

Nelson/Marlborough Access Project

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Terms

- ***Aphasia / Dysphasia:*** Language disorder affecting speech, understanding, reading and writing.
 - Intelligence not affected
- ***Dysarthria:*** result of muscle weakness or incoordination of oral muscles.
 - Speech maybe slurred, voice can be soft or harsh.
 - Literacy not affected.
- ***Apraxia:*** Motor speech disorder. The sequencing of speech sounds and how the oral muscles articulate the sounds is disrupted.
 - Often is present with aphasia.
- ***Dysphagia:*** Swallowing problems

What is communication?

- Having conversations
- Giving information
- Exchanging ideas
- Reading
- Writing
- Building and maintaining relationships

What is Aphasia?

- Result of brain injury commonly stroke, usually to the **left side of the brain.**
- **Left** side of the brain = **language centre** in most people.
- **NOT** a loss of intelligence
- **NOT** a loss of hearing
- **Different** for each person

What is Aphasia?

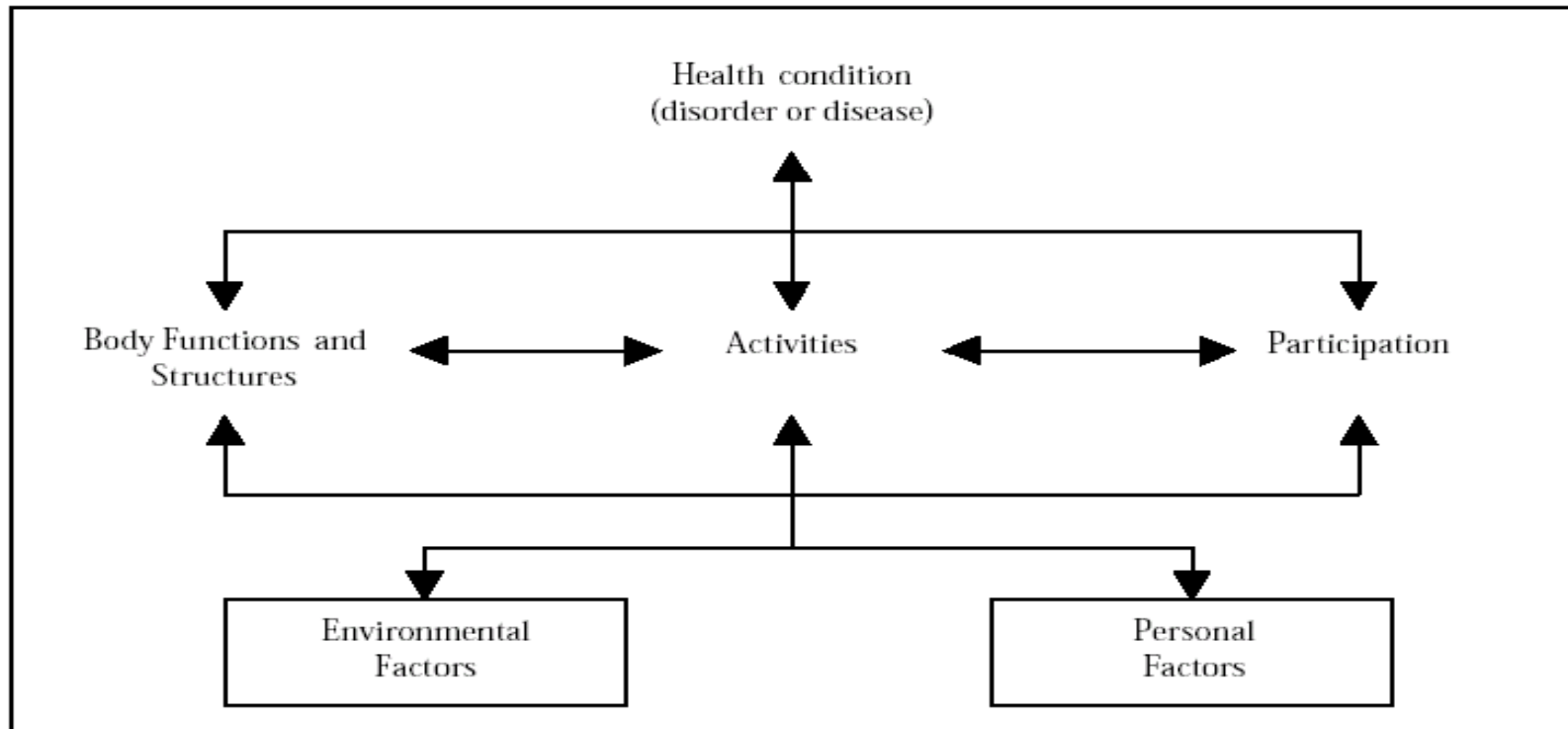
- **Understanding spoken** words
- Understanding what they **read**
- Expressing messages by **talking**
- Expressing messages by **writing** and using **numbers**

Consequences of Aphasia

- Social Isolation
- Boredom and depression
- Changes in identity
- Lack of Control
- Frustration and Anger
- Grieving

WHO - ICF Model 2001

Fig. 1. Interactions between the components of ICF



WHO - ICF Model 2001

- Focus on environmental factors
- The physical, social, and attitudinal factors which can have a positive or negative influence on the individual's capacity to execute activities.
- Reducing barriers in the person's environment to bring about increased activity and participation

