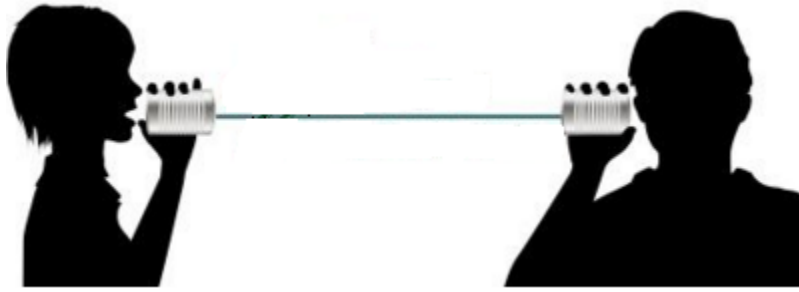


COMMUNICATING



EFFECTIVELY

Some people with intellectual or developmental disabilities (IDD) have communication difficulties. People with intellectual disabilities or those whose disabilities directly affect speech, hearing, or sight are more likely to have communication difficulties. Unless a communication barrier is obvious, it is best not to assume one exists unless the individual, a family member, or other caregiver tells you about the barrier. Even when a communication difficulty exists, the exact barrier and the best way to address it often varies.

When a person with a disability does have difficulty with communication, it may be helpful to keep the following in mind:

- Allow additional time to exchange information.
- An assessment of language skills helps to choose the level of language you use. Talking with someone with a mild communication difficulty is very different than talking with a person with a moderate or severe communication difficulty.
- Many people have stronger receptive (understanding) communication skills than expressive skills.
- Conversely, a person's expressive speech may sometimes give an impression of better comprehension than is actually the case, so check the individual understanding.
- Some people may be delayed in responding to questions; so much so that answers may seem to "come out of nowhere."
- Some people with severe disabilities may also have difficulty giving you an accurate picture of their feelings and symptoms because of limitations in interpreting internal cues (e.g., need to urinate, anxiety). Involving caregivers who know the person well may help you to better understand his/her experiences.
- Do not hesitate to ask the person to repeat what they said if you did not understand. Likewise, do not hesitate to ask them to repeat more than once or ask another resident or staff person for help in understanding.

CHOOSING APPROPRIATE LANGUAGE

- Use concrete language
- Avoid shouting

- Use plain language. Avoid jargon.
- Use short, simple sentences.
- Use concrete as opposed to abstract language, for example: “*Show me*”; “*Tell me*”; “*Do this*” with gesture; “*Come with me*”; “*I’m going to...*”
- Say “*Put your coat on*” instead of “*get ready.*”
- Say “*Are you upset? Are you sad? Are you happy?*” instead of “*What are you feeling?*”
- To make the concept of time more concrete, use examples from daily and familiar routines (e.g., breakfast-time, lunchtime, bedtime).

LISTENING

- Listen to what the patient says
- Allow enough time

- Let the person know when you do **and** do not understand.
- Be sensitive to tone of voice and nonverbal cues.
- Differences in muscle tone for some individuals may complicate reading their facial expressions or body language. Check/validate your perceptions with staff.

EXPLAINING CLEARLY

- Explain what will happen or where you will be going before you begin
- Tell and show what you are going to do and why

- Speak slowly. Do not shout.
- Pause frequently, so as not to overload them with words.
- Give the person enough time to understand what you have said and to respond.
- Rephrase and repeat questions, if necessary.

COMMUNICATING WITHOUT WORDS

- Use visual aids
- Act or demonstrate

- People with limited language ability and understanding rely on familiar routines and environmental cues to understand or anticipate what will happen next.
- Use simple diagrams and gestures.
- Use pictures or familiar objects when communicating; (“*It looks like...*”)

