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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

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## Creating Communication Care Plans in Long-term Care

Christen G. Page PhD, CCC-SLP

Moderated by:  
Amy Hansen, MA, CCC-SLP, Managing Editor, [SpeechPathology.com](http://SpeechPathology.com)



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# Creating Communication Care Plans in Long-term care:

Christen G. Page PhD, CCC-SLP  
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## Research Participation

- Consent for participation in a research study examining SLPs' perceptions of supporting CNAs in long-term care.
- 14-item questionnaire
- 22-item questionnaire

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## Learner Outcomes

- Describe the communication environment between nursing staff, therapists, and residents in long-term care facilities.
- Describe the procedures for creating and implementing communication care plans as a component of a resident's plan of care.
- List at least two positive outcomes related to supporting certified nursing assistants in long-term care facilities.

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## Life as a resident in LTC

- 3 changes experienced by individuals entering LTC
  - Loss of control
  - Lack of privacy
  - Perceptual disruptions
- Self identity: become a patient, loss of *purpose*

Lubinski, 1981; Cohen-Mansfield, Pappura-Gill, & Golander, 2006

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## Communication Partners Resident-Staff

- **Who:**
  - 2 levels of staff: top and floor staff
- **When:**
  - Nurses – medication pass
  - CNAs – bed and body care
    - 30 minutes during work shift
    - 5 minute interactions
- **What:**
  - Basic health care tasks
  - Nursing assessment
  - Superficial personal-social

Gubrium, 1975; Lubinski, 1981; Perry, Galloway, Bottorff & Nixon, 2005; Williams & Ilten, 2005

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## Life as a CNA in LTC

- **The day of a CNA**
  - Work 8 hours in one of three shifts: (1<sup>ST</sup>) 7:00-3:00, (2<sup>ND</sup>) 3:00-11:00, (3<sup>RD</sup>) 11:00-7:00
  - Resident-CNA ratio
  - Assist with bathing, dressing, grooming, toileting = ADLs

*"A typical day, as soon as I get here getting people ready for breakfast, give their breakfast trays, pick up their breakfast trays, then we start getting people up, taking them to the bathroom, shower, making beds, making sure that they've got everything they need."*

Williams et al., 2005

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## Life as a CNA in LTC

- “Some of them knocked the crap out of you just because. First night I was here there was this man and I didn’t think I would ever come back. I was helping change him, I worked third shift. I was helping um turn him. And he was a big man too. And he punched me in the stomach full force.”
- “Today was bad. I had 13 people myself which was three or four less than the other girls on the floor. Then I had five showers and the other aides had two and one. It was just crazy. I just lost it. I threatened to quit because I just couldn’t get it all done and make sure all my people were taken care of. I never stopped. I went constant. I never stopped. I didn’t get my lunch until 2:00. I couldn’t stop.”

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## CNA & Speech-Language Pathologist

- How do SLPs *educate* CNAs about communication and swallowing strategies?

- In-service trainings
- Flyers
- Signs in room

### CHEWING YOUR FOOD

#### How to Chew

- Take smaller bites
- Chew slowly and steadily
- Chew until your mouthful of food is liquefied
- Finish chewing and swallowing before taking another bite
- Wait to drink until you’ve swallowed

#### Benefits

- Absorb more nutrients
- Maintain a healthy weight
- Your food gets more exposure to saliva
- Good for teeth
- Less bacteria lingering in intestines
- Enjoy your food



- Little maintenance/carryover with these strategies and trainings because both educational and *behavioral* training is required for CNAs to use the strategies during daily care.
- Nursing staff must understand the intervention’s purpose, how it will influence daily work routine, and receive feedback or continued support during demonstration of the intervention for transfer to occur.

McGilton et al., 2009

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## Support

- What is support?
  - Brief, one-on-one meetings between the SLP and CNA
  - Collaborative development and ongoing education, demonstration, problem-solving, and reinforcement
- When do SLPs provide support?
  - One to two times a week/CNA
- Why do SLPs need to support CNAs?
  - Carryover of treatment strategies to enhance residents' quality of care and life
  - Collaborative environment

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## Communication Plans

- Communication Plans were originally developed in Canada to facilitate resident-staff communication in LTC facilities
- Contain 5 parts:
  - how resident communicates,
  - how to communicate with resident,
  - what a resident's particular behaviors mean,
  - what to avoid when communicating with resident,
  - autobiographical section
- Five studies investigated nurses' and other caregivers' perceptions of communication plans.
- Findings revealed that communication plans were useful during daily care for residents and indicated that tasks were less effortful.

