

Communication with Special Needs

Communication with Children

Age group	Characteristics	Communication Techniques
Toddlers	Limited vocabulary & verbal skills	Make explanations brief and clear. Use child's own vocabulary words for basic activities (urinate=pee pee, tinkle), learn and use self name of child. Get to know child first before approaching CHILD. Show you can be a friend with mommy.
	Speaks in phases	Rephrase child's message in a simple complete sentence; avoid baby talk
	Kinesthetic	Allow ambulation when possible. Put child in a wagon if child not mobile.

Age group	Characteristics	Communication Techniques
Toddlers	Struggling with issues of autonomy and control	<p>Allow child some control. Reassure child if he or she displays some regressive behavior. (Example: if child wets his pants say, "We will get a dry pair of pants and let's find something fun to <u>do</u>."</p> <p>Allow child to express anger and to protest about his care)Example: Say "It is OK to cry when you are angry or hurt". Allow to sit up or walk, as often as possible and as soon as possible after intrusive or hurtful procedures, say, "It's all over and we can do something more than <u>fun</u>."</p>

Age group	Characteristics	Communication Techniques
Toddlers	Fear of Bodily Injury	Show hands (free of hurtful items) and say, "There is nothing to hurt you. I came to play/talk."
	Egocentrism	Allow child to be self oriented and accepted. Use distraction if another child wants the same item or toy rather than expect child to share.
	Direct questions	Use non-directive approach. Sit down and join the parallel play of child. child not mobile.
	Separation anxiety	Accept protesting when parents leave. Hug, rock the child and say you miss mommy & daddy, they miss you too,'

Age group	Characteristics	Communication Techniques
Preschoolers	Speaks in sentences but unable to comprehend abstract ideas	Use simple vocabulary; avoid lengthy explanations. Focus on the present. Use play therapy and drawings.
	Unable to tolerate direct eye to eye contact.	Use some eye contact. Sit or stop and use slow, soft tone of voice.
	Short attention span and imaginative stage	Use play therapy. Use sensory data. Use music.
	Concrete sense of humor	Tell corny jokes and laugh with child.
	Need for control	Provide for many choices. Do you want to get dresses now or after breakfast

Age group	Characteristics	Communication Techniques
School age	Developing ability to comprehend	Include child in concrete explanations about condition, treatment, protocols. Use draw a person. Use sensory information in giving explanations.
	Increased responsibility for health care.	Reinforce basic care activities in teaching.
	Increased need for privacy	Respect privacy; knock on door before entering room: tell client when and for what reasons you will need to return to his/her room.

Age group	Characteristics	Communication Techniques
Early adolescence	Increased comprehension about possible negative threats to life or body integrity, yet some difficulty in adhering to long term goals.	Verbalize issues about treatment protocols requiring giving up immediate gratification for long term gain. Explore alternative options.
	Confidentiality	Reassure about confidentiality of your discussion, but clearly state limits of confidentiality
	Struggling to establish identity and be independent	Allow participation in decision making. Actively listen. Accept progression. Avoid judgmental approach. Use clarifying and qualifying approach.

Age group	Characteristics	Communication Techniques
Early adolescence	Beginning to demonstrate abstract thinking.	Use abstract thinking, but look for non verbal clues that indicate lack of understanding
	Uses colloquial language	Touch your dialogue with the use of some of client's own words
	Sexual awareness and maturation	Offer self and willingness to listen. Provide value free, accurate information

Techniques for communicating with elderly clients

- **Factors influencing communication with the elderly**

1) Client Factors

- A) Anxiety:** Many elderly may function continually at a high level of anxiety. Thus, the increased stress of a new situation may lead to intense arousal, impairing the elderly person's ability to communicate effectively.
- B) Sensory Deprivation:** Hearing loss is a widespread problem. It is potentially the most difficult sensory loss for the elderly client.
- C) Cautiousness:** older clients are likely to make errors of omission. When taking a history, the nurse must be aware that elderly clients may omit important aspects of their illnesses. Elderly clients take longer to respond to inquiries.

