Learning Guide

Supported communication strategies

Name:

Workplace:

27467 Apply supported communication strategies in a health or wellbeing setting  

Level 4  

5 credits
Contents

Introduction .................................................................................................................................................. 1
Understanding aphasia .................................................................................................................................. 2
  What causes aphasia? ............................................................................................................................... 2
  Forms of aphasia ......................................................................................................................................... 3
  Characteristics of aphasia ......................................................................................................................... 4
The International Classification of Functioning, Disability and Health .................................................. 5
ICF coding for aphasia ............................................................................................................................... 5
Use of the ICF categories .......................................................................................................................... 6
Supported communication and intervention ............................................................................................. 9
  The principles of supported communication ............................................................................................ 9
  Aims and objectives ................................................................................................................................... 10
  Relationship of SCI and ICF ..................................................................................................................... 11
Strategies for supported communication .................................................................................................. 14
  Communication partners as facilitators .................................................................................................... 14
  Communicating in multiple modalities .................................................................................................... 15
Augmentative and alternative communication .......................................................................................... 17
  Specific-need communication ................................................................................................................ 17
  Comprehensive communication ............................................................................................................. 17
  Controlled situation communicators ....................................................................................................... 18
  Basic choice communicators ................................................................................................................ 18
Goals ................................................................................................................................................................ 20
  Applying supported communication ........................................................................................................ 20
Introduction

Supported communication intervention is an approach to aspasia rehabilitation. This learning guide will assist you to use supported communication strategies.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities should be used as a general guide for learning.

This guide relates to the following unit standards:
• 27467 Apply supported communication strategies in a health or wellbeing setting (level 3, credits 5).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to:
• have an understanding of aphasia.
• understand the principles of supported communication.
• understand the principles of supported communication intervention.
• apply strategies for supported communication.

What you will need

To complete this topic, you will need:
• this learning guide.
• your trainee assessment for this topic.
• forms from your workplace, such as:
  • personal plans.
  • the people you support.
  • you!

More info

If you have a trainer, they should give you all the forms that you need for this topic.
Understanding aphasia

Aphasia, which is also known as dysphasia, is defined as the partial or total inability to produce and understand speech as a result of brain damage caused by injury or disease. This neurological language impairment also affects written language and non-verbal communication. It does not affect the person’s intelligence.

The degree of aphasia that can be experienced covers a spectrum from very mild to so severe that communication becomes almost impossible. It may affect only a single aspect of language, for example the memory of nouns (names for common objects), the ability to join words together into sentences or the ability to read. It is more common that more than one aspect of communication is impaired but some channels remain accessible for a limited exchange of information.

What causes aphasia?

Aphasia is caused by damage to the portions of the brain that are responsible for language. Damage can occur suddenly, for example as the result of a stroke or head injury. It may also develop slowly, as in the case of a brain tumour, an infection, or dementia.

Sections of the brain

This diagram shows sections of the brain commonly affected by aphasia.
Forms of aphasia

The effects of aphasia will depend on what language skills are affected and which part of the brain is affected. The most common language skills that aphasia can affect are:

- expressive skills – the ability to find the words required and say or write them.
- receptive skills – the ability to understand the words that are said or written.

Global aphasia is the term used for very severe problems with expressive and receptive language, caused by widespread damage throughout the language regions of the brain.

Expressive aphasia

A person with expressive aphasia may understand perfectly what it said to them but have great difficulty communicating to others. Speech may be slow and hesitant as the person struggles to produce words. Sentences may not be completed and some words may be left out. Writing ability will be affected in the same way.

Broca’s aphasia is the most common type of expressive aphasia and is caused by damage to the lower area of the premotor cortex, often referred to as Broca’s area. Speech for people with Broca’s aphasia may be impossible or they may be able to form single words or even full sentences with a great deal of effort.

Receptive aphasia

A person with receptive aphasia (often referred to as fluent aphasia) has no difficulty speaking and will be unaware that their words and sentences make no sense. The ability to understand spoken or written language is also affected.

Wernicke’s aphasia is the most common type of receptive aphasia and is caused by damage to the Wernicke’s area, located in the temporal lobe of the language dominant hemisphere of the brain. People with Wernicke’s aphasia will speak fluently but many of their words, phrases and sentences will make no sense. They will also have difficulty understanding spoken or written language.

Global aphasia

Widespread damage to both the anterior and posterior regions of the language dominant hemisphere of the brain will affect all of a person’s language skills. Depending on the locations and severity of the damage, some areas may be affected more than others.
Characteristics of aphasia

A person with aphasia may find it hard to:

- talk.
- understand others when they speak.
- read.
- write and/or draw.

