

## The Brain, The Body & You – Learning Series

### WORKSHOP 5: Communication & Behaviour\*

*\*See separate workshop content for Behaviour*

- Powerpoint (see file)
- Workshop Schedule
- Reference Notes
- Case Studies/Role Plays
- Resource List
- Evaluation Form

## **WORKSHOP SCHEDULE**

(4 hours – if workshop includes behavior component adjust timing to allow for 30 minutes)

- 15 minutes Welcome & introduction of facilitators  
Review of handout package  
Participant self-introduction
- 20 minutes Review previous week's session about stroke  
- signs and symptoms and how to react  
- types of stroke  
- risk factors for stroke
- 10 minutes Imagine what it would be like  
- brief discussion then reading from the book:  
The Diving Bell and the Butterfly
- 10 minutes Sharing  
- challenges and successes with communication
- 45 minutes Characteristics of successful communication  
Accessibility/Communicative Access  
Communication with Survivors: The Basics  
Terminology
- 15 minutes Communication disorders that may occur after stroke  
Communication strategies
- 20 minutes BREAK
- 10 minutes Communication strategies (continued)
- 20 minutes Video: Case Study and discussion
- 50 minutes Role play activities
- 15 minutes Discussion of resources
- 10 minutes Questions and evaluation

## **FACILITATOR NOTES**

### **Objectives for this Workshop**

At the completion of this workshop, the learner will:

1. Have reviewed previous concepts learned about stroke (signs and symptoms, types, risk factors)
2. Be able to define characteristics of successful communication
3. Be able to define terminology commonly used with communication
4. Be aware of common communication impairments that the stroke survivor experiences
5. Be aware of general strategies for communicating with the stroke survivor with aphasia
6. Be aware of and have the chance to practice strategies to “get your message in” and help stroke survivors “get their message out”
7. Have practiced strategies through role play activities

### **Successful Communication Partners**

Successful communication partners do the following:

- show respect, use normal tone of voice, make eye contact
- deliver a clear message with simple, direct statements
- one thought per sentence
- repeat/rephrase if unclear
- make sincere attempt to understand what the other person is saying
- clarify, repeat, acknowledge if you don't understand
- trust the other person to listen, be attentive, focus on the message
- empathy for each other

If your message is not getting across:

- be optimistic: “let's try again”
- be patient & persistent
- be creative: use gestures, pictures
- be honest: “I'm sorry”

► As these are reviewed, the facilitators may share examples or invite examples from experience.

### **Accessibility and Building Ramps**

- definition
- various types of barriers
- reducing barriers

### **Communicating with the Stroke Survivor**

- Ask “how to you want to be addressed?”
  - Mr. Jones, Fred, Bud – they may have a nickname

- Introduce yourself and share your reason for being there
- Deal with private matters in private (close doors, curtains)
- Be calm, direct and positive in all communication
- Adjust the environment (turn off the TV or radio, adjust curtains/blinds if sunny)

### **Post Stroke Problems that Make Communication Harder**

- Cannot physically get to where s/he wants to be
- Cannot communicate eye-to-eye
- Impaired hearing/vision
- S/he may not be able to alter facial expressions (looks sad when feels happy)
- Has slower responses or inappropriate responses
- Cannot manage personal care

### **Terminology**

Communication:

The exchange of information, ideas, etc. between at least two people.

Speech:

The motor movements of the lips, tongue, jaw, vocal tract, etc. that work together to create the SOUNDS we use to communicate

Disorders: Dysarthria and Apraxia

Language:

The agreed-upon code that a group of people uses, made up of words, grammars, rules, etc., that allow communication to take place

Disorder: Aphasia

Voice:

The sounds made by the larynx.