Genereux et al., 2004; McGilton et al., 2017; McGilton et al., 2011; Page et al., 2017; Sorin-Peters et al., 2010

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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
What Nancy's behaviors mean.	Nancy's habits
<ol style="list-style-type: none"> <li>1. She may hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking at a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
<p>Nancy's Life: Nancy grew up in Georgetown. She went to North Middletown High School in Midway where she liked to play on a bridge. Nancy has a son, Tim who works as an independent painter. She has two granddaughters, Stephanie and Tiffany. Nancy worked at a car dealership. She handled the bills.</p>	

## Communication Care Plan Production

- Complete speech, language, cognitive tests for each resident
  - Mississippi Aphasia Screening Test (MAST; Nakase-Thompson, 2004)
  - Short Portable Mental Status Questionnaire (SPMSQ; Pfeiffer, 1975)
- Interview a familiar CNA using Montreal Evaluation of Communication Questionnaire for use in Long-term Care (LeDorze, 2000)
- Consult resident, family, social services section of medical chart, and/or recreational therapist to determine personal history
- Consult CNA for correct terminology and content.
- Post CCP in room, medical chart, and CNA book.
- Support CNAs

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**MS APHASIA SCREENING TEST**

**Naming** (2 points each; present object and ask "What is this called?")

- 1) 2 Pen
- 2) 2 Hand (point to back of your hand)
- 3) 2 Thumb
- 4) 0 Watch
- 5) 2 Ceiling (radio-wireless light)

*Unable to name items*

**Automatic Speech** (2 = correct; 1 = incorrect; 0 = incorrect; Say "Repeat these sentences for me.")

- 1) 2 Repeat to him (1 = correct required)
- 2) 1 Tell me the days of the week (1 = correct required)
- 3) 2 Throw sticks and you're...
- 4) 2 I pledge allegiance to the...
- 5) 0 The phone is off the...

*Wait*

**Repetition** (2 points correct; 0 = incorrect; Say "Repeat these words")

- 1) 2 pot
- 2) 2 current
- 3) 2 alphabet
- 4) 0 under the old wooden bridge
- 5) 2 The silver moon hung in the dark sky

**Yes/No Responses** (2 pts; "yes," "no," "I'm going to ask some questions, just tell me yes or no")

- 1) 2 Is your name Johnson (change if last name is Johnson)
- 2) 2 Is your name...? (insert correct last name)
- 3) 2 Do you live in Rhode Island?
- 4) 2 Do you live in...? (insert correct state)
- 5) 2 Do you wear a glove on your foot?
- 6) 2 Am I touching my eye (insert touch location)
- 7) 2 Does Monday come before Tuesday?
- 8) 2 Does summer come after spring?
- 9) 2 Is a chicken bigger than a spider?
- 10) 2 Do you put your shoe on before your sock?

*Ask/In? 5*

**Object Recognition in a Field of Five** (2 pts each; list 5 objects can use following possible items: book, paper, pen, photo, coin, name badge, coin)

*"I want to show you some things, point to them as I tell them to"*

- 1) 2 Watch
- 2) 2 Name-Brand
- 3) 2 (coin)

*may understand what objects are/d*

**Following Instructions** (2 points each)

- 1) 2 Point to your nose
- 2) 2 Open your mouth
- 3) 2 With your left hand, point to your right eye.
- 4) 2 Point to the floor, then point to your nose.
- 5) 2 Before opening your mouth, touch your ear.

*1-step simple  
→ write down*

**MS APHASIA SCREENING TEST**

**Reading Instructions** (2 points each)

- 1) 2 Open your mouth
- 2) 2 Make a flat noise (read this aloud and do what it says)
- 3) 2 Point to the floor, then point to the ceiling.
- 4) 2 With your right hand, point to your left knee.
- 5) 2 Point to your left ear after you make a flat.

*Can read short phrases*

**Verbal Fluency Dictation** (10 points each; all words that the patient verbalizes and code intelligible utterances with a dash (-) or a period (.)

