

Communicating Effectively with People with Developmental Disabilities (DD)

- People with developmental disabilities (DD) are likely to have communication difficulties.
- It will generally take more time to communicate.
- An assessment of language skills helps to choose the level of language to use. Talking with someone with a mild DD is very different than talking with a person with a moderate or severe DD.
- Many people with DD have stronger receptive (understanding) communication skills than expressive skills. Assume that the person with DD can understand more than he/she can communicate.
- Conversely, the person's expressive speech may sometimes give an impression of better comprehension than is actually the case, so check the person's understanding.
- People with DD have a variable, and sometimes limited, ability to interpret their internal cues (e.g., need to urinate, anxiety). They may not be able to give you an accurate picture of their feelings and symptoms. Involving caregivers who know the person well may help you to better understand his/her subjective experiences. However, continue to focus your communication efforts on the person rather than his/her caregiver.
- If you are in a busy area with many distractions, consider moving to a quieter location to minimize environmental distraction.

GOAL	SUGGESTED COMMUNICATION TIPS
<p>ESTABLISHING RAPPORT</p> <p>SPEAK DIRECTLY WITH THE PERSON</p> <p>AVOID TALKING TO AN ADULT AS IF HE/SHE WERE A CHILD</p>	<ul style="list-style-type: none"> • Speak directly to the person with DD, not to his/her caregiver(s). • Ask the person: "Do you want your support worker to stay here for this visit?" • Explain at the outset the purpose and process of the meeting in simple terms. • Ask simple introductory questions (e.g., name, reason for visit). • Gain the person's attention and eye contact if possible by using his/her name or by touching his/her arm prior to speaking. • Determine how they communicate: "How do you say Yes? No?" "Do you use a device? Can you show me how to use this book/machine?" • If the person uses a communication technique or device, involve a caregiver who is familiar with it. • Show warmth and a positive regard. • Encourage the use of "comforters" (e.g., favourite item the person likes to carry, or a preference for standing and pacing rather than sitting). • Show interest in a precious object the person is holding on to. • Some people (e.g., with autism spectrum disorders [ASD]) prefer to avoid eye contact. This should be respected. • Use positive reinforcement and focus on the person's abilities rather than disabilities.

GOAL	SUGGESTED COMMUNICATION TIPS
<p>CHOOSING APPROPRIATE LANGUAGE</p> <p>USE CONCRETE LANGUAGE</p> <p>AVOID SHOUTING</p>	<ul style="list-style-type: none"> • Use plain language. Avoid jargon. • Use short, simple sentences. • Use concrete as opposed to abstract language, for example: <ul style="list-style-type: none"> “Show me”; “Tell me”; “Do this” (with gesture); “Now.” “Come with me”; “I’m going to…” • Use “Put your coat on” instead of “get ready.” • Use “Are you upset? Are you sad? Are you happy?” instead of “What are you feeling?” • The concept of time is abstract and may be difficult to comprehend. Use examples from daily and familiar routines (e.g., breakfast, lunch, dinner, bedtime). • Ask or test whether the person wants you to refer to him or her in the third person (e.g., he, she, or name) rather than the second person (e.g., you).
<p>LISTENING</p> <p>LISTEN TO WHAT THE PERSON SAYS</p> <p>ALLOW ENOUGH TIME</p>	<ul style="list-style-type: none"> • Let the person know when you have understood. • Tell him or her when you do not understand. • Be sensitive to cues and tone of voice. • It may be difficult to read facial expressions or body language because of differences in muscle tone. You may need to check/validate your perceptions. • Tell the person when you do not understand him/her. • Be aware that the visit will likely take more time than usual and that several consultations may be required to complete a full assessment.
<p>EXPLAINING CLEARLY</p> <p>EXPLAIN WHAT WILL HAPPEN BEFORE YOU BEGIN</p> <p>TELL AND SHOW WHAT YOU ARE GOING TO DO AND WHY</p>	<ul style="list-style-type: none"> • Speak slowly. Do not shout. • Pause frequently, so as not to overload the person with words. • Give the person with DD enough time to understand what you have said and to respond. • Rephrase and repeat questions, if necessary, or write them out. • Check understanding. Ask the person: <ul style="list-style-type: none"> “Can you explain what I just said?” “Can you explain what I am going to do and why?” • If you are unsure whether the person has understood, ask, “Can you repeat what I said in your own words?”
<p>COMMUNICATING WITHOUT WORDS</p> <p>USE VISUAL AIDS</p> <p>ACT OR DEMONSTRATE</p>	<ul style="list-style-type: none"> • People with poor language understanding rely on routines and cues from their environments to understand or anticipate what will happen. • Use pictures or simple diagrams and gestures (e.g., basic sign language). • Some people with DD may express themselves only in writing. • Allow them to handle and explore equipment. • Act out actions or procedures. • Use picture language when explaining; find signs in their communication book: <ul style="list-style-type: none"> “It looks like …” (point to objects familiar to the person with DD). • Point to a body part or mime a procedure (e.g., checking ears).

Resources

The Easy Health Organization in the U.K. has developed downloadable leaflets to help physicians talk with patients in plain language about common conditions: www.easyhealth.org.uk.

The hospital communication book (2008). Developed with the Surrey Learning Disability Partnership Board (U.K.), this is a practical guide to help people who have difficulty communicating due to impairments with learning, sight, hearing, or speech, to get equitable service in hospital. It contains clear pictures that can aid communication with health professionals: www.mencap.org.uk/document.asp?id=1480.

References

1. Bradley E, Lofchy J. Learning disability in the accident and emergency department. *Advances in Psychiatric Treatment* 2005, 11:45-57.
2. Chew KL, Iacono T, Tracy J. Overcoming communication barriers – working with patients with intellectual disabilities. *Aust Fam Physician* 2009 Jan-Feb;38(1-2):10-14. www.racgp.org.au/afp/200901/200901chew.pdf.
3. Lennox N, Beange H, Davis R, Survasula L, Edwards N, Graves P et al. Developmental Disability Steering Group. Management guidelines: Developmental disability. 2005. Version 2 Therapeutic Guidelines Limited, Victoria, Australia.
4. McCreary BD. Developmental disabilities and dual diagnosis: A guide for Canadian psychiatrists, Developmental Consulting Program, Queen's University, 2005.