<td>Receptive language</td>
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<td>Non-verbal language</td>
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<td>Social communication</td>
<td>●</td>
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Communication aids

Communication aids are designed to assist in communication for people with disabilities. A communication aid may provide a form of communication for people who either cannot talk or whose speech is difficult to understand.

Aids can be designed for any situation and come in a wide range of forms and sizes. Aids may be low-tech such as communication books, or electronic such as computer devices. Often communication aids are prescribed by the speech and language therapist or by the communication specialists working with that person.

The type of device that is chosen and used for people with communication disabilities will depend on their needs and wants, their skills and abilities, and their reasons for needing the device.

For communication aids to be effective, you should follow the instructions, either from the health professionals involved in the person’s care and support or as contained in the person’s service plan.

Communication aids include:

- Sign language
- Hearing aids
- Braille
- Communication books and boards
- Mobile phones
- Personal organisers
- Computers and other electronic aids
- Internet access
- Allowing response time
- Prompting
Communication aids

Allowing response time
You may need to allow more time than usual for a person with a communication disability to start conversation or for that person to respond to you.

People with communication disabilities may take longer than usual to understand what they are being told and therefore will be slower to respond. People may have difficulty with the physical functions of speech, and it may take longer for them to attempt to speak or form the words physically.

You may need to wait for people to try to communicate if they are attempting to talk or communicate but are finding it difficult.

Prompting
Prompting means giving people specific hearing or visual cues to help them communicate.

The approach to prompting can be decided before an event, depending on what behaviour is required or what conversation will be occurring.

The prompting person may give cues as to when a person should say something, or when a person has said something that shouldn’t have been said. The prompt may tell people when they are talking too much or are repeating themselves.

Prompting can give other information as well – such as “I am going to tell you a joke” – so that the person knows what kind of response is required.

Take note!
Allowing more time for responses and prompting a person are important factors in aiding a person with successful communication interactions.
Communication aids

**Sign language**
There are sign language systems using your hands and gestures to represent words, letters and ideas to communicate with others who know the same sign language.

New Zealand Sign Language (NZSL) is the third official language of New Zealand and is the natural language of the Deaf community. NZSL conveys ideas by signs, facial expressions, body language and lip patterns.

NZSL has its own grammar.

There is also an NZSL version of “finger spelling” for each letter of the alphabet. A word can be spelt out if a sign does not exist for a word, or the person does not know the sign.

“Signed English” has a sign for each word. It follows the same grammar as spoken English.

“Key word signing” of the main concepts of a message is mainly used by people with an intellectual disability. The message is usually spoken at the same time.

**Hearing aids**
Hearing aids enable people to hear sounds that they would otherwise be unable to hear. Hearing aids have changed significantly as technology has developed. The aids are much smaller now, are unobtrusive and can be almost invisible.

**Braille**
Braille is a system of reading and writing that is used by vision-impaired people. It is a series of six dots that are either raised or not raised, and each combination represents a letter of the alphabet. People who are vision impaired will use their fingers to “read” the Braille symbols.

There are products called Braille notetakers. Braille embossers can produce paper Braille from computer files.
Communication aids

Communication books and boards
Communication books and boards enable people to point with fingers to words or pictures to build a message and to communicate how they feel or what they need. These aids can be used in any environment and can be personalised.

The books or boards can be used to give information such as daily routines or more complicated instructions. These aids can include small cards for people to carry with them for tasks such as buying coffee or food.

An eye-gaze board is a see-through board with words, symbols and pictures stuck on it that can be seen from both sides. The person gazes at the chosen image to convey it to the other person.

Mobile phones
Mobile phones mean that people can communicate without being face to face. Texting allows communication without speech, which is a practical aid for people who are deaf or who have a speech impediment or disability.

There is screen reading software that reads aloud what is on the mobile phone.

Personal organisers
A personal organiser is a small pocket electronic aid which stores data, like personal information, names and addresses and diary events. A personal organiser can be used to schedule meetings and appointments and can be set to ring or beep as a reminder of these events.

The organiser can be used as an aid to remind a person about who to meet, when and where, and the purpose of the meeting. This reminder may make the interaction or communication with that person easier and less stressful.

There are electronic note takers and personal organisers with speech or Braille output.
Communication aids

Computers

Computers are now smaller, more portable and more affordable and are a very versatile communication aid.

Computers allow people to communicate with written words. There are products which magnify information on a screen or change text and background colours to suit different eye conditions.

There are many software packages that help people to use the computer as a communication tool, for example, screen reading software that reads out loud what is on the computer screen.

There are specialised communication software packages to help develop language skills, to convert text to speech, to enhance speech and to generate speech for a person.

Other electronic aids

Voice output communication aids can “speak” a message that a person is unable to speak on his or her own.