**INSTRUCTIONS: Listen to the phrase (10 seconds) and say... Look at the picture for a while (1 minute). Then tell me everything that you can about that picture. Keep talking until I tell you to stop. Immediately start timing for 10 seconds.**

*little kid jumping down ladder to get cookie  
that's a good it fell mother is looking at the  
ladder and then it may have white candy on it that's  
old & brown*

**Number of Intelligible Verbalizations**

Substrate score Conversion: 0-5 = 10 = 5; 11+ = 10 points.

**Writing/Spelling** (2 points each) "Now I would like for you to write some words for me, spell..."

- 1) 0 sit
- 2) 0 twist
- 3) 0 airplane
- 4) 0 computer
- 5) 0 under the black bridge

Expressive Index	Receptive Index	Total Index
Naming <u>8</u> /10	Yes/No Accuracy <u>18</u> /20	Expressive <u>31</u> /50
Automatic Speech <u>7</u> /10	Object Recognition <u>8</u> /10	Receptive <u>36</u> /50
Repetition <u>6</u> /10	Following Instructions <u>4</u> /10	
Writing <u>0</u> /10	Reading Instructions <u>6</u> /10	
Verbal Fluency <u>10</u> /10		
Expressive Subscale <u>31</u> /50	Receptive Subscale <u>36</u> /50	Total Score <u>67</u> /100

**Optional Ratings (indicate presence "+" or absence "-")**

Dysarthria: -

Paraphasia: -

Perseveration: +

Oriented: -

*\* Does not know the time / something  
\* Introduce*

*9 errors*

For further information, please contact:  
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**THE SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)**

1. What are the date, month, and year?
2. What is the day of the week?
3. What is the name of this place? 10K
4. What is your phone number?
5. How old are you? +
6. When were you born?
7. Who is the current president?
8. Who was the president before him?
9. What was your mother's maiden name?
10. Can you count backward from 20 by 3's? 9 errors

**SCORING:**

0-2 errors: normal mental functioning

3-4 errors: mild cognitive impairment

5-7 errors: moderate cognitive impairment

8 or more errors: severe cognitive impairment

\*One more error is allowed in the scoring if a patient has had a grade school education or less.  
\*One less error is allowed if the patient has had education beyond the high school level.

Source: Pfeiffer, E. (1975). A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. Journal of American Geriatrics Society, 23, 433-41.

Compiled by the Great Plains Area Chapter of the Alzheimer's Association, 1999.

## Nancy's cognitive-communication abilities

- Sensory: wears glasses, hearing within normal limits
- Scores from the MAST indicated ...
  - speech was intelligible at the phrase level with noticeable word retrieval difficulty; conversation was often off-topic
  - she understood simple yes/no questions, followed one-step directions, and identified objects in a field of 3 ;
  - read short passages of information. She was unable to complete writing tasks.
  - Repetition and following directions were impacted by cognitive deficits.
- Results from SPMSQ revealed deficits in orientation, attention (perseveration), and memory.

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## CCP Production



- Complete speech, language, cognitive tests for each resident
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## Montreal Evaluation of Communication Questionnaire for use in Long-term Care

(LeDorze, 2000)

- An assessment tool designed to better understand the means of communication used by residents and caregivers to exchange information.
- 2 parts
  - Frequency of different means of communication used by caregivers and residents
    - Means of communication used by resident
    - Means of communication used by CNA to understand resident
    - Means of communication used by CNA to transmit a message to resident
  - Amount of effort required to communicate with residents
- CNAs rate the amount they employ a type of communication as frequently, sometimes, and never.

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## Nancy's MECQ-LTC: Means of communication used by resident

Means of Communication	Frequently	Sometimes	Never
Yes and no indicated by head movement	X		
Facial expressions			X
Speech	X		
Body movements	X		
Yes and no verbally	X		
Attitudes/behaviors that carry particular meaning			X
Pointing	X		
Gestures	X		
A code that needs to be interpreted			X
Writing/drawing			X
Yes and no indicated by pointing to the written words or pictures	X		
Communication Board			X

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## Nancy's MECQ-LTC

Means of communication used by CNA to understand resident

Means of Communication	Frequently	Sometimes	Never
Asking yes/no questions	X		
Verifying (Repeating or Do you mean?)	X		
Waiting	X		
Giving a choice of responses	X		
Guessing	X		
Knowing the resident's routines		X	
Being very attentive	X		
Calming the resident		X	
Asking help from a more familiar person			X