Techniques for communicating with elderly clients

D) Persistent Themes: The elderly clients may concentrate on particular themes:

- Somatic concerns: At a time when friends and loved ones have died and sensory input is decreased, the body in many ways keeps the client company it is quite usual for the elderly to be somatically oriented.**
- Loss reactions: the elderly client may spend considerable time discussing the many losses experienced in later life. These include loss of friends and loved ones, loss of activities, and loss of self-esteem.**

Techniques for communicating with elderly clients

- **Life-review.** There is tendency in the elderly to reflect and reminisce, This is a normal process brought about by disillusion and realization that death is approaching.
- **Fear of losing control:** many elderly clients agonize over the loss of physical and mental functions, including physical strength, bowel and bladder control, motor functions, and the ability to regulate one's thoughts and emotions. One of the he greatest fear of late life is the fear of going crazy.
- **Death:** the elderly are not obsesses with approaching death. It nevertheless is a frequent topic of conversation. The major fear is of being alone at the end of life.

2. Nurse Factors:

A. Attitudes toward the Elderly: It is quite common to find fears of aging and death among members of our youth oriented society. There cognition of such fears and of the nurse's personal feelings about these issues is of utmost importance in establishing effective communication with the elderly.

2- Nurse Factors:

B- Lack of Understand: The nurse must attempt to separate myths about aging from reality. For example, the labeling and stereotyping of the elderly may be a significant barrier to communication. The elderly are especially sensitive to being labeled ill ot yrt dluohs esrun ehT .cairdnohcopyh ro , empathize with the elderly client. Putting your self in the other person's shoes is ability not easily taught by text books and cannoli be learned through personal experiences

II. Techniques of Effective Communication

- **Approach the Elderly Client with Respect:** The nurse should knock before entering the client's room and approach the client from the front. Greet the client by surname, (Mr. Smith, Mrs. Rose) rather than by given name (Johnny, Mary), unless the client wishes to be addressed by a given name.

II. Techniques of Effective Communication

- Position Yourself Near the Elderly Client: The nurse should be close enough to the client to be able to reach out and touch the client if desired. The most comfortable arrangement of chairs for both parties is at a 45 degree angle to each other. If possible, chairs should be the same height and the nurse should not stand or walk during the conversation.**

- **Speak Clearly and Slowly:** The elderly client may have a hearing problem or may not understand the nurses' accent. Clarity of speech and the use of simple sentences are most effective in communicating with an elderly client.

Inquire Actively and Systematically into the Problem

Presented: The nurse should inquire into common physical symptoms of later life (such as visual and auditory defects, falls, and weight loss) and typical psychosocial problems (death of a loved one, change in living arrangements, recent retirement, financial setback, feelings of decreased self esteem, hopelessness, and anxiety)

- **Pace the Interview:** The elderly client must be given enough time to respond to the nurses questions. The elderly are not, as a rule, uncomfortable with silences, which give them an opportunity to formulate answers to questions, and to elaborate on certain points. A slow and relaxed pace in the interview will do much to decrease anxiety.
- **Pay Attention to Nonverbal Communication:** The nurse should be alert for changes in facial expression, gestures, postures, and touch as auxiliary methods of communication in the elderly. These nonverbal signs can provide considerable information about conditions such as depression or anxiety.

- **Touch:** Touch may also be an effective way to relax and make contact with the elderly client. As a rule, the elderly are less inhibited about physical touch. Holding the client's hand or resting your hand on his arm may be very reassuring.
- **Be Realistic but Hopeful:** Nurses who work with the elderly often deny the problems of later life .

.But neither the client nor the nurse believe phrases like
—You'll live to be a hundred

The nurse should never abandon all hope for an elderly client, but should work in the here and now.

Avoiding unrealistic expectations, three pain free days may be most rewarding to the client dying of cancer, a fact too often overlooked.

Communicating with Patients with Deficits

Interaction with clients experiencing communication deficits require modification of general therapeutic communication strategies used in nurse – client relationship.

Communication deficit can arise from:

- Sensory deprivation related to temporarily mobility**

and environmental limitations as in I.C.U.

