

CORE STANDARDS FOR NURSES WHO SUPPORT PEOPLE WITH A DISABILITY

COMMUNICATION AND BEHAVIOUR SUPPORT FOR NURSES APPRAISAL

Before undertaking the communication and behaviour support appraisal. Staff should have read and understood the Nursing and Health Care Communication and Behaviour Core Standard, prior to any appraisal being completed. It is important for each nurse wanting to be assessed to arrange a time with the Work Practice Support Person (WPSP) and use this as part of your professional supervision sessions.

It is important when supporting people with a disability to note that there may be challenges in developing and maintaining support for someone who requires communication and behaviour support on a daily basis. This can be particularly evident when supporting people with complex communication and behavioural support. This appraisal enhances the nurse's knowledge and skills in explaining how to develop communication and behaviour support skills that can significantly improve a person's outcome.

NURSE:

Date Core Standard commenced:

POSITION:

WORK PRACTICE SUPPORT PERSON NAME:

Date Core Standard commenced:

POSITION:

DEFINITIONS:

Work Practice Support Person (WPSP): this person supports the nurse and can be a professional supervisor or management supervisor with appropriate skills and experience. An alternative WPSP may be identified if the current supervisor/s believe another person may be better suited to assessing a nurse's knowledge. Consideration must be given to the professional discipline of the supervisee to ensure an appropriate WPSP is selected.

GUIDELINES:

- The WPSP will sign below when they are satisfied the requirements for each section below have been met. The information under each question is intended to provide the key points each nurse should address. Nurses can provide more than is itemised.
- Questions may be answered verbally or in writing.
- Questions may be answered in the context of a group discussion as long as the WPSP is present and satisfied with the nurse's response.

- Case discussion / examples are acceptable if completed in collaboration with another nurse as long as the WPSP can identify the nurse's level of contribution and is satisfied that the requirements are met.
- Case discussion / examples must have been completed within the previous 12 months.
- There is not a scoring system in this appraisal. All questions to be answered to a satisfactory level. The key elements that are required responses are underlined.

Disclaimer:

This appraisal was developed by the Clinical Innovation and Governance Directorate of Ageing, Disability and Home Care in the Department of Family and Community Services, New South Wales, Australia (FACS).

This appraisal has been developed to indicate whether a nurse has increased their knowledge through the completion of the core standard. It has been designed to promote consistent and efficient best practice. It forms part of the supporting resource material for the Core Standards Program developed by FACS.

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Certification:

Participants working in FACS who choose to demonstrate knowledge acquisition and skill application in a core standard receive a certificate of completion from FACS (Clinical Innovation and Governance directorate) recognising their hard work. The certificate is a significant achievement. It demonstrates to the agency, as well as to future employers, demonstrated knowledge and application in the relevant area.

Skills that are appraised only once can wane over time through lack of use, monitoring and feedback. It is suggested that certificates of completion be renewed every four years. To ensure this is easy to do participants need only re-submit two further case examples demonstrating application of the information covered by the core standard program.

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|--|----------|---------------------------|
| INTRODUCTION TO COMMUNICATION | | |
| <p>Why is it important for nurses to understand the different ways people with disability communicate?</p> <p>Effective communication and behaviour support are core components of nursing practice as there are significant links between communication difficulties and challenging behaviour</p> <p>It is imperative that nurses are aware of different ways people with disability communicate to ensure the person with a disability is at the centre of all decision making about his or her care ,needs and wants</p> <p>People with