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## Nancy's MECQ-LTC

Means used by CNA to transmit a message to resident

Means of Communication	Frequently	Sometimes	Never
Speech	X		
Simplifying your sentences (short)	X		
Gesturing		X	
Checking if the resident has understood	X		
Repeating	X		
Re-stating differently	X		
Demonstrating	X		
Asking the resident to read your lips			X
Asking help from a more familiar person			X
Using writing or drawing			X
Obtaining the resident's attention		X	
Asking the resident to repeat			X
Speaking loudly			X
Speaking slowly	X		

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- MECQ-LTC
- VIDEO

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## Resident's Life

- **Childhood**
- **Education**
- **Family**
- **Occupation**
- **Church Affiliations**
- **Hobbies**
- **Travel**
- **Interesting Facts about resident's life**

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## CCP Production



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## Process of creating CCP

- Video
- Mississippi Aphasia Screening Test

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Video

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How Nancy communicates	How to communicate with Nancy
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<p>Nancy's Life: Nancy grew up in Georgetown. She went to North Middletown High School in Midway where she liked to play on a bridge. Nancy has a son, Tim who works as an independent painter. She has two granddaughters, Stephanie and Tiffany. Nancy worked at a car dealership. She handled the bills.</p>	

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Support	Example
<b>Respect CNAs' insight</b>	How do you communicate with resident? What strategies do you use to communicate with resident?
<b>Accountability</b>	How did implementing the strategy of waiting a few seconds to respond go today?
<b>Educate</b>	The reason you wait a few seconds for her to respond is to give her time to process information. If you ask another question or give another direction before she responds, the information becomes jumbled.
<b>Demonstrate</b>	During ADL, give one step simple directions in presence of CNA
<b>Provide feedback/ problem-solve</b>	Sometimes resident doesn't respond to one-step directions because the environment is too distracting.
<b>Reward/recognize</b>	I saw that the resident responded well to you writing the task down today. Thank you.

## Support - Education

- VIDEO

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## Support - Demonstration

- VIDEO

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## How can I use this for residents/CNAs in LTC?

- Person-centered care approach
- Goals using CCPs + support
- Creation with productivity demands
- CNAs' buy-in

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## How can I use this for residents/CNAs in LTC?

### • **Person-centered care approach**

- Goals using CCPs + support
- Creation with productivity demands
- CNAs' buy-in

ASHA, 2013; Worrall et al., 2011

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### Potential Goals

#### How Nancy communicates

1. Speaks but it is mainly off-topic, loses her train of thought
2. May not understand what common objects are or what they do (utensils, walker).
3. Follows 1-step directions
4. Reads short phrases (2-3 words)
5. Points to items she wants or where she is in pain.

1. Nancy will generate single word responses to 3 wants and medical needs at 50% accuracy to facilitate communication with staff.
2. Nancy will identify 8/10 items in room using written cues in order to express specific wants and needs.

### Support

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### How to communicate with Nancy

1. Put on glasses
2. Introduce yourself and what you are doing.
3. Write down what you want her to do (medicine, bathroom)
4. Ask yes/no questions
5. Only give ONE SIMPLE direction or DEMONSTRATE then...
6. Wait a few seconds for her to respond
7. Give choices
8. Restate what she tells you.

## Support

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### Potential Goals

1. Nancy will follow 1-step written directions during daily care on 4/5 trials in order to participate in activities of daily living.
- 2. Nancy will respond to 5/5 questions related to grooming/dressing in a field of 2 choices in order to communicate more effectively with staff.

### What Nancy's behaviors mean.

1. She may hit when too many UNFAMILIAR people surround her.
2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)
3. She likes to wear her watch.

### Nancy's habits

She likes:

1. Looking a magazine
2. Talking about her family
3. Folding towels
4. Washing dishes

She dislikes:

1. New places
2. A lot of people around her at once

### Potential Goals

1. Nancy will engage in a personally relevant/preferred task for 15 minutes across 3 trials.
2. Nancy will locate 4 familiar people/surroundings using compensatory aid at 100% accuracy in order to enhance orientation and reduce anxiety.

## Support

## Productivity

- How to create during treatment.....
- Session 1: During an attention task, complete “how resident communicates” and “how to communicate with resident” sections.
- Session 2: During discussion of personal history by probing episodic memory, complete “Resident’s Life” section.
- Session 3: While resident reads the Bible in preparation for reading comprehension questions or to locate specific words to highlight, complete “Resident’s specific behaviors” and “Resident’s habits” sections.

