

# Communicating with Adults with Communication and/or Hearing Impairments 22/23

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# Learning Outcomes

By the end of the session, you will be able to:

- Explain the difference between communication difficulties & cognitive deficits
- Describe ways of classifying communication
- Identify examples of types of communication difficulties
- Describe some of the principles of communicating with patients who have communication and hearing impairments
- Describe some practical skills useful for adapting to communication difficulties
- Locate additional sources of knowledge on this topic

# Ways of Classifying Communication



# Ways of Classifying Communication

- **Voice**
  - Sound made when vocal folds vibrate with air passing through them
- **Speech**
  - Articulating words
  - Shaping voice (sound) into words



# Ways of Classifying Communication

## Language

- Receptive (auditory and visual comprehension)
- Expression (spoken and written output)
- Syntax/grammar
- Language functions located in the dominant hemisphere

## Pragmatics

- The social use of language

# Ways of Classifying Communication continued

## Verbal/Non-verbal

- Gesture
- Facial expression
- Body language
- Tone
- Proxemics



# Ways of Classifying Communication cont

- **Cognitive Communication**
  - Executive function – memory, planning and organisation
  - Following the ‘unwritten rules of communication’
  - Subconscious aspects of communication which keeps a conversation flowing
- **Congenital or developmental/Acquired**
  - Born with communication difficulties, part of development
  - Acquired difficulties after birth
  - Stable vs progressive difficulties

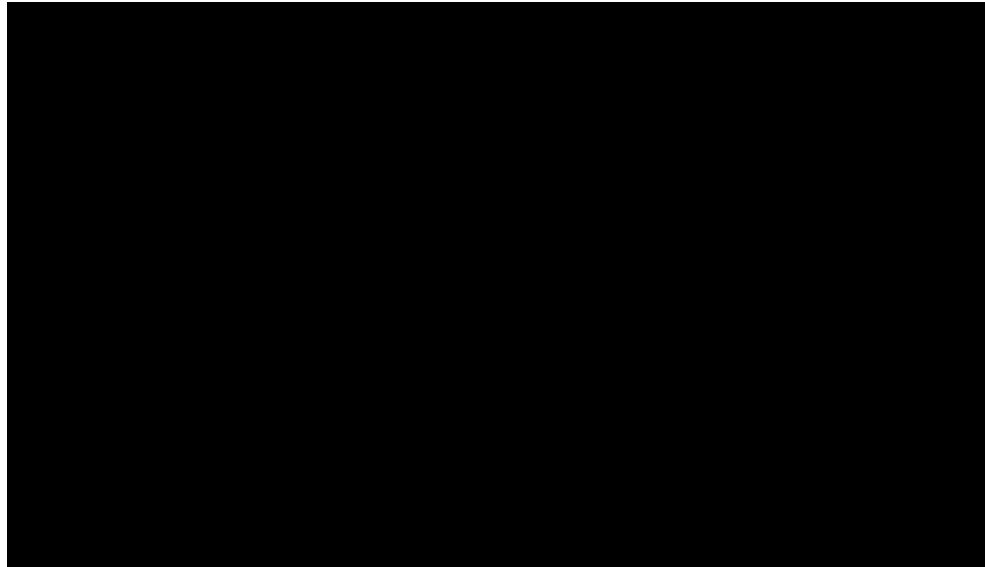
# Facilitating Communication with Adults who have Communication Difficulties