They may also:

- speak or write in short or incomplete sentences.
- speak or write in sentences that don’t make sense.
- say unrecognisable words.
- have difficulty using numbers.

A person with aphasia may show physical signs of a brain injury, such as weakness or paralysis to one side of the face or body.

Here is an example of the way a person with expressive aphasia might speak.

“Yes … ah … Tuesday … er … baby and me … and Dad … er … doctors … and ah … injection … Tuesday ten o’clock … and oh … Thursday … ten o’clock, ah dentist … to … a dentist … and er … teeth … checked.”

Here is an example of the way a person with receptive aphasia might speak.

“Getting this is … a girl is away here working her work to get her done, but when she’s looking, the two men looking in the other part. Two their small bags into her time here. She’s working another time because she’s getting, too big.”
The International Classification of Functioning, Disability and Health

The World Health Organization’s International Classification of Functioning (ICF) provides a standard language and framework for the description of health and health-related states. It is a classification of health and health-related domains that help to describe:

- changes in body function and structure.
- what a person can do in a standard environment (level of capacity).
- what a person can do in their usual environment (level of performance).

ICF coding for aphasia

The ICF has specific coding (classifications) for aphasia. For example:

- reception of spoken and written language.
- expression of spoken and written language.
- speaking.
- conversation.
- community life (including informal/formal associations and ceremonies).
Use of the ICF categories

Health care professionals can map a person’s functioning using the ICF categories to describe:

- prior function.
- current function.
- intervention goals.

The prior function and current function of a person can be assessed to inform intervention goals for a person. Below is an example of how this assessment can inform intervention goals.

Assessment

Assessments are carried out to determine the ICF classification and assign the appropriate code and qualifier.

<table>
<thead>
<tr>
<th>ICF domain</th>
<th>Assessment (to determine ICF classification)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment (body function and structure)</td>
<td>Identify which aspects of language are affected and assess the extent of this impairment (using the qualifier).</td>
</tr>
<tr>
<td>Activity</td>
<td>• Assessment of a person’s remaining abilities.</td>
</tr>
<tr>
<td></td>
<td>• Assessment of their ability to communicate functionally.</td>
</tr>
<tr>
<td></td>
<td>• Assessment of their communication environment to understand the potential for communication.</td>
</tr>
<tr>
<td>Participation</td>
<td>• Identify aspects of life/role which are impeded by the communication deficit.</td>
</tr>
<tr>
<td></td>
<td>• Establish from the person and their family the person’s preferences and priorities, in order to establish short and long term goals for participation.</td>
</tr>
</tbody>
</table>
Goals
An example is provided below of how the ICF can be applied to a person with aphasia.

<table>
<thead>
<tr>
<th>ICF domain</th>
<th>Goals (identified areas of limitations and restrictions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment (body function and structure)</td>
<td>Regain lost function, including understanding of language and ability to use expressive language.</td>
</tr>
<tr>
<td>Activity</td>
<td>Minimise communication disability by ensuring maximum use of current abilities. This may include compensatory strategies and alternative means of communication.</td>
</tr>
<tr>
<td>Participation</td>
<td>• Enable participation according to the person’s circumstances and preferences.</td>
</tr>
<tr>
<td></td>
<td>• Develop social skills and confidence, promote independence and decision-making.</td>
</tr>
<tr>
<td></td>
<td>• Reduce isolation and increase social integration.</td>
</tr>
</tbody>
</table>


Computer based programmes enable participation according to the person’s circumstances and preferences.
Choose a person with aphasia that you support.
Describe the characteristics of the aphasia this person has.

What are the goals of the person for communication? List them.

What goals fit into the ICF ‘activity’ domain?

What goals fit into the ICF ‘participation’ domain?
Supported communication and intervention

Supported communication or supported communication intervention (SCI) is an approach to aphasia rehabilitation that emphasises the need for:

- multiple modality communication (that is everything a person uses to communicate or to enhance communication).
- partner training (viewing communication as a partnership between people).
- opportunities for social interaction.

The principles of supported communication

There are three underlying principles (fundamental concepts) to SCI.

1. Communication with a person can be improved by teaching strategies to communication partners to facilitate communication. With good support, improvement to measures of function can be gained.

2. Communication is a dynamic process. Communication tools, such as the incorporation of augmentative and alternative communication (AAC) and services applied to a person must reflect this dynamic process.

3. Communication also includes social interaction as well as the exchange of ideas and information. Emphasis is placed on opportunities for social interaction.

Supported communication

The scope of supported communication covers the person with aphasia and their communication partners.
Aims and objectives

Everybody has the fundamental right to be able to communicate. Supported communication enables a person to participate actively in their life.