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## CNAs’ buy-in

- When a resident is admitted, create 3 portions of CCP (how a resident communicates, how to communicate with resident, resident’s life)
- Place in an accessible location.
- Once CNAs become familiar with resident, **collaborate** to complete the CCP (resident’s habits, specific behaviors) using the MECQ-LTC
- **Support** CNAs

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## Case Study 1 (communication): Ben

- Stroke, dysarthria, dysphagia
- Sensory
  - Adequate hearing and vision
- Communication characteristics
  - Comprehension intact
  - Speaks and writes one word but unintelligible
  - Uses complex gestures to communicate need
  - Reads phrases
- Cognitive characteristics
  - Mild short term memory impairments

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How Ben communicates	How to communicate with Ben	<b>Ben's Communication Care Plan</b> Potential Goals <ol style="list-style-type: none"> <li>1. Ben will produce 3 novel gestures to express a complex need to staff each day. (VAT)</li> <li>2. Ben will formulate a written phrase in response to a question on 4/5 trials.</li> <li>3. Ben will communicate 10 novel messages using over articulation at 80% intelligibility.</li> <li>4. Ben will supply listener with topic of conversation on 4/5 trials in order to facilitate</li> </ol>
1. He can read phrases 2. Hears well 3. Answers yes/no questions reliably 4. Uses gestures to communicate 5. Writes words	1. Ask yes/no questions 2. Give choices 3. Ask him to <b>show</b> you what he wants with his hands 4. Ask him to speak one word at a time	
Ben's swallowing precautions	Ben's Hobbies	
1. NECTAR THICK liquids, pureed solids 2. Head in neutral position 3. Liquids from spoon 4. Two bites then a drink	1. Fish 2. Hunt deer and turkey 3. Likes <b>pet</b> visits 4. Likes country music	
<b>Ben's Life:</b> Ben lives in Lexington. He has 2 brothers, Joe and Pete. Ben married Betty and they have 2 children, Jay and Sue and 6 grandchildren and 2 great-grandchildren. Ben was a truck driver. His favorite place was Oregon. Ben has 3 dogs, Chuckles, Memphis, Jewel.		<b>Support</b>

## Case Study 2 (cognition): Harry

- Moderately-severe cognitive decline – stage 5
- Sensory characteristics
  - Wears glasses
  - Adequate hearing acuity for conversational speech
- Cognitive-communication characteristics
  - Limited sustained attention, insight into deficits, safety awareness, memory
  - Follows one-step directions, identifies and uses items appropriately
  - Speaks well but often off-topic
- Behaviors
  - Falls
  - Wandering
  - Reduced po intake – CNAs reported that he wants to pay for food.

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How Harry communicates	How to communicate with Harry	<h2>Harry's Communication Care Plan</h2> <h3>Potential Goals</h3> <ol style="list-style-type: none"><li>1. Sustain attention for 15 minutes during a relevant task across 3 days in order to reduce fall risk and enhance participation in meaningful activity.</li><li>2. Harry will demonstrate carryover of functional maintenance plan with staff for 3 days.</li></ol> <div><h2>Support</h2></div>
<ol style="list-style-type: none"><li>1. He can read sentences</li><li>2. Hears well</li><li>3. Speaks at a low volume with single words</li><li>4. Answers yes/no questions reliably</li><li>5. <b>Not aware that he needs help standing.</b></li></ol>	<ol style="list-style-type: none"><li>1. Ask yes/no questions</li><li>2. Write down simple directions</li><li>3. Wears reading glasses</li></ol>	
Harry's specific behaviors	Harry's Habits	
<ol style="list-style-type: none"><li>1. Introduce yourself and explain what you are doing.</li></ol>	<ol style="list-style-type: none"><li>1. Wears a watch</li><li>2. Reads newspaper</li><li>3. <b>Cleans the hallway rails each day to "pay" for meals.</b></li></ol>	
<p><b>Harry's Life:</b> Harry lives in Williamsburg, KY. He worked for Tri County where he made electric parts. Harry was married to Joyce for 39 years. They have one daughter, Sonya, and 3 grandchildren. Brenda is his neighbor.</p>		



## Case Study 3 (swallowing): Jane

### Stroke with dementia

- **Sensory characteristics**
  - Reduced vision, keeps eyes closed most of the time
  - Hearing adequate for conversational speech
- **Communication characteristics**
  - Follows one-step directions
  - Answers yes/no questions
  - Speaks with single words but often off-topic
- **Swallowing characteristics**
  - CNAs reported reduced po intake in mornings, eats breakfast in bed
  - Reduced oral sensation and motility