- Permanent physical handicaps such as hearing loss, blindness and aphasia**

Communicating with Patients with Deficits

- Communication deficit, resulting from a malfunctioning of the neurotransmitters that normally transmit and make sense of out of messages in the brain.
- Social isolation, impaired coping and low self esteem affect the client's ability to receive or express language signals from the surrounding environment.
- Clients with *mental disorders* have a different type of

Communicating with clients with Dementia and Alzheimer's disease

- Identify yourself and call the person by name.
 - Assist the person's orientation to time and place.
For example, "Here it is Tuesday already".
 - Use active listening. Paraphrase or repeat back what someone tells you so that you are certain that you both understand.
 - Keep sentences short and simple.
 - Use repetition.
 - Speak clearly.
 - Use names and nouns instead of pronouns such as 'he,' 'she,' 'they,' 'them' as these may be confusing.
- Speak in a clear, even, normal tone

Communicating with clients with Dementia and Alzheimer's disease

- Gain a clearer understanding of the person's values, needs, and emotional and psychological resources.**
- Build a better relationship with someone from a different generation.**
- Find common life experiences and feelings.**
- Gain knowledge and understanding of the period in which the person lived.**
- Gain insight about the person's behavior now and in the past.**

Communication with Patients with Hearing Loss

- **Face the client, so the client can see your facial expression and mouthing of words (lips movement).**
- **Communicate in a well lighting room.**
- **Use gestures and speak clearly without exaggerated words.**
- **Use writing to communicate the important ideas and allow the client to do the same.**
- **Help elderly client to adjust the hearing aid.**

Communication with Patients with Hearing Loss

- Allow more time to communicate the information.**
- Become familiar with the client communication pattern,

likes and dislikes.**
- Use sign language or use intermediate person or family member to facilitate the communication.**

Communication with Blind Patient

- **Mention your name as you enter the client's room this help the client to know who is there.**
- **Use words as you approach the blind client.**
- **Don't speak from behind.**
- **Blind client rely more heavily on vocal tones to interpret messages , so the nurse need to use words to supply additional information to counterbalance the additional visual cues.**

- **Touching the client.**

- **Because of the possibility of the social isolation blind clients need human contact by using touch whenever possible.**
- **Touching the client when you speak alert the client of your presence.**
- **Inform the client when leaving the room.**
- **When the blind client is being introduced to a new setting, the nurse should orient the client by describing the size of the room and the position of the furniture and equipment.**
- **Inform the client that other people are present in the room.**

- **Ask other people in the room to introduce themselves so that the client can orient to their voice configuration.**
- **There is no need to speak in a louder voice or an exaggerated manner because it is perceived by some client as condescending or insensitive to the nature of the handicap.**
- **The blind client needs guidance in moving around unfamiliar areas. To preserve the client autonomy, offer your arms instead of taking the client's arm.**
- **Minimize the social isolation by helping client to maintain contact with people and environment according to his capabilities.**

Speech and Language Deficit (Aphasia)

- **Aphasia, defined as a neurological linguistic deficit , produces a sudden alteration of communication that invariably has an impact on self.**
- **Aphasia represents a speech- language pathology that is most frequently associated with neurological trauma to the brain. It may be expressive, receptive or global.**

Types of Aphasia

- **Expressive aphasia:** the client can understand what is being said but cannot express thoughts or feelings in words.
- **Receptive aphasia:** It creates difficulties in receiving and processing written and oral messages.
- **Global aphasia:** The client has difficulty with both expressive language and reception of message.

Communication Strategies with client with (Aphasia)

- **Assess the type of aphasia**
- **In expressive aphasia: give enough time for the client to find the appropriate word and support him.**
- **In receptive aphasia , clients have trouble following directions, reading information or writing. They hear words but have difficulty classify data. The nurse should try to supply the missing connection.**
- **In global aphasia, The nurse should explain in very simple terms what is happening using multiple modalities e.g. touch, gesture, eye movements, squeezing of the hand...etc.**

These clients become frustrated when they are not understood, and may refuse to repeat themselves ,so:

- The nurse need high level of concentration to catch the words and their meaning.**
- The client need short positive session to reinforce their efforts.**
- Avoid prolonged continuous conversations.**
- Encourage the client to practice what is learned in speech therapy**



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