COMMUNICATION SKILLS

Communication is *successfully* getting and receiving messages. Parts of communication include the message to be delivered, the sender of the message, the receiver of the message and feedback about the message. Verbal Communication is the act of sending/receiving the spoken message. Non-verbal Communication, also called *body language* includes body positions and actions that send an unspoken message along with the spoken message. It also includes the conscious or unconscious signals that a person’s body sends (i.e. gestures, no eye contact, crossed arms, turning away, slouching, smiling, wringing hands). Effective communication is about understanding the emotion and intention of the communication rather than just exchanging information.

**KEY TERMS:**

Communication – successfully getting and receiving messages
Culture – is a view of the world as well as a set of values, beliefs, and traditions that are handed down from generation to generation
Non-verbal Communication (also called body language) – body positions and actions that send an unspoken message along with the spoken message; the conscious or unconscious signals that a person’s body sends
Verbal Communication – the act of sending/receiving the spoken message

**Key Concepts in Communication**

- Good listening is essential to clear, effective communication. When people listen with their full attention, they remember and understand more of what is being communicated. Active Listening is listening to someone without interrupting, asking questions to make sure you understand what they are saying, repeating back to the person what you thought you heard them say and what you think they mean, eye contact (also consider cultural differences in which direct eye contact may not be desired) and paying attention without distractions. Listening is essential to the communication process. Good listening involves the use of eyes, ears, and feelings. It takes energy, concentration and effort to be a good listener. You must decide you want to be a better listener to develop and improve your listening skills. Listening for feeling is also important. Being listened to attentively feels caring and helpful to a speaker. Not being listened to, or being listened to in an inattentive manner, feels hurtful and unhelpful.

- Since people often respond to body language rather than to words, it is necessary to become aware of your own body language and learn to use this type of communication more effectively. When we communicate we are constantly using body language and at times, the body language may not match the spoken word (example is someone saying they are not upset when they have a scowl on their face, roll their eyes and stand rigid with their arms folded). We use communication to pass along information and knowledge and to relate to each other as human beings. What we say, how we say it, and what we mean has an impact on others that could be positive or negative. An example could be a teacher of a young child, one teacher could be caring and use caring words, another could use harsh and demeaning words.

- We cannot control other people or situations (external), but we can control how *we* communicate (internal) such as voice, body language, facial expression, eye contact and behavior towards other.

**Objectives:**

*Describe effective communication techniques*

*Describe skills for effective communication*

*Types of communication assistance*
Barriers to Communication

Certain disabilities such as blindness, deafness, an inability to speak (aphasia) and brain damage can create barriers to communication. A communication disorder may be related to hearing, language, and/or speech. Individuals with disabilities may communicate by using hand signals and eye movements and/or may use special devices to communicate such as computers or pointers. You will need to receive education to understand how to communicate with a person who communicates in a different way other than verbal communication. Discuss with your supervisor any communication problems you experience with any of your clients.

Age-related hearing loss (presbycusis) is the loss of hearing that gradually occurs in most of us as we grow older. It is one of the most common conditions affecting older and elderly adults. Approximately one in three people in the United States between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 have difficulty hearing. Having trouble hearing can make it hard to understand and follow a doctor's advice, respond to warnings, and hear phones, doorbells, and smoke alarms. Hearing loss can also make it hard to enjoy talking with family and friends, leading to feelings of isolation. Age-related hearing loss most often occurs in both ears, affecting them equally. Because the loss is gradual, if a person has age-related hearing loss, they may not realize they have lost some of their ability to hear. There are many causes of age-related hearing loss. Most commonly, it arises from changes in the inner ear as we age, but it can also result from changes in the middle ear, or from complex changes along the nerve pathways from the ear to the brain. Certain medical conditions and medications may also play a role.

Some people may use a hearing aid to help with hearing (hearing aids are electronic instruments worn in or behind the ear that make sounds louder). If your client wears a hearing aid, discuss with your supervisor your role in assisting a client to change the batteries in their hearing aid. This can be a big help to the person who wears a hearing aid. Lip reading or speech reading is another option that helps people with hearing problems follow conversational speech. People who use this method pay close attention to others when they talk by watching the speaker's mouth and body movements. Be sure to know if this is the way you can communicate with your client. You will need to stand in front of your client for them to see your lips moving and your expressions. Also speak louder, but do not shout. You do not have to talk slowly, just more clearly.

What are assistive devices? (FROM THE NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS)

The terms assistive device or assistive technology can refer to any device that helps a person with hearing loss or a voice, speech, or language disorder to communicate. These terms often refer to devices that help a person to hear and understand what is being said more clearly or to express thoughts more easily. With the development of digital and wireless technologies, more and more devices are becoming available to help people with hearing, voice, speech, and language disorders communicate more meaningfully and participate more fully in their daily lives.