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How Jane Communicates	How to Communicate with Jane	<b>Jane's Communication Care Plan</b>  <b>Potential Goals</b> 1. Tolerate 50% of am meal across 5 days with use of compensatory strategies. 2. Answer personal yes/no questions at 60% accuracy in order to communicate basic wants and needs.
1. Answers yes/no questions	1. Ask yes/no questions	
2. Follows simple one-step directions	2. Introduce each task	
3. She speaks little	3. Give simple, direct instructions	
Jane's Swallowing Strategies	Jane's preferences	<div><b>Support</b></div>
1. Up in wheelchair	1. She likes to sleep until 9:00	
2. Introduce each bite or drink	2. She prefers to sleep on her back.	
3. Give a drink after 2 bites		
<b>Jane's Life:</b> Jane's parents were Kelty and Jack Ford. She has one sister (Jacqueline) and one brother (Joe). Jane married Paul and they have been married for 61 years. Jane and Paul have 3 children: Diane, Paul (deceased), and Gregory. Jane attended the Church of Christ. She worked as a high school chemistry teacher in Mayfield.		

## Create a CCP for Chris

Chris is a female resident with dementia.

Vision and hearing are within normal limits.

### Speech-Language Test

- Chris' scores on the speech/language test were influenced by reduced attention to tasks as well as physical limitations.
  - Receptively,
    - Chris responded to her name,
    - identified familiar objects, and
    - followed written and verbally presented simple one-step commands.
  - Expressively, Chris repeated words and used stereotypical phrases. Used facial expressions to communicate pain.

### Cognitive Test

- Chris did not respond to any questions on the cognitive test.

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### How Chris communicates

- Expressively, Chris repeated words and used stereotypical phrases. Uses facial expressions to communicate pain.
- Receptively,
  - Chris responded to her name, identified familiar objects, and followed written and verbally presented simple one-step commands.

### How Chris communicates

- **Uses facial expressions to communicate pain or interest.**
- **Says stereotypical phrases frequently.**
- **Follows 1-step, simple directions.**
- **Reads familiar words**

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## Create CCP for Chris

### MECQ-LTC (Michelle is CNA)

- Responses to MECQ-LTC revealed that Chris uses specific behaviors to convey information. The CNA reported that Chris sat at the end of her chair to communicate bathroom needs.
- To facilitate comprehension of Chris's communication intent, Michelle asked yes/no questions, repeated information, waited, guessed, knew her routine, and was very attentive.
- In order to convey information to Chris, Michelle frequently obtained her attention, spoke loudly and slowly using simple, short sentences, verified her understanding, repeated information and re-stated communication intent.

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How to communicate with Chris	How to communicate with Chris
<ul style="list-style-type: none"> <li>• To facilitate comprehension of Chris's communication intent, Michelle asked yes/no questions, repeated information, waited, guessed, knew her routine, and was very attentive.</li> <li>• In order to convey information to Chris, Michelle frequently obtained her attention, spoke loudly and slowly using simple, short sentences, verified her understanding, repeated information and re-stated communication intent.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reduce distractions during care.</b></li> <li>• <b>Speak at face level, loudly and slowly</b></li> <li>• <b>Ask yes/no questions</b></li> <li>• <b>Use simple, short speech</b></li> <li>• <b>Repeat information</b></li> <li>• <b>Give choices</b></li> <li>• <b>Be very attentive during care</b></li> </ul>
What Chris's behaviors mean.	What Chris's behaviors mean.
<ul style="list-style-type: none"> <li>• Responses to MECQ-LTC revealed that Chris uses specific behaviors to convey information. The CNA reported that Chris sat at the end of her chair to communicate bathroom needs.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Sits at end of chair if she needs to go to the bathroom.</b></li> </ul>

