Effective Communication with Individuals with Intellectual Disabilities

Tina Moreno, Speech/Language Pathologist, moreno.tina@cuyahogabdd.org
Kathy Zielinski, Speech/Language Pathologist, Manager of Speech Therapy Services, zielinski.kathryn@cuyahogabdd.org
Communication Is Complicated
On one hand...

• We are compelled to presume competence

• We might see an individual with a physical disability, but shouldn’t presume an intellectual disability
  – Cerebral palsy, multiple sclerosis, acquired disability from stroke, brain injury
  – May affect balance, gait, speech, motor planning
Communication Is Complicated
On the other hand…

• We might see an individual with no visible signs of a disability
  – May appear to demonstrate appropriate understanding of language and communication
  – As we dig deeper, we might see gaps in those skills
  – Then we need to adjust our own communication
Communication Model

Expressive Language
sender

Receptive Language
receiver

message
feedback

modes

Mutual focus, activity
ID and Communication

• Having difficulty in one or both of these areas can significantly impact:
  – Ability to follow rules
  – Understanding of consequences of negative behavior
  – Give “true” answers to questions
  – Problem solve
  – Participate in conversation
Factors that Affect Understanding:

The Message Being Sent:
- Speed of communication
- Length
- Complexity
- Word order
- Word meaning/vocabulary
- Vocalics (tone of voice, loudness, rate, pitch, stress)

Just because we HEAR the message does not mean we UNDERSTAND
Communication

It’s not just WHAT we say. We communicate more with HOW we say it.
Common Characteristics

Acquiescence is very common:

• The person might not understand what is said, so they agree with it in an attempt to cover their misunderstanding (masking)

• They find it difficult to say no, particularly to someone perceived to be in authority

• They don’t want to say no, or are afraid to say no, and agree with what is said to avoid getting into trouble
Common Characteristics

Masking can include:

• Rote learning of statements to use when responding to questions or as part of a conversation
• Learned behaviors to get care or help, to fit in, or to get someone to go away
• Rote learning of statements that simply help the person to get by and deal with everyday experiences.
Common Characteristics

• **May not understand instruction**
  – May require instructions to be broken into steps
  – May require visuals to reinforce understanding
  – May have difficulty understanding sequences or time
  – May have difficulty with attention, short term memory or memory processing
Common Characteristics

• May not understand the consequences of their actions.
  – Limited knowledge of the law
  – Difficulty with perspective taking

• Lack of awareness of seriousness or danger of the situation
  – Limited background knowledge/personal experiences
Common Characteristics

- Have **difficulty describing facts or details**
  - Limited expressive vocabulary
  - Difficulty with concepts such as sequence/ordering of events and time
  - Difficulty maintain attention
  - Memory deficits
Common Characteristics

• Have difficulty asking questions for clarification
  – Formulating questions
  – Might not know what they don’t know
  – Acknowledging they don’t understand
Common Characteristics

• **Confabulation** or “exotic story telling”
  – Desire to gain respect or admiration
  – Often due to a lack of “really valuable” stories to share
    • Don’t deny/diminish story
    • Story may not be true, but reason for telling it may be true
    • Try to hear meaning behind the story
How to Communicate with People with ID

• Use SIMPLE language/vocabulary whenever possible.
• Be concise. Speak in black and white.
• Avoid lengthy sentences.
• Break down information into chunks.
• Use concrete language, avoiding idioms and other figurative language.
• Give choices.
• Avoid yes/no whenever possible.
How to Communicate with People with ID

- Progress slowly
- Repeat messages
- Check for comprehension often

Comprehension should be checked periodically, preferably before transitioning from one topic to the next.
Check for Comprehension

**Do**
- Provide structure
  - First - Next
- Ask for repetition
  - "Tell me what I said"
- Ask simple questions
  - "What happened?"
  - "What did you do?"
  - "What will you do next time?"

**Don’t**
- Avoid asking, “Do you understand?”
- Avoid asking, “OK?”
- Avoid asking, “Did you hear what I just said?”
- Avoid asking, “Do you have any questions?”
- Avoid asking, “Do you know what you did wrong?”

*Use simple questions and statements*  
*Avoid yes/no questions*
Strategies

• Build rapport and safety.
• Show their message is valued and give them time.
• Never pretend to understand a person’s speech.
• If the client has little or no verbal speech, try another approach. Talk to caregivers and others (if possible).
• Take time to work slowly and with respect.
Strategies

• Provide breaks.
• Change settings – take a walk.
• Give time for person to process.
• Avoid using legal jargon or unfamiliar concepts.
• Regularly check for meaning. Do not make assumptions about what the client is saying or meaning.
Strategies

• Be as concrete as possible to increase understanding of information.

• Visual aids (text, picture) can be useful to show:
  - Consequences of actions
  - Expectations
  - Comprehension
  - Rules
  - Instructions
For more information, or if you have questions or concerns, please contact us:

• Tina Moreno, Speech/Language Pathologist, moreno.tina@cuyahogabdd.org
• Kathy Zielinski, Speech/Language Pathologist, Manager of Speech Therapy Services, zielinski.kathryn@cuyahogabdd.org
Thank You for Your Time!

Living, learning, working & playing in the community

We all have a story to tell that celebrates the talents and contributions people with disabilities make in our communities

Cuyahoga County Board of Developmental Disabilities
216-241-8230
Kelly A. Petty, Superintendent/CEO