

Communication skills

Knowledge

An ability to draw on knowledge of the value of basic communication skills as a way:

of helping a person who self-harms or is suicidal feel supported by someone who is focused on their concerns and needs, and which helps them:

feel respected, heard and understood

feel connected to others (and so experience themselves as less isolated and alone)

express themselves and makes sense of their experience

reflect on and request the support that they feel is appropriate to their immediate needs

for the professional to gain an accurate sense of their concerns and needs

An ability to draw on knowledge that where verbal communication is challenging for a person other forms of communication (such as drawing, writing or play) are appropriate and may be the main way in which they communicate

an ability to make use of a range of communication strategies where this is indicated

An ability to draw on knowledge that asking about and talking about suicide or suicidal thoughts does not increase the likelihood of suicide attempts, and that it is helpful to communicate openly and with frankness

Application

An ability to deploy communication skills that help to engage a person who self-harms or is suicidal in a collaborative discussion of their circumstances and immediate needs

an ability to make adjustments for a person who may have difficulty expressing themselves (e.g. because of a disability)

In order to gain an accurate sense of a person's account, an ability for the professional to be aware of (and avoid) any 'filters' they may find themselves imposing, for example:

listening in a judgemental way

making assumptions (in advance, or instead of, listening fully)

using diagnostic labels as explanations

An ability to convey an attentive stance through body language, for example:

sitting close (but not too close) to a person

sitting 'square on' or next to a person (rather than across a desk)

adopting an open posture

maintaining an appropriate level of eye contact

An ability to listen attentively to a person, and their family or carers, by:
actively listening to their verbal account and trying to make sense of their experiences, behaviours and feelings, and the social context in which these arise
listening to the tone and pace of what is said, as well as its content
allowing silences if this appears to help them express themselves at their own pace
attending to their non-verbal behaviour such as agitation (as a guide to areas that are more intensely distressing or as an indicator of 'unspoken' feelings that might be difficult to express verbally)
adopting a pace that 'matches' theirs
An ability to help a person, and their family or carers, expand on or explore relevant issues by using:
statements (e.g. brief summaries of what has already been said)
questions
non-verbal prompts
An ability to ask both:
'closed' questions (that usually have a specific answer and which are best used to establish factual information)
'open' questions (that require more than a yes/no answer and that encourage discussion)
An ability to judge when questioning is being experienced as helpful or unhelpful (e.g. when a person is feeling 'grilled')
An ability to listen 'empathically' to a person by:
actively trying to understand their perspective and the way they understand their situation
'stepping into their shoes' in order to understand their world
taking on board and recognising their feelings (but taking care not to mirror these feelings in oneself)
An ability to maintain an awareness of one's own perspective or frame of reference in order not to inadvertently impose it
An ability to convey a basic and empathic understanding of what has been said or conveyed, for example by:
paraphrasing what has been said (but not repeating verbatim)
making short summaries that try to connect various aspects of what has been conveyed
using appropriate non-verbal behaviour that 'chimes' with what has been said (e.g. through appropriate facial expressions)
An ability to check a person's, or their family's or carers', understanding by asking them to summarise the discussion and any decisions that have been agreed
An ability to ask a person whether all the issues that they wished to raise have been discussed

Ability to communicate with people with neurodevelopmental conditions

This section identifies communication issues that may arise in people with neurodevelopmental presentations or conditions. Three 'exemplar' conditions are included, but it is important to hold in mind:

- that there are a range of such conditions
- that some people will have more than one neurodevelopmental condition
- that challenges to communication may be present in people who do not meet formal diagnostic criteria, but who are 'subthreshold'

An ability to draw on knowledge that where verbal communication is challenging for a person, other forms of communication (such as drawing, writing or play) are appropriate and may be the main way in which they communicate

an ability to make use of a range of communication strategies where this is indicated

Communicating with people with learning disabilities

An ability to draw on knowledge that the linguistic and cognitive abilities of people with learning disabilities will vary considerably from person to person, but that they may have specific communication difficulties, such as:

difficulty understanding abstract concepts

unclear speech

needing more time to process and retrieve information

limited vocabulary

prone to suggestibility (changing their answers in response to the feedback they get)

they may be prone to acquiescence (tending to answer 'yes')

struggling to express themselves and becoming frustrated by this

An ability to draw on knowledge that people with learning disabilities may have acquired social strategies to help them 'mask' their difficulties understanding and following verbal communication