Supported communication has the following aims:

- acknowledge the competency of the person with aphasia. This is about recognising the communication strengths and challenges of the person.
- help reveal that person’s competency with simple techniques.
- Identify strategies and abilities of the person to support them with communication.
- identify communication partners. This is about knowing who the people are that the person interacts with (ie, partner, family, significant others) and providing them with the strategies, techniques and tools to facilitate communication with the person.
- increase the quality of the communication interactions a person with aphasia participates in.

The objectives of these aims are to:

- enable a person with aphasia to participate by providing them with the necessary strategies and tools to communicate.
- apply a multiple modality approach to communication.
- encourage opportunities for social interaction.
Relationship of SCI and ICF

Supported communication focuses on the activity/participation dimension of the ICF. This enables the impairments experienced by the person as a result of the aphasia to be classified both before and after the application of supported communication (such as communication partners, alternative and assistive communication strategies and techniques, multiple modality approach to communication).

Supported communication goals in the context of the ICF include:

<table>
<thead>
<tr>
<th>ICF code</th>
<th>Producing nonverbal messages</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Including producing body gestures, signs, symbols, drawings and photographs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICF code</th>
<th>Producing communication devices and techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Including using telecommunication devices, using writing machines and communication techniques such as communication note books</td>
</tr>
</tbody>
</table>

The ICF can be used as a framework for integrative goal setting for people experiencing aphasia. The ICF incorporates both impairment and social factors to consider when selecting appropriate goals to bring about change in the lives of people with aphasia. It enables appropriate health professionals (i.e., speech/language therapists, doctors, nurses, health care assistants) to work together to:

- provide direct intervention with the person.
- work in partnership with the person’s family, friends, and community.

The ICF can be used as a way to assess the outcome of supported communication interventions. These include focusing on supported conversational behaviours.
### ICF code for supported conversational behaviours

<table>
<thead>
<tr>
<th>Social cues in relationships</th>
<th>Giving and reacting appropriately to signs and hints that occur in social interactions.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Producing drawings and photographs</th>
<th>Conveying meaning by drawing, painting, sketching and making diagrams, pictures or photographs, such as drawing a map to give someone directions to a location.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Understanding non-verbal messages</th>
<th>Comprehending the literal and implied meanings of messages conveyed by gestures, symbols and drawings, such as realising that a child is tired when she rubs her eyes or that a warning bell means that there is a fire. Communicating with body gestures, general signs and symbols, drawings and photographs.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Drawings and photographs</th>
<th>Comprehending the meaning represented by drawings (for example, line drawings, graphic designs, paintings, three dimensional representations), graphs, charts and photographs, such as understanding that a circle around a date on a calendar is highlighting a particular day.</th>
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</thead>
</table>

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Publication with photographs help convey a message.

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Write

You have identified communication goals for a person you support. For the same person, read the following questions and answer below.

What supported communication and/or communication interventions have been included in the person’s goals and/or personal plan? List these below.

How you think these interventions support the person with their communication?

What might be some possible consequences for the person if these communication interventions were not in place?
Strategies for supported communication

No one person with aphasia experiences it in the same way as another person. The different types of aphasia also affect people in different ways. For this reason, no one support strategy can be applied to all people experiencing aphasia.

There are a number of common strategies which may require specific tools (including technologies) and techniques (following steps and/or procedures) that are used to enhance the strategy making communication more accessible and effective.

Strategies include:

- using communication partners as facilitators of communication.
- communicating in multiple modalities (using different modalities to communicate).
- using augmentative and alternative communication.

Communication partners as facilitators

Partners may be a life partner, family member or other significant person. They are provided with tools and taught techniques to facilitate communication with the person with aphasia.

These tools and techniques will differ, depending on whether the partner is speaking or listening.

As a speaker

- Using augmentative and alternative communication.
- Using prosody (rhythm and intonation of speech) and non-verbal body language.
- Facilitating message comprehension.
- Commenting.
- Initiating and maintaining topic.

As a listener

- Listening and attending.
- Cueing.
- Requesting clarification.
- Providing opportunities for social interaction.
Communicating in multiple modalities

The tools and techniques will vary for each modality.

**Speaking**

- Look at the person.
- Speak clearly and concisely.
- Reflect – mirror technique (repeat and write key words - may need to supplement with drawing, gestures, etc), watch for facial expression/response.
- Expand incomplete information (fill in the blanks) and verify.
- Summarise – stop and recap. Write key words and go through them, watching for facial expression/response. Watch for ‘approval’ by the person with aphasia.
- Keep the conversation on track.
- Verify the person has understood.

Examples of supported communication techniques for aphasia can be seen by searching the internet for ‘supported communication video’ or ‘supported conversation video’.