Voice output devices usually communicate pre-programmed messages when a button is activated. The buttons will have letters, words, symbols and pictures on them.

Using a voice output device. This device scans through choices, which are then selected by leg movements.

Internet access

Social networking sites such as Facebook and internet chat rooms enable people to communicate through text, and not speech. People can communicate easily and in real time, without many of the issues that may be present in face-to-face communication.

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There are many software packages that help people to use the computer as a communication tool, for example, screen reading software that reads out loud what is on the computer screen.

There are specialised communication software packages to help develop language skills, to convert text to speech, to enhance speech and to generate speech for a person.
### Learning activity

**Think** about what you know about communication aids. **Complete** the table.

<table>
<thead>
<tr>
<th>Communication aid</th>
<th>What is the aid for?</th>
<th>How does the aid help?</th>
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Factors that impact on communicating with a person with a disability

Knowing how to communicate with people effectively is critical to safety as well as meeting their needs.

Knowing people’s health status and functional and cognitive ability will help you to communicate with them successfully.

These factors will determine the extent of the person’s ability to:

- Speak.
- Understand what others have said.
- Interpret the non-verbal messages that are being relayed.
- Read and write.

Other factors, such as the effects of medication, can make it more difficult for a person to speak, listen and understand.

People with specific communication disabilities require specific needs. The following pages describe the impact of various communication disabilities, and how you can help in communication.

There are many general tips for communicating with a person with a communication disability.
Factors that impact on communicating with a person with a disability

**General tips for communication**

Get the person’s attention. Approach the person from the front.

Face the person. Be at the same level – squat down if the person is sitting.

Make eye contact if culturally appropriate and the person is sighted.

Keep distractions and background noise to a minimum.

Use the person’s preferred mode of communication, if known.

Use aids if appropriate.

Give your full attention to the person.

Be patient.

Treat the person with respect.

Speak clearly. Do not cover your mouth.

Use short and simple sentences.

Use familiar ideas, not new ones.

Use face, hand and body movements to add emphasis to your words.

Be prepared to repeat information. Use the same words.

Write information down for the person to refer to, then or later.

Keep instructions short, and give one at a time.

Allow time for the person to understand the information.

Allow time for the person to respond.

Do not interrupt.

Prompt with specific auditory or visual cues to help the person to communicate or to aid recall of information.

To teach new things, provide step-by-step instructions. Give the person a chance to practise or to do each step.

Pay attention to words and feelings. Use active listening skills when emotion is involved.
Factors that impact on communicating with a person with a disability

A person with dementia

Communicating with people with dementia requires you to be patient, as their understanding of what you are saying and their ability to make you understand their world can be highly variable.

People with dementia will react to different factors in different ways.

People with dementia may:
- Have difficulty in finding a word or give a similar word instead, which has a different meaning to the word they wanted.
- Not be able to understand what you are saying, or understand only part of what you are saying.
- Repeat questions constantly.
- Have trouble expressing their emotions.
- Pick up on non-verbal cues much more than what is actually being said.

You can help. Approach the person from the front. Get the person’s attention. Use the person’s name.

Face the person, be at the same eye level and make eye contact, if culturally appropriate.

Be calm. Avoid talking when there is background noise like TV or radio.

Use short and simple sentences, and make one point at a time.

Use familiar ideas rather than new or complex ideas.

Allow time for the person to understand the information and to respond.

Use simple questions with short answers. Do not ask questions that rely upon the person having a strong memory.

If you repeat a question or any information, try to use the same words.

Avoid arguing or contradicting people with dementia.

The four “Ss” of communicating with a person with dementia:

Slow
Simple
Specific
Show
Factors that impact on communicating with a person with a disability

A person with memory loss

Ageing and health conditions like dementia affect recent memory.

People with memory loss may repeatedly ask for the same information. You will need to tell them the information again.

People with memory loss may not remember a conversation they have had. They may misinterpret what has been said, or imagine that something has been said.

Keep conversations short and on one topic.

In a longer conversation, the person may lose track or lose interest. A person may not remember what the conversation is about from its start to its end.

A person with memory loss may take a long time to understand what has been said. Allow time for the person to understand the information and to respond.

Make any choice a simple choice, for example: “Would you like the blue one or the red one?”

People with memory loss may have trouble learning new things as they cannot remember all the new information at once. Provide step-by-step instructions and give a chance for them to practise or do each step.

Write information down and keep lists for the person to refer back to.

Follow a routine.

Place important items, like keys, back in the same place each time.
Factors that impact on communicating with a person with a disability

A person with a brain injury
Communication problems are common after brain injury. Things that can be affected include:
- The muscle movements needed for speech.
- Thinking processes that put words into thoughts.
- The speed at which the person can process information and speech.
- Hearing.
- Receptive and expressive skills.

