



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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Myth Busting: Communication Issue

Myth 1: Aphasia is like dementia



be able to speak but not write, or vice versa, or show any of a wide

Or the following:

- ✓ Persistent repetition of words or phrases
- ✓ Creation of non-words
- ✓ Substitute letters, syllables or words, and/or
- ✓ Difficulty speaking with accurate inflection, stress, and rhythm

Aphasia is an acquired language disorder due to damage from stroke, traumatic brain injury, brain tumour, or neurological disease such as dementia and usually affects the left side language areas of the brain. Depending on the area and extent of brain damage, a resident suffering from aphasia may

variety of language deficiencies such as the inability or impaired ability to:

- Understand language:
- ✓ Pronounce or form words
 - ✓ Speak spontaneously
 - ✓ Produce grammatically correct sentences
 - ✓ Name objects
 - ✓ Repeat a phrase
 - ✓ Read
 - ✓ Write

Residents with aphasia are often treated as though they are cognitively impaired. Competence can usually be assumed which means staff continue to communicate with the resident and provide care in a respectful and dignified way.

What barriers do you think a resident with aphasia faces when living in a LTC home?

There are many potential communication barriers for residents with aphasia – each will have unique

Myth 2: Access is about physical barriers

communicative access needs which will often require accommodations or –facilitators to reduce these communication barriers. It is important to ensure that information is presented in an easy-to-understand way, and that residents with aphasia are able to participate fully in making day-to-day decisions that affect them. Research indicates that those with communication difficulties often do not enjoy equal access to health care



services such as their day-to-day care choices and decisions, even though it is a legal requirement under the Canadian Charter of Rights and Freedoms.

Barrier Type	LTC Solutions
Environmental	<ul style="list-style-type: none"> • Install clear signage (include pictures) • Minimize background noises
Communication	<ul style="list-style-type: none"> • Speak but not too slowly, use simple and short words, short sentences • Ask family to provide helpful information about previous interests and opinions, but make sure that the family doesn't "speak for the resident" • Produce information in an "accessible and aphasia-friendly" form such as adding pictures to the text
Attitudinal	<ul style="list-style-type: none"> • All staff need to understand aphasia and how it affects the resident's ability to communicate with others, so as <ul style="list-style-type: none"> • not to discriminate because of aphasia • not to ignore or exclude the resident from important decisions such as giving them time to be involved in their care planning; mealtime choices; activity, leisure and spiritual time choices • treat the resident as a competent person • the residents still has thoughts and feelings • not to exclude the resident from conversations and social situations
Policy and Practice	<ul style="list-style-type: none"> • Ensure all staff receive education and training about aphasia • Implement policies on communicative access and aphasia-friendly homes • Forms such as consent to treatment or release of information need to be adapted into an accessible format (pictures, keywords, etc.)

Adapted 2009 Communication and Aphasia CoP SHRTN [Howe, Worrall & Hickson (2004); and Simmons-Mackie, et al (2007)]

More information on This and Other Best Practices

- **Contact** your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. **Find them at:**
 - www.rnao.org Click on Nursing Best Practice Guidelines and select LTC BP Initiative
 - www.shrtn.on.ca Click on Seniors Health
- **Check out Long Term Care Resources at** www.rgpc.ca
- **Surf the Web** for BPGs, resources and sites are listed on pg 2.
- Review back issues of the BP Blogger for related topics www.rgpc.ca



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www.rgpc.ca or www.shrtn.on.ca

70% of those surveyed with communication disorders felt that people avoided contact with them because of the communication challenges.

National U.S. Survey

Myth 3: Aphasia means having no thoughts or feelings

People with aphasia often experience isolation, sadness, loneliness and depression because their inability to communicate prevents them from truly

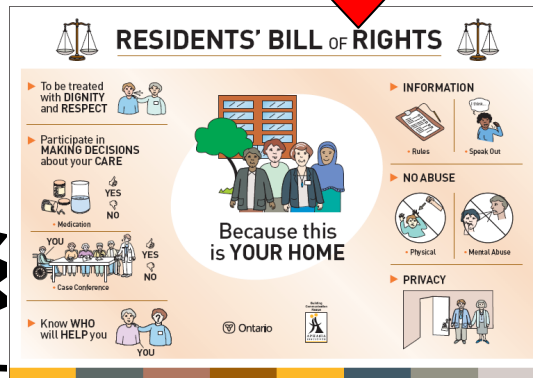
engaging with people. Aphasia can interfere with social activities or communicating decisions about whether they want to participate in leisure or recreational activities. Often, attempts to communicate may be mistakenly seen as responsive behaviours such as agitation or aggression. In fact, they may be fearful and frustrated with being misunderstood.