**Writing**

- Using pen and paper to write.
- Write only key words.
- Write the word as you speak it (talk naturally).
- Make sure the person with aphasia can see it.
- Limit words to two or three choices at a time, or short phrases.
**Reading**
- Text should be limited to single words or short phrases.
- Text should include only key words. If there is a lot of text, underline key words.
- Text may or may not be accompanied by verbal communication.
- Point to words as they are being talked about and encourage the person with aphasia to do the same (giving choices).

**Drawing (includes the use of pictures)**
- Draw only key ideas.
- Draw the pictures as you speak (talk naturally).
- Make sure the person can see it.
- Limit drawing to one at a time, and add in symbols (ie, an arrow to show a direction).
- Pictures should be simple drawings without a lot of distraction.
- Real pictures (photos) of objects or people are always best.
- Limit the number of pictures on a page.
- Pictures should be large enough for the person to see.

**Gesturing**
Use clear universal gestures.

**Gesturing**
- Use clear, universal gestures to accompany verbal communication or written language.
- Gestures should enhance the verbal/written language and not replace it.
- Gestures should be natural and not over exaggerated.
Augmentative and alternative communication

Specific-need communication

Applied to specific situations the person may be in:

- communication cards with specific information, ie, buying a burger at McDonalds, ordering fish and chips from the local shop.
- recorded messages, ie, for answering the phone and providing instructions on leaving a message and what will happen to that message.

Communication card
These are used to convey specific information, ie, type of food.

Comprehensive communication

For communication in a variety of situations that can be used as needed:

- communication note books.
- voice output devices.
- photographs.
- symbols.
- gestures.
- alphabet cards.
- orthography – a method of representing language by accepted spelling or symbols, ie, text messaging or short cut keys on a computer.
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18

Signs and symbols

Pictures, signs and symbols all help communication.

Controlled situation communicators

For communication in situations when the person has moderate to severe impairment of spoken language:

• use a system that indicates the conversation topic.

• use communication notebooks that are written words, or picture-based symbols and have specific topic vocabulary.

Basic choice communicators

For communication where the person has severe impairment in both expression and reception of spoken language:

• use a system that enables the person to express basic needs through a communication board with picture based symbols.

• use prompting and cueing and assistance in making choices.
There may be other strategies, tools and/or techniques that you use to support people with aphasia to communicate. **Complete** the table below.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tools and techniques</th>
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Goals

Each person you support will have their own goals for communication. It is important that you know what these are. These goals could include:

- enhanced quality of life.
- participation in social and community settings.
- experiencing successful communication interactions with others.
- developing a more positive self-image and having the confidence to continue interacting with others.
- extending social contact with others.
- increasing the range of people that are communicated with (to include others as well as the communication partner in daily conversations).
- improved speech.

Make sure you know what the person’s goals are and the role you have in supporting them with their communication interactions.

Applying supported communication

Whenever you are supporting a person with aphasia, you will need to apply the strategy outlined in their plan. You need to:

- be clear on the purpose of the strategy.
- know which techniques and/or tools support the strategy you are expected to use and carry these out in a correct and consistent way.

The strategies that need to be applied to the person will be found in their personal plan. It is essential that you know what these strategies are and how to apply these strategies to the communication interactions you undertake with the person. These include:

- reading the instructions provided by the delegating health professional and following them as directed.
- ensuring you are well planned for the implementation of the strategy, ie, you have all the tools you need at hand such as paper and pen, communication note book, communication board, alphabet cards etc.
- ensuring that any assistive devices you use are well maintained and you have them available for use, ie, voice output devices are ready, have batteries charged and/or you are able to use an electrical socket.
- making sure you know what your role is and the boundaries you are to work within.
Remember at all times to follow the instructions in the person’s personal plan. You also need to be observing the person while they are communicating with you, so you can:

- assist with any difficulties they are having.
- respond quickly if the strategy and/or technique is not working.
- be able to report on progress and/or barriers to relevant health care professionals.

Monitor your own performance as well. Being able to identify what went well within the communication interaction will enable you to build on these areas, making your communication more effective. Think about:

- the things you did that supported the communication.
- the things that could have been more supportive.

For example, during the communication interaction with the person you used mainly spoken language and are not entirely sure that the person comprehended what you were saying.

On reflection, you realise that you could have been more supportive by using another technique from the person’s plan and applying it to that situation, ie, using more modalities such as drawing simple pictures and recording key words from the conversation.
Think about the last communication interaction you had with a person you support.

**Identify** and list the things you did that supported the interaction and the things that did not support the interaction.

Things I did that supported the communication interaction.

Things I did that did not support the communication interaction.

Looking at the things you did that did not support the communication interaction, what do you think you could do to improve the support and the communication interaction?