Cognition:

The “thinking” part of communication:

- Attention
- Concentration
- Memory
- Visual perception
- Planning
- Problem-solving
- Self-monitoring

Disorders: Dementia, strokes which cause damage to the executive centres of the brain

## **Communication Disorders That Can Occur After a Stroke**

- Dysarthria
- Apraxia
- Aphasia
- Cognitive-Communication disorders

### **Dysarthria: A Motor Speech Problem**

DYSARTHRIA: Difficulty making speech sounds clearly

Survivors with dysarthria have NOT lost language. They may still:

- Think, plan, decide and reason
- Understand spoken language
- Read
- Write or type
- Use computers or other devices to communicate

### **Dysarthria: What You Can Do To Help**

- Communicate in a quiet place.
- Repeat what you have understood. Clarify anything you have not understood.
- Jot down notes.
- It may be easier for the person to write down information if they are able – provide paper and pen.
- Consider using:
  - Paper and pen
  - Computer
  - Picture / work / phrase board
  - Alphabet board
- Communicate about significant issues when the survivor is rested
- Be open when you don't understand
- Negotiate (does the person want you to help finish their words / sentences?)

### **Apraxia of speech**

- A problem with the COORDINATION of the muscles of speech
- The messages from the brain are not able to reach the speech muscles in a smooth, accurate and rapid manner
- As with dysarthria, the person may still have full command of their ability to speak, listen, read and write

## **Cognitive Communication Impairments**

- Reduced ability to understand and communicate clearly
  - related to: Problems with organization of thoughts
  - Concentration
  - Memory
  - Knowledge of non-verbal communication
- Often seen in survivors with right hemisphere strokes
  
- Survivors with right hemisphere communication impairments are able to:
  - Speak clearly in fluent sentences
  - Understand direct, concrete communication
  - Tell and laugh at familiar jokes
  - Sometimes read
  - Write some words and sentences
  
- Problems:
  - Fluent but poorly organized or wanders off-topic
  - Leaves out relevant information
  - Makes little eye contact (especially on the left)
  - May appear rude
  - Doesn't understand / remember what has been said
  
- May affect a survivor's ability to:
  - Talk
  - Read
  - Write
  - Understand

## **Aphasia**

- Aphasia is a language difficulty that happens because a stroke has affected the part of the brain that holds the language dictionary.
- People with aphasia are competent adults who know more than they can say.

## **Communicating When a Survivor Has Aphasia**

Survivors with aphasia can:

- Think, plan, decide, and reason
- Usually produce some clear words
- Understand facial expressions and gestures

**BUT:**

- Difficulty understanding spoken language
- Difficulty expressing words and sentences

### **Strategies to Help You Get Your Message “IN”**

- Look at the person when you are speaking.
- Speak in a tone of voice appropriate for communication with an adult.
- Communicate one idea at a time.
- Write down key words.
- Use gestures and facial expressions.
- Use objects to help get your message across.
- Use YES / NO questions.
- Draw simple pictures.
- Acknowledge that the person with aphasia knows what they want to say but cannot say it. “I know you know...”

### **Strategies to Help the Person with Aphasia to Get Their Message “OUT”**

- Encourage the person to write down a word or draw.
- Encourage the person to point to something.
- Identify the general topic first and then move onto the details. “Are you talking about your family?”  
“Are you talking about your daughter?”  
“Are you wondering if she is coming to visit today?”
- Ask YES / NO questions.
- Use a written YES / NO for the person to point to.
- Encourage the person to use some of the words you have written down to communicate. I have heard you are a music fan.  
YES NO I DON'T KNOW

### **Pictographic Topic Pages and Other Resources**

- Pictograph pages are a tool to facilitate communication.
- Use the pictographs to provide visual cues to the topic of the conversation.
- Encourage the person with aphasia to point to the relevant pictograph. [www.aphasia.ca](http://www.aphasia.ca)

Role Play Activities for Supported Conversation  
FACILITATOR INSTRUCTIONS

- Participants are divided into pairs
- Each pair is given an A package & a B package (hand out one at a time)
- Packages need to include:
  - the description of the role play scenario
  - a checklist of strategies to refer to
  - a yes/no/maybe card
  - pictorial material from the Aphasia Institute
  - 4 sheets of plain white paper
  - black marker
- Exercise takes about 15-20 minutes per partner (total = 30-40 minutes)