What types of assistive devices are available?

Health professionals use a variety of names to describe assistive devices:

- Assistive listening devices (ALDs) help amplify the sounds you want to hear, especially where there’s a lot of background noise. ALDs can be used with a hearing aid or cochlear implant to help a wearer hear certain sounds better.
- Augmentative and alternative communication (AAC) devices help people with communication disorders to express themselves. These devices can range from a simple picture board to a computer program that synthesizes speech from text.
- Alerting devices connect to a doorbell, telephone, or alarm that emits a loud sound or blinking light to let someone with hearing loss know that an event is taking place.

What types of assistive listening devices are available?

Several types of ALDs are available to improve sound transmission for people with hearing loss. Some are designed for large facilities such as classrooms, theaters, places of worship, and airports. Other types are intended for personal use in small settings and for one-on-one conversations. All can be used with or without hearing aids or a cochlear implant. ALD systems for large facilities include hearing loop systems, frequency-modulated (FM) systems, and infrared systems.

Communication and Alzheimer’s

Alzheimer’s disease and other dementias gradually diminish a person’s ability to communicate. Communication with a person with Alzheimer’s requires patience, understanding and good listening skills. The strategies below can help both you and the person with dementia understand each other better.

Changes in communication

Changes in the ability to communicate can vary, and are based on the person and where he or she is in the disease process. Problems you can expect to see throughout the progression of the disease include:

- Difficulty finding the right words, using familiar words repeatedly, describing familiar objects rather than calling them by name, easily losing a train of thought, difficulty organizing words logically, reverting to speaking a native language, speaking less often, relying on gestures more than speaking.

Communication in the early stage

In the early stage of Alzheimer’s disease, sometimes referred to as mild Alzheimer’s in a medical context, an individual is still able to participate in meaningful conversation and engage in social activities. However, he or she may repeat stories, feel overwhelmed by excessive stimulation or have difficulty finding the right word. Tips for successful communication:

- Don’t make assumptions about a person’s ability to communicate because of an Alzheimer’s diagnosis. The disease affects each person differently. Don’t exclude the person with the disease from conversations. Speak directly to the person rather than to his or her caregiver or companion. Take time to listen to the person express his or her thoughts, feelings and needs. Give the person time to respond. Don’t interrupt unless help is requested. Ask what the person is still comfortable doing and what he or she may need help with. Discuss which method of communication is most comfortable. This could include face-to-face conversation, email or phone calls. It’s OK to laugh. Sometimes humor lightens the mood and makes communication easier. Don’t pull away; your honesty, friendship and support are important to the person.

Communication in the middle stage

The middle stage of Alzheimer’s, sometimes referred to as moderate Alzheimer’s, is typically the longest and can last for many years. As the disease progresses, the person will have greater difficulty communicating and will require more direct care. Tips for successful communication:

- Engage the person in one-on-one conversation in a quiet space that has minimal distractions. Speak slowly and clearly. Maintain eye contact. It shows you care about what he or she is saying. Give the person plenty of time to respond so he or she can think about what to say. Be patient and offer reassurance. It may encourage the person to explain his or her thoughts. Ask one question at a time. Ask yes or no questions. For example, “Would you like some coffee?” rather than “What would you like to drink?” Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person says. Repeat what was said to clarify. Avoid arguing. If the person says something you don’t agree with, let it be. Offer clear, step-by-step instructions for tasks. Lengthy requests may be overwhelming. Give visual cues. Demonstrate a task to encourage participation. Written notes can be helpful when spoken words seem confusing.

Communication in the late stage

The late stage of Alzheimer’s disease, sometimes referred to as severe Alzheimer’s, may last from several weeks to several years. As the disease advances, the person with Alzheimer’s may rely on nonverbal communication, such as facial expressions or vocal sounds. Around-the-clock care is usually required in this stage. Tips for successful communication:

- Approach the person from the front and identify yourself. Encourage nonverbal communication. If you don’t understand what the person is trying to say, ask him or her to point or gesture. Use touch, sights, sounds, smells and tastes as a form of communication with the person. Consider the feelings behind words or sounds. Sometimes the emotions being expressed are more important than what’s being said. Treat the person with dignity and respect. Avoid talking down to the person or as if he or she isn’t there. It’s OK if you don’t know what to say; your presence and friendship are most important.

- Talk with your supervisor and report any difficulties you are having in communicating with any of your client’s and ask for specific training opportunities in working with client’s with dementia and Alzheimer’s disease.