New Zealand Disability Strategy 2001

- **Objective 1**
- Encourage and educate the community and society to understand, respect and support disabled people
- **Objective 2**
- Ensure disabled people's rights are understood and promoted.
- **Objective 7**
- Have services for disabled people that work for disabled people and are easy to get.
- **Objective 8**
- Support disabled people to have a good life in the community

Evidence Base for this Project

- Access in broader sense = to communicate with or making use. *Access to* something. *Access for* a purpose. The American Heritage of English Dictionary (200)
- The Personal and Environmental Factors of the ICF can be used to help elucidate the different aspects and complexity of access issues with persons with acquired aphasia
- Threats, T. (2007). Access for persons with neurogenic communication disorders: Influences of Personal and Environmental Factors of the ICF. *Aphasiology*, 21(1), 67–80.
- The American Heritage Dictionary of the English Language. (2000). The American Heritage Dictionary of the English Language (4th ed.). Houghton Mifflin Company. Accessed 11 September 2005 from <http://dictionary.reference.com/search?q5access>

Evidence Base for this Project

- Social exclusion is common place for people who struggle with communication.
- The source of inclusion or exclusion lies largely within other people
- Training is therefore needed not only to teach the mechanics of supporting communication, but also to highlight and enable the expression of acknowledgement and respect
- Parr, S. (2007, this issue). Living with severe aphasia: Tracking social exclusion. *Aphasiology*, 21(1),98–123.

Evidence Base for this Project

- Accessibility is an important and often emotive issue for people with aphasia.
- People with aphasia are marginalised by a communicatively inaccessible society
- Worrall, Linda, Rose, Tanya, Howe, Tami, McKenna, Kryss and Hickson, Louise(2007)'Developing an evidence base for accessibility for people with aphasia',*Aphasiology*,21:1,124 — 136
- Developing an aphasia friendly environment by addressing environmental, attitudinal, structural and informational barriers
- Howe, Tami, Worrall, Linda and Hickson, Louise , 'Review' ,*Aphasiology*, 18:11, 1015 - 1037

Access and Participation

- Rest homes and Private hospitals
- Supported Conversation approach
- Changing environment to improve access
- Resources to support independence
- Even in a health environment access is restricted by the way information is conveyed and people are communicated with

Barriers to communication

- Lots of people don't know what Aphasia is!
- It is often an **invisible** problem
- Can assume a person has dementia or cannot make decisions for themselves.
- **Discrimination** occurs
- All the daily interactive tasks become a burden

Barriers to communication:

- People with aphasia literally have no “voice”
- People become **withdrawn** and **isolated**
- People unnecessarily need assistance to do simple activities, ie. Banking, making appointments
- “**Communication ramps**” are needed to address these barriers.

Communication ramps:

- Be Aphasia Friendly!
- Acknowledge and Respect
- Think about the environment
- Think about access

Communication Ramps

Getting the message IN:

- **Look** at the person when speaking, your **facial expression** helps a person understand.
- Speak in a **tone** that is appropriate for **adults**.
- Don't sound **condescending**.
- Communicate **one idea** at a time, for example:
 - *Instead of saying “I will help you get showered and dressed and then I am going to take you to the dining room for you to have breakfast but first you must take your pill.”*
 - *Say:*
 - *“First I am going to help you shower” Pause*
 - *“Then I will help you get dressed”. Pause*
 - *“After all that, I will take you to breakfast.”*

Communication ramps

Getting the message IN:

- Write down **key** words.
 - Use a **whiteboard** and **printed** letters.
 - Bold **key** words
 - Use **bullet** points
 - Leave white space and larger size print
 - Use **pictures** to add meaning
- Draw
- Use **gesture** as you speak
- Use **objects** from the environment to help.
- Use **yes/no** questions

Communication Ramps

Getting the message OUT:

- Encourage **drawing** or **writing** if they can.
- Encourage them to **point** to something
- Try to **identify** the general **topic first**, then move to working out the **details**.
- “*Are you talking about your family?*”
- “*Are you talking about your daughter?*”
- “*Is she coming to visit?*”

Communication Ramps: Getting the message OUT

- Use their communication book
 - Encourage its use
 - Turn to the topic you are talking about, e.g. “what would you like to drink?”, turn to the right page, ask person to point to their choice, check you have understood – “orange juice?”

Communication Ramps

Getting the message OUT:

- Ask **yes/no** questions
- Use a **written** yes/no if needed
- Use written choices, eg: “*What kind of music do you like?*”
CLASSICAL, BLUES, COUNTRY, OTHER.
- Be **honest** if you do not understand.
- Let a person know if you do not have the **time to communicate fully**, but make a time to **come back** later.

Communication ramps

Remember:

- To acknowledge that a person with aphasia is **competent**.
- They can make **decisions**.
- To acknowledge that the person with aphasia **knows** what they want to say but **cannot** say it.

- Video of Supported Conversation

Things to Consider

- The environment – rearrange seating, back ground noise, face to face conversation
- Access to their environment they can't ask to change the channel or close the door
- Your notices – how accessible are they to people with aphasia (think back to helping with reading)

Things to Consider

- Is the resident involved in their own goal setting?
- How is the menu presented?
- How do they get on in group activities?
- Is the resident making phone calls?
- Can the resident express health concerns?
- Do others at your workplace know what **Aphasia** is?

Questions?