Role Play Activities for Supported Conversation  
PARTICIPANT INSTRUCTIONS

**Getting the message IN – “Is my message clear?”**

- Sit next to each other, but maintain eye contact
- Establish a topic. Let him/her know when you are changing topics. Both can be done by writing down a KEY WORD.
- Use short, simple sentences and an expressive voice.
- Pause between statements.
- Add gestures to “punctuate” what you say.
- Avoid figures of speech or vague statements that can lead to misinterpretation.
- Always have plenty of paper with you.
- PRINT key topic words. This way, if s/he needs to refer back to something said earlier, s/he has it clearly printed for his/her reference.
- Use pictures – focus on one at a time.

**How to get the message OUT – “Does he/she have a way to answer or ask questions?”**

- Ask yes/no questions and make sure that he/she has a way to respond.
- Ask one thing at a time.
- Ask him/her to give you clues by gesturing or pointing to objects, pictures and written key words – “Can you show me?”
- Give him/her time to respond.

**VERIFY – Have you checked to make sure YOU have understood?**

- Summarize slowly and clearly what he/she is trying to say.
- “So let me make sure I understand...”
- Add gestures or written key words as necessary.
- Draw boxes around correctly interpreted words
- Cross out words that were NOT what s/he intended to say.

## **ROLE PLAY #1**

### **Partner A (Communication Partner)**

- Mrs. Devlin is trying to tell you something. She looks worried.
- She has aphasia mainly affecting her being able to get her message “out”: difficulty speaking and writing.
- Review and use your resource package to help establish what she is worried about.

### **Partner B (Patient – Mrs. Devlin)**

- You have aphasia from a stroke
- You have difficulty speaking:
  - You can only respond with the words “yes” and “no”.
- You can only use your non-dominant hand to print single words at a time.
- You are trying to get across that you are worried because:
  - You have headaches on the right side of your head
  - The pain is sharp and always there
  - You think you are having a stroke/TIA
  - You want someone to call your spouse to come to the hospital right away

## **ROLE PLAY #2**

### **Partner A (Communication Partner)**

- Mr. Richardson has aphasia and is trying to tell you something.
- His aphasia mainly affects his ability to get his message “out”: difficulty speaking and writing.
- Review and use your resource package to help establish what she is worried about.

### **Partner B (Patient – Mr. Richardson)**

- You have aphasia from a stroke.
- You have difficulty speaking:
  - You can only respond by repeating the words “what where I don’t know”
- You cannot print any words.
- You can draw simple pictures.
- You are trying to get across the following message:
  - You are very tired
  - You are frustrated from too many visitors
  - You would like:
    - A glass of water
    - To go to bed to rest
- Make sure to respond only with the words above, but your pointing and simple pictures are accurate.

## RESOURCE LIST

### General

#### Stroke Network of Southeastern Ontario

<https://www.strokenetworkseo.ca>

#### Canadian Best Practice Recommendations for Stroke Care

<https://www.strokenetworkseo.ca/best-practice-and-education/guidelines-and-recommendations#section-canadian-best-practice-recommendations-for-stroke-care> .

Search the following:

1. Assessment and Management of Dysphagia & Malnutrition following Stroke
2. Mobility
3. Aphasia and Communication
4. Transitions

#### Professional Stroke Education Inventory (CorHealth Ontario)

<http://ontariostrokenetwork.ca/professional-stroke-education-inventory/>

CorHealth Ontario's Professional Stroke Education Inventory is a repository of tools, resources and programs that support health care professionals working in stroke care.

#### Provincial Interprofessional Stroke Core Competency Framework

<http://ontariostrokenetwork.ca/core-competencies-for-stroke/>

The online Provincial Interprofessional Stroke Core Competency Framework aims to provide health care professionals working in stroke with a clear, comprehensive way to achieve the core competencies needed for evidence-based stroke care. The framework supports a baseline level of competency province-wide, and encourages stroke specific professional growth.