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## Create CCP for Chris

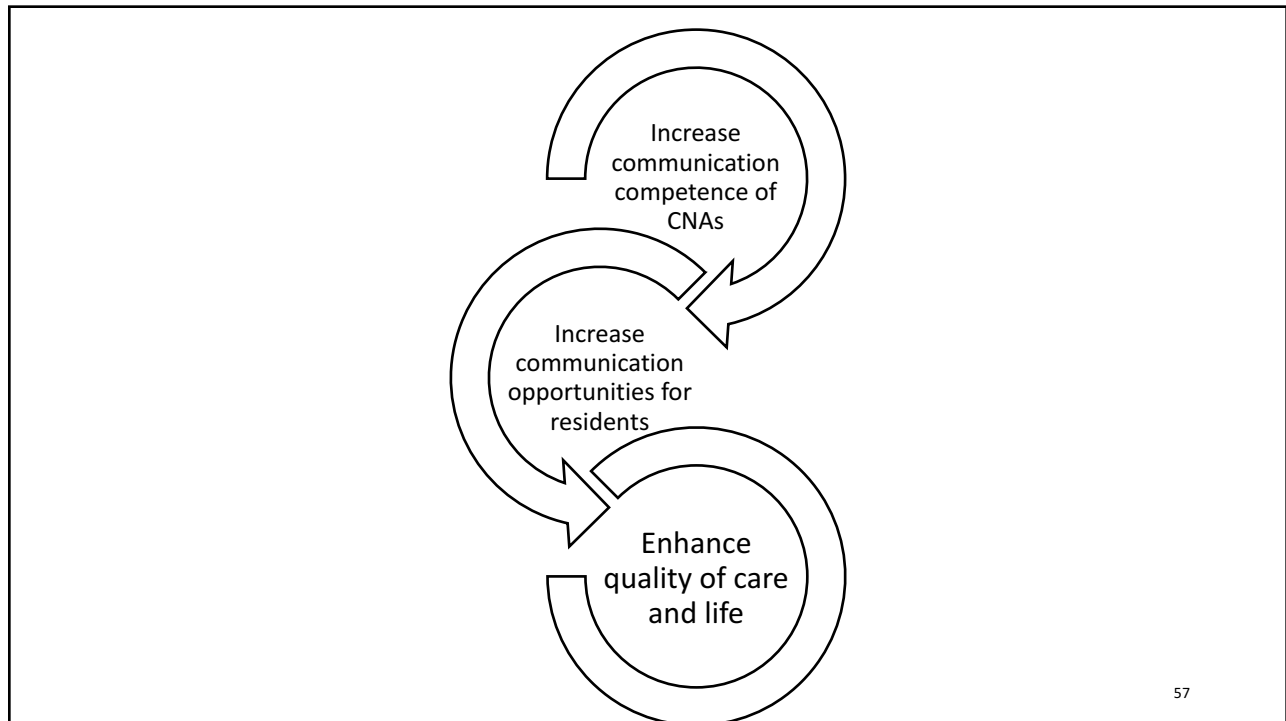
### Family Interview

- Chris's family completed the autobiographical information. In 1990, Chris met Mike in NYC. He proposed two years later in Rockefeller Plaza Ice Rink. They got married and moved to Portland. Chris has one son, Christopher. Chris enjoys walking, dancing, and listening to music.

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How Chris communicate	How to communicate with Chris
<ul style="list-style-type: none"> <li>• Uses facial expressions to communicate pain or interest.</li> <li>• Says stereotypical phrases frequently.</li> <li>• Follows 1-step, simple directions.</li> <li>• Reads familiar words</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce distractions during care.</li> <li>• Speak at face level, loudly and slowly</li> <li>• Ask yes/no questions</li> <li>• Use simple, short speech</li> <li>• Repeat information</li> <li>• Give choices</li> <li>• Be very attentive during care</li> </ul>
What Chris's behaviors mean.	Chris's habits
<ul style="list-style-type: none"> <li>• Sits at end of chair if she needs to go to the bathroom.</li> </ul>	She likes to: <ul style="list-style-type: none"> <li>• Dance</li> <li>• Listen to music</li> </ul>
<b>Chris' Life:</b> In 1990, Chris met Mike in NYC. He proposed two years later in Rockefeller Plaza Ice Rink. They got married and moved to Portland. Chris has one son, Christopher. Chris enjoys walking and dancing.	