# Dyscover – Aphasia what a difference

<https://www.dyscover.org.uk/>

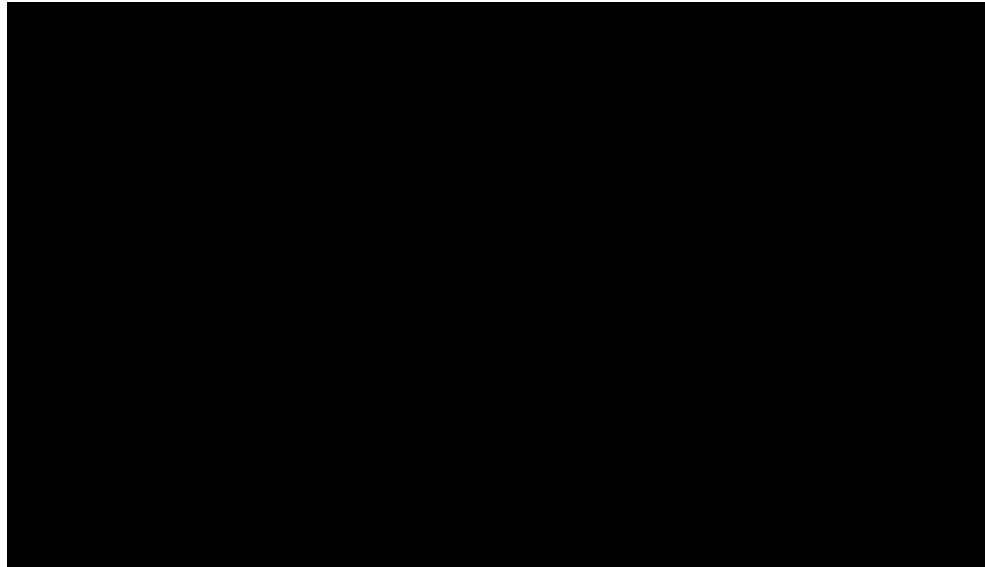


## **Communication strategies – thought shower**

**Can you suggest any helpful communication strategies that the person with aphasia or the conversation partner could use?**

# Dyscover – Aphasia what a difference

<https://www.dyscover.org.uk/>



# Types of Communication Difficulties

**Aphasia** (dysphasia- *not to be confused with dysphagia, a disorder of swallowing*)

- Disorder of language processing
- Can impact expressive & receptive language
- Difficulty understanding written &/or spoken language
- Difficulty using verbal or written language
- May misunderstand what has been said or say the wrong words or words which do not make sense

**Dysarthria**

- Neuromuscular disorder of speech movement
- Difficulty with expression only
- Speech can sound slurred or mumbled for example, but the words being used are appropriate

# Types of Communication Difficulties cont...

## **Apraxia of speech** (dyspraxia)

- Disorder of speech motor programming
- Difficulty getting mouth into the right position for the words you want to say