An ability to address any difficulties a person has communicating by making appropriate adjustments, such as

listening carefully and asking them to clarify or repeat information if it is hard to understand what has been said

allowing time for them to respond

using simple, straightforward, everyday language

limiting the number of key concepts or ideas that are communicated in a sentence

using concrete examples (rather than abstract ideas)

asking short, simple either/or questions (but taking care to avoid leading questions)

creating a context for comments or questions (to help them understand the reasons for them)

regularly asking them to summarise or repeat what has been discussed (in order to check that it has been understood accurately)

Communicating with people with autism spectrum disorder (ASD)

An ability to draw on knowledge that people with ASD vary considerably in their capacity to communicate, but that they may:

- have difficulty articulating and communicating how they are feeling, both via speech and non-verbal communication (e.g. facial expression, body language)
- have a very literal interpretation of language and so find figurative language (metaphors, idioms, similes) challenging to understand
- have a higher level of expressive language (their ability to use language to communicate with others) than receptive language (how much they understand when people are talking to them)
- find lengthy and complex communications difficult to follow
- find it difficult to modulate the pitch, tone or speed of their voice (e.g. talking in a monotone, or more loudly than is socially appropriate)
- find it uncomfortable to maintain continuous eye contact
- have difficulty interpreting facial expression
- have difficulty interpreting body language

An ability to adjust communication with people with ASD to accommodate their communication difficulties, for example, by:

- keeping communications short and straightforward
- taking care not to use metaphors, idioms, similes or analogies
- using concrete examples and facts to explain things
- asking specific questions
- taking care not to overload them with verbal information
- allowing time for them to respond
- regularly asking them to summarise or repeat what has been discussed (to check that they have understood accurately)

Communicating with people with attention deficit hyperactivity disorder (ADHD)

An ability to draw on knowledge that people with ADHD:

- have difficulty directing and sustaining attention
- can appear to be inattentive and forgetful
- often have difficulty with impulse control
- can experience social difficulties arising from the combination of inattention, impulsivity and hyperactivity

An ability to draw on knowledge that people with ADHD can find it difficult to:

- attend to the thread of a conversation
- concentrate on long conversations
- attend to conversations in a noisy environment

An ability to draw on knowledge that people with ADHD may:

- 'blurt out' answers
- interrupt
- talk excessively
- struggle to organise their thoughts
- be easily distracted
- feel overwhelmed

An ability to adjust communication to take account of the difficulties experienced by people with ADHD, for example by:

- minimising potential distractions (e.g. noisy or busy environments, or distractions such as mobile phones)
- keeping communications short and focused

giving a 'big picture' summary before moving to a succinct account of details (and thereby accommodate to difficulties in holding attention)
avoiding long conversations

Signposting/enabling

'Signposting' is a form of self-help in which people are given information about accessing services that are relevant to their needs. Taking steps to make it likely that people will actually access these services is an important part of this process.

An ability to draw on knowledge that signposting aims to help a person, and their family or carers, access sources of support that are relevant to their circumstances and of which they may not be aware

An ability to draw on knowledge that signposting can be offered alongside onward (formal) referral

an ability to draw on knowledge that signposting should not be used to avoid making a referral when there are indications that this is the appropriate course of action

An ability to judge when a person may need support to access services by identifying any potential barriers to uptake and helping them problem solve and manage these obstacles

An ability to draw on knowledge of available sources of support in order to 'signpost' vulnerable people to appropriate services, and to ensure that information about these sources of support:

is up-to-date

accurately characterises the level of support on offer

An ability to judge the type of service most relevant to a person's needs

An ability to identify services that are accessible to a person (e.g. considering any disabilities that may make it difficult to travel or to make use of the service)

An ability to convey information about the service

An ability to pass on contact information in a form that makes it likely to be retained and so used, for example:

in written rather than verbal form

using the medium most likely to be accessed by the person (e.g. electronically, via social media or an app, or 'paper and pencil')

An ability to judge the type of support that matches a person's needs and situation (i.e. when access to self-help and/or non-professional services is suitable, and when signposting to statutory services is more appropriate) based on:

the nature and severity of their distress and current and past behaviour

their expressed preferences and willingness to access services

An ability to offer a person the option of renewing contact if the services to which they are signposted are not suited to their needs