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## Questions & Comments

**Please complete questionnaire  
and e-mail responses to me  
or  
Fax: (502) 570-3735 Attn: Christen Page**

Christen Page PhD, CCC-SLP  
[christenpage1@gmail.com](mailto:christenpage1@gmail.com)

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## How Nancy communicates

1. Speaks but it is mainly off-topic, loses her train of thought
  - Results of MAST and SPMSQ
2. May not understand what common objects are or what they do (utensils, walker).
  - Results of MAST (naming and comprehension)
3. Follows 1-step directions
  - Results of MAST (comprehension) and SPMSQ (attention/memory)
4. Reads short phrases (2-3 words)
  - Results of MAST (reading)
5. Points to items she wants or where she is in pain.
  - Results of Section 1 of MECQ-LTC

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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
What Nancy's behaviors mean.	Nancy's habits
<ol style="list-style-type: none"> <li>1. She may hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
<p>Nancy's Life: Nancy grew up in Georgetown. She went to North Middletown High School in Midway where she liked to play on a bridge. Nancy has a son, Tim who works as an independent painter. She has two granddaughters, Stephanie and Tiffany. Nancy worked at a car dealership. She handled the bills.</p>	

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## How to communicate with Nancy

1. Put on glasses
  - Observation, medical chart
2. **Introduce** yourself and what you are doing.
  - Results of SPMSQ (orientation/memory)
3. **Write down** what you want her to do (medicine, bathroom)
  - Results of MAST (reading) and SPMSQ (attention, orientation, memory)
4. Only give ONE SIMPLE direction or DEMONSTRATE then...
  - Results of MAST (comprehension) and section 3 of MECQ-LTC
5. **Wait** a few seconds for her to respond
  - Results of section 2 of MECQ-LTC
6. Ask yes/no questions
  - Results of MAST and section 2 of MECQ-LTC
7. **Give choices**
8. Restate what she tells you.
  - Results of section 2 of MECQ-LTC

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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
What Nancy's behaviors mean.	Nancy's habits
<ol style="list-style-type: none"> <li>1. She may get hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p style="text-align: center;"><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking at a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
<p>Nancy's Life: Nancy grew up in Georgetown. She went to North Middletown High School in Midway where she liked to play on a bridge. Nancy has a son, Tim who works as an independent painter. She has two granddaughters, Stephanie and Tiffany. Nancy worked at a car dealership. She handled the bills.</p>	

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## What Nancy's behaviors mean

1. She may hit when too many UNFAMILIAR people surround her.
2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)
3. She likes to wear her watch.
  - Observations and family interview

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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
What Nancy's behaviors mean.	Nancy's habits
<ol style="list-style-type: none"> <li>1. She may hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking at a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
<p>Nancy's Life: Nancy grew up in Georgetown. She went to North Middletown High School in Midway where she liked to play on a bridge. Nancy has a son, Tim who works as an independent painter. She has two granddaughters, Stephanie and Tiffany. Nancy worked at a car dealership. She handled the bills.</p>	

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## Nancy's Habits

### She likes:

- Looking a magazine
- Talking about her family
- Folding towels
- Washing dishes

### She dislikes:

- New places
- A lot of people around her at once
- Family report

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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
What Nancy's behaviors mean.	Nancy's habits
<ol style="list-style-type: none"> <li>1. She may hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
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How Nancy communicates	How to communicate with Nancy
<ol style="list-style-type: none"> <li>1. Speaks but it is mainly off-topic, loses her train of thought</li> <li>2. May not understand what common objects are or what they do (utensils, walker).</li> <li>3. Follows 1-step directions</li> <li>4. Reads short phrases (2-3 words)</li> <li>5. Points to items she wants or where she is in pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Put on glasses</li> <li>2. <b>Introduce</b> yourself and what you are doing.</li> <li>3. <b>Write down</b> what you want her to do (medicine, bathroom)</li> <li>4. Only give ONE SIMPLE direction or DEMONSTRATE then...</li> <li>5. <b>Wait</b> a few seconds for her to respond</li> <li>6. Ask yes/no questions</li> <li>7. <b>Give choices</b></li> <li>8. Restate what she tells you.</li> </ol>
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<ol style="list-style-type: none"> <li>1. She may hit when too many UNFAMILIAR people surround her.</li> <li>2. She wonders because she is unfamiliar with her environment and is trying to stay in control of her routine at home (washing face, walking around in her house)</li> <li>3. She likes to wear her watch.</li> </ol> <p><b>GIVE HER A JOB TO DO TO!!!</b></p>	<p>She likes:</p> <ol style="list-style-type: none"> <li>1. Looking at a magazine</li> <li>2. Talking about her family</li> <li>3. Folding towels</li> <li>4. Washing dishes</li> </ol> <p>She dislikes:</p> <ol style="list-style-type: none"> <li>1. New places</li> <li>2. A lot of people around her at once</li> </ol>
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