Aphasia often affects multiple aspects of communication and can be so severe as to make communication without the use of specialized

communication strategies.

AN IMPORTANT "APHASIA-FRIENDLY" LTC TOOL:

The Aphasia Institute has designed a pictographic version of the Ontario Residents' Bill of Rights. This important poster was created to help ensure that all LTC residents know and understand their rights.



Remember:

Residents with aphasia know more than they can say !!!

Tell the resident "I know you know"

Online *Supported Conversation for Adults with Aphasia* education sessions are available to Ontario LTC homes. Contact communicative.access@shrtn.on.ca for more information.

Myth 4: Residents with aphasia can't communicate

There are effective ways to reduce language barriers and increase communicative access for residents with

aphasia. In Ontario, the Aphasia Institute has developed a set of techniques called "Supported Conversation for Adults with Aphasia" (SCA™). It allows people with communication barriers to engage in meaningful conversation, improving their quality of life.



The Resident How does it feel	LTC Staff Helping the resident to be heard
<p>You have aphasia. Your PSW care provider is asking you questions and ...</p> <ul style="list-style-type: none"> You are intelligent but can't understand what the PSW is saying You know what you are thinking but can't express your thoughts The PSW is avoiding discussing complex issues with you, such as how you feel today or what you would like to do The experience of aphasia is similar to being in a country where you do not speak the language. You know what you want to say but cannot make yourself understood. <p>www.aphasia.ca Supported Conversation for Adults with Aphasia (SCA™)</p>	<p>Staff need a way to communicate with residents who 'know more than they can say', because:</p> <ul style="list-style-type: none"> There may be no one available who knows the resident well enough to communicate on their behalf Residents who have aphasia prefer to communicate directly, rather than having someone speak for them <p>Are you helping? SCA™:</p> <ul style="list-style-type: none"> ✓ Do you treat the resident as competent? ✓ Are you respectful? ✓ Do you acknowledge the resident's frustrations and fears? ✓ Do you make your messages clear to the resident? ✓ Do you use hand gestures, pictures, drawing, or write key words? ✓ Do you give the resident a way to answer or ask questions? ✓ Do you ask yes/no questions and ask one question at a time? ✓ Do you check to make sure that you have understood the resident correctly? Double-check?

Check out these Best Practices, Guidelines & Websites Answers to the Myths came from them. Find out more!

Canadian:

Aphasia Institute www.aphasia.ca Supported Conversation for Adults with Aphasia and other resources

Aphasia friendly Residents' Bill of Rights
www.aphasia.ca/files/Bill%20of%20Rights%20Poster%20Eng.pdf

Lindsay P, Bayley M, Hellings C, et al. Canadian Stroke Strategy Best Practices and Standards. CMAJ 2008 179:S1-S25.
www.canadianstrokestrategy.ca/eng/resources/tools/best_practices.html

The Registered Nurses Association of Ontario (2005). Stroke assessment across a continuum of care. Toronto, ON: Author. www.rnao.org

Other:

The National Aphasia Association www.aphasia.org/index.html

The National Institute for Neurological Disorders and Stroke. Aphasia information pages www.ninds.nih.gov/disorders/aphasia/aphasia.htm

Management of consequences of stroke. Clinical guidelines for stroke rehabilitation and recovery. Melbourne (Australia): National Stroke Foundation; 2005 Sep 8, p. 15-40.
www.strokefoundation.com.au/post-acute-health-professional

Brickley D, Cantrell L, Cefalu C, et al. Stroke management and prevention in the long-term care setting. Clinical practice guideline. 2005, Bethesda, MD: American Medical Directors Association. www.amda.com



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