## **Cognitive Communication Disorder**

- Disorder of cognitive skills which has an impact on communication

## **Dysphonia**

- Voice impairment
- Voice may sound breathy, or rough, or strained

**Aphasia**

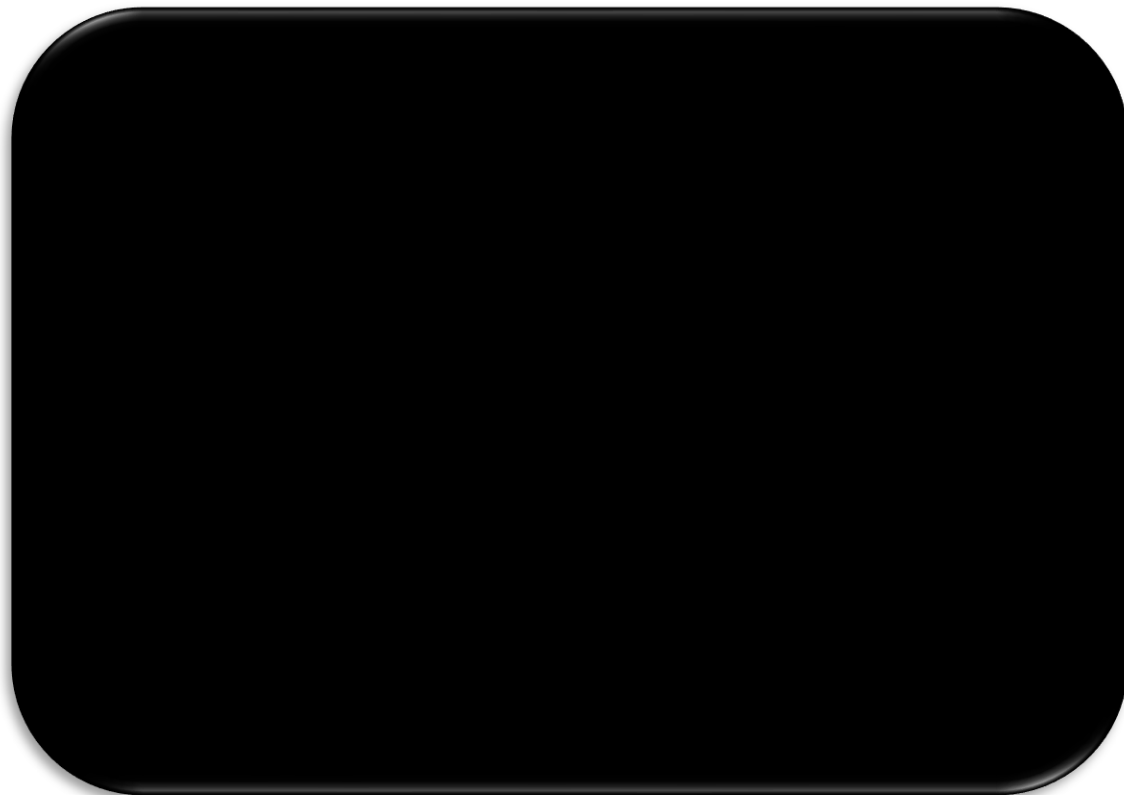
**Lynn**

**Stroke**



**Dysarthria**

**MND**



# Congenital/developmental conditions that persist into adulthood.

- ASD
- Down's syndrome
- ALD
- DLD



# Impact of Communication Disorders

Break-down of relationships  
Loss of independence  
Social isolation  
Reduced quality of life

Impact on day-to-day life	Impact when in hospital
Difficulty conversing with friends/family	Difficulty understanding how medication needs to be taken & what it's for
Difficulty speaking on the phone	Difficulty expressing what is wrong
Difficulty reading newspaper/text messages etc	Difficulty discussing discharge plans
Difficulty with many leisure activities e.g. watching TV	Difficulty consenting to medical treatment and being fully involved in decision making about own health

Mis-management  
Mis-diagnosis  
Patient's wishes not being considered  
Reduced trust

# How to Support Communication

- Establish baseline communication information within case history (family, GP, SLT)
- ASK patient/family what supports communication and what strategies help
- Ask the SLT to assess and/or support communication
- Gain the patient's attention before you speak
- Simplify information- ask Yes/No questions, one piece of information at a time
- Pause and slow rate if needed
- Use plain English
- Don't raise your volume unless you need to
- Patience! Give the patient plenty of time to speak
- Always have paper and pen ready
- Use visual aids, gesture, writing and drawing to support speech
- Recap conversation to make sure you have understood

# 10 questions

You can only ask questions which require a yes or no answer



# Resources

## Aphasia

<https://www.dyscover.org.uk/>

## Dysarthria

<https://www.nhs.uk/conditions/dysarthria/>

## Dementia

<https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/how-to-communicate-dementia>

## Stroke

<https://www.stroke.org.uk/>

# Communicating with Adults with Hearing Impairment



# Hearing impairment/loss

- Congenital or acquired
- Sensorineural vs. conductive
- Age related
- Mild-Profound
- Sign language – BSL (usually congenital)
- Lip reading
- Hearing aids/cochlear implants

# How easy is it to lip-read?

Which of these utterances am I saying?

**You're too big**

**It's a U-bend**

**Stupid**

**Get you shoe Ben**

**Whose pen is it?**

# Strategies to aid lip-reading

- Gain the person's attention before speaking
- Speak clearly, but don't exaggerate or over-emphasise words
- Don't distort lip movements
- Don't cover mouth with hair, hands, pencil etc
- Make sure light source is on **your** face and you don't have a light behind you (making your face in shadow)
- Use natural volume and speed



# If communication breaks down, try...

- Repeating the **same** word(s) once or twice
- Paraphrasing utterances
- Slow down a little
- Use more facial expression and gesture
- Reduce background noise/echo
- Find out about hearing aids and if they are working
- Write it down

# British Sign Language (BSL)

- Natural sign language used in Britain
- Includes a rich grammar
- Includes manual signs and non-manual features
- Is akin to speaking a 2nd language

**Book**



**Big book**



**Big heavy book**



# When & how to use an interpreter

- Make sure you have the right type of interpreter e.g. lip speakers vs sign language
- Speak to and maintain eye contact with the Deaf person
- Don't speak to or ask questions to the interpreter
- Recognise the role of the interpreter
- Consult with the Deaf person and interpreter what seating arrangements work best

# Where to find more information about and useful BSL signs

<http://www.youtube.com/watch?v=6y0e1zmFWE8>

<http://www.british-sign.co.uk/>

[www.signbsl.com](http://www.signbsl.com)

[RNID - National hearing loss charity](#)

# Importance of effective communication in healthcare

Effective communication is a key skill for all healthcare professionals. You are likely to encounter people with communication and/or hearing impairments whilst on placement and throughout your professional practice. The skills in this lecture are likely to be useful for you in the following scenarios:

- Establishing case history
- Ensuring that medical advice is communicated effectively
- Gaining informed consent to treatment
- Gaining the patient's confidence & trust
- Promoting patient autonomy
- Reducing frustration for professional and patient
- Reducing consultation time

**Thanks and any questions?**