Speech may be slow and slurred, and people may have difficulty finding the right word. Some people may be unable to communicate verbally and/or their writing ability may also be poorer after the injury.

Some people may also have difficulty in understanding social etiquette when communicating with others.

Be patient when communicating with people with brain injuries. Allow for longer response times.

Keep your sentences short and simplify the information you give.

Deal with one thing at a time so that the person can understand more easily.

Use simple and direct language. Keep instructions short and give one at a time.

Prompt the person to aid recall of information.

Be prepared to repeat information as the person may not understand or remember information.

Provide information in written as well as spoken form.

Avoid distractions and keep noise and interruptions to a minimum. Have a quiet place that the person can retreat to when tired or if feeling overloaded with information.
Factors that impact on communicating with a person with a disability

A person with a physical communication difficulty
People who have disabilities such as cerebral palsy and multiple sclerosis may have difficulty with moving their muscles to speak, using gestures, turning pages in a book and writing.

These people may need to rely on communication aids and devices that fit within what they are able to use independently, eg computers or picture books. The person may use a speech-generating device.

A person with an intellectual or cognitive disability
It is important to know the “mental age” of the person you are communicating with, not his or her “calendar age”. This knowledge will help you to use “age-appropriate” vocabulary.

It is important to remember that the person may have genuine difficulties with understanding, and not have a limited vocabulary such as that of a five-year-old.

Key word signing of the main concepts of a message may be used by people with an intellectual disability. The message is usually spoken at the same time.
Factors that impact on communicating with a person with a disability

A person with vision impairment or loss

A person with impaired vision (sight) may wear glasses. Make sure that the glasses are clean and the correct pair is worn.

Vision-impaired people may find it difficult to adjust quickly to a bright light or a darkened room, or to sudden changes of light levels. Ask if they need help.

People with vision loss rely on the tone, pitch and volume of your voice to aid in meaning and interpretation. Keep background noise to a minimum.

People with vision loss may need someone who prompts them, by providing visual and audio information.

Prompting with specific information such as “He is smiling at you”, is helpful to people with vision loss.

When you are speaking to a person who is vision-impaired, it can be helpful to say what you are laughing at or what the noise in the background is about.

When giving directions or passing something, use specific directions, for example “I’m putting the cup by your right hand”.

Let the person with vision loss know that you are there when you arrive, and tell the person who you are. Tell the person when you are leaving.

In a group, try and take turns to talk, identifying who you are when you speak.

You can use words like “see”, “look”, and “watch”. People who are blind or vision impaired use these words too.

People with vision loss may use Braille or touch type to communicate through computer programmes.

A person with vision impairment or loss

A person with impaired vision (sight) may wear glasses. Make sure that the glasses are clean and the correct pair is worn.

Vision-impaired people may find it difficult to adjust quickly to a bright light or a darkened room, or to sudden changes of light levels. Ask if they need help.

People with vision loss rely on the tone, pitch and volume of your voice to aid in meaning and interpretation. Keep background noise to a minimum.
Factors that impact on communicating with a person with a disability

A person with hearing loss
People who have hearing loss may use a hearing aid. Make sure that the person has the hearing aid in the correct ear and that it is switched on.

Get the person’s attention. Face the person, be at the same eye level and be within one metre of the person.

Speak clearly and loudly enough for the person to hear. Speak more slowly than usual.

To assist people who lip-read, face them and have the light on your face. Do not cover or hide your mouth because the listener will want to watch you as you pronounce your words.

Use face, hand and body movements to add emphasis to your words. Use sign language or finger spelling if you know it. Be ready to use a pen and paper if necessary.

A person with dual sensory communication disabilities – deaf-blind
People who are deaf-blind have limited hearing and vision. They may be unable to use these senses to receive communication. They may rely on assistive devices or alternative communication aids to support communication interactions.
**Learning activity**

**Think** about two people you support who have a disability. **Complete** the table.

<table>
<thead>
<tr>
<th>Disability</th>
<th>How does the disability impact on your communication with the person?</th>
<th>How has the disability impacted upon effective communication for the person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person two</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability is:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rewind to page 22

What would you now do differently to improve the communication you described on page 22?
Completion and assessment

Congratulations!

You have come to the end of the workbook for Unit Standard 26982 V1: Describe communication with people with a communication disability in an aged care, health, or disability context.

Please check over all the activities in this workbook to make sure you have completed them.

Your assessment is next

You need to complete the trainee’s assessment successfully to be credited with this unit standard.

Your assessor will sign you off once you have completed the assessment tasks satisfactorily.

Trainee’s Assessment
Describe communication with people with a communication disability in an aged care, health, or disability context.

Your assessor is able to give you a “Certificate of completion” for achieving this unit standard.
Acknowledgements

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