The framework consists of a set of core stroke competencies for six disciplines- Nursing, Occupational Therapy, Physical Therapy, Speech-Language Pathology, Social Work, and Recreation Therapy. The framework includes a self-rating scale which allows health care providers to identify priority learning areas. Each competency contains learning objectives, recommended learning resources/knowledge translation tools and suggested evaluation methods

Examples for use include:

- Staff orientation
- Team education
- Self-learning plans
- Performance appraisal goals
- Accreditation
- Professional Reflective Practice

Visit the Core Competencies page of the OSN website

at: <http://ontariostrokenetwork.ca/core-competencies-for-stroke/>

#### Stroke Rehabilitation Unit Orientation

This is a 12-module independent learning program providing inpatient stroke rehabilitation unit care. While the target audience is nurses new to practicing in a stroke rehabilitation unit, this resource can be used by an professional discipline who works within this setting. See

module #6: Communication.

<http://swostroke.ca/stroke-rehab-unit-orientation/>

**Acute Stroke Unit Orientation (developed by Southwestern Ontario 2015): A Self-Directed Acute Stroke Unit Learning Program for Nurses and Allied Health Team**

<http://swostroke.ca/acute-stroke-unit-orientation/>

**Shared Work Day and Field Training Stroke Educational Support Program**

<https://www.strokenetworkseo.ca/best-practice-and-education/education-opportunities#section-shared-work-day-field-training-stroke-educational-support-program>

This professional education stroke fund is designed to facilitate the development of individual or group stroke-specific knowledge, expertise and networking.

**Taking Action For Optimal Community and Long Term Stroke Care (TACLS)**

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-taking-action-for-optimal-community-and-long-term-stroke-care-taccls>

This resource replaces the Tips and Tools for Everyday Living Manual. It is closely linked with the HSF Canadian Stroke Best Practice Recommendations and is an evidence-based resource that provides guidance around how to provide safe care for people who have had a stroke and are living in community and long-term care settings. Developed primarily for healthcare workers such as personal support workers, health care aides, home care attendants, and rehabilitation assistants, it can also be used by organizations engaged in education or orientation for these healthcare providers, and any other healthcare professionals who work with people who have had a stroke and their families. PowerPoint slide decks, notes pages, and master test your knowledge question and answer document are also available. These PowerPoint slide decks are a teacher resource, and provide key information from the full TACLS document, along with test your knowledge quiz questions.

**Brain Body & You Workshop Series** (offered at St. Lawrence College)

<https://www.strokenetworkseo.ca/best-practice-and-education/education-opportunities#section-the-brain-body-and-you-st-lawrence-college-kingston-october-5-12-19-26-2016>

Take advantage of one or more of these FREE four hour workshop modules in the 4 part series "THE BRAIN THE BODY AND YOU". This series is designed for front-line staff (eg. PSW, RPN, RN, Rehabilitation Assistants and Restorative Care Aides) who care for stroke survivors and other complex patient populations in the community, acute care, complex continuing care, Long Term Care and other related settings. Topics include:

- Stroke Care-Prevention To Life after Stroke & Continence
- Communication & Behaviour
- Mobility
- Nutrition, Hydration & Feeding

**Tips and Tools for Everyday Living A Guide for Stroke Caregivers Putting It into Practice Video Series**

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-tips-tools-for-everyday-living-a-guide-for-stroke-caregivers-putting-it-into-practice-video-series>

These videos are designed to complement popular sections of the Tips and Tools for Everyday Living: A Guide for Stroke Caregivers (2010) and education programs currently

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underway across Ontario and Canada. Five of these videos are designed for front line staff and one has been developed for family and community education.

Front Line Healthcare Staff Education Video Series:

- Recognize & React to the Signs & Symptoms of Stroke for Health Care Providers
- Communication
- Meal Assistance & Hydration
- Cognitive, Perceptual & Behavioural Problems
- Mobility

Family & Community Education:

- Recognize & React to the Signs and Symptoms of Stroke

### **Educational Posters**

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-educational-posters>

These posters are available in wall mount, table top display and handout format. The posters have been developed for the education of frontline care providers and are formatted to provide critical learning points in a highly visual way.

Poster topics include:

- Safe Seating
- Make Feeding Safer
- Post-Stroke Depression
- Blood Pressure
- Communication
- Cognition & Perception
- Stroke Prevention & Care
- Meaningful Activity
- Behaviour

### **Evidence Based Review of Stroke Rehabilitation (EBRSR)**

<http://www.ebrsr.com/>

A comprehensive, research-based synthesis of stroke rehabilitation.

### **Stroke Network of Southeastern Ontario-Community and Long-Term Care Resources**

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care> Resources supporting health care providers with implementing transitions of care best practices.

### **SouthEasthealthline.ca – Stroke Resources (Home and Community Care South East LHIN)**

<https://www.strokenetworkseo.ca/community-supports#section-interactive-community-resources-websites>

Web based resource providing information for persons living with the effects of stroke and families/caregivers in ten different domains including communication. The mobile application for this website is available at

<https://itunes.apple.com/ca/app/thehealthline.ca/id877737646?mt=8>

**Aphasia Institute Resources**  
**Professional Training Opportunities**

[https://www.aphasia.ca/wp-content/uploads/2015/10/Training-Calendar-2016\\_Jan\\_Dec.pdf](https://www.aphasia.ca/wp-content/uploads/2015/10/Training-Calendar-2016_Jan_Dec.pdf)

**Aphasia Institute Knowledge Exchange Speaker Series**

<http://www.aphasia.ca/home-page/health-care-professionals/knowledge-exchange/>

**Aphasia-friendly Resources**

<http://www.aphasia.ca/shop/>

**Pictographic Tools to Aid Conversation**

<http://participics.aphasia.ca/>

**Free Downloadable Resources**

To access free downloadable resources from The Aphasia Institute, go to <https://www.aphasia.ca/shop/> and navigate to box *If you work or live in Ontario you may be eligible for free downloads* of our products. Complete the form and instructions will be emailed.

**Video:** Aphasia Institute (1996) Supported conversation for aphasia adults: Increasing communicative access: Aphasia Institute, North York. Contact the Aphasia Institute at [www.aphasia.ca](http://www.aphasia.ca)

**Book:**

Bauby, Jean-Dominique (1997) The Diving Bell and the Butterfly: A Memoir of Life in Death. Random House Inc. ISBN: 0375701214.

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**Participant Evaluation Form**

1. Using the following scale (1-9), please rate your level of knowledge / skill / experience **BEFORE** today’s workshop and **AS A RESULT OF** today’s workshop for each of the following statements.

<b>NONE or MINIMAL</b> Knowledge/Skill/Experience							<b>TENSIVE</b> e/Skill/Experience
1	2	3	4	5	6	7	8

Enter a number in the boxes below

<b>How would you rate your:</b>	<b>BEFORE</b> the Session	<b>AS A RESULT OF</b> the Session
a. Ability to recognize the possible signs and symptoms of a sudden stroke		
b. Understanding of how to react to the sudden signs and symptoms of a sudden stroke		
c. Ability to identify risk factors for having a stroke		
d. Knowledge of how a stroke could affect a stroke survivor’s ability to communicate		
e. Knowledge of communication techniques you can use when interacting with a stroke survivor who has aphasia		
f. Knowledge of how to care for a stroke survivor who is impulsive		
g. Knowledge of the roles and functions of the interprofessional team members		

2. Overall, to what extent did this workshop meet your expectations?

- \_\_\_\_\_ Did not meet
- \_\_\_\_\_ To some extent
- \_\_\_\_\_ To a great extent
- \_\_\_\_\_ Exceeded my expectations



3. What did you find most helpful about today's session, and why?

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4. What did you find least helpful about today's session, and why?

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5. How might this workshop be improved? General comments?

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6. Do you have any topics / learning areas to suggest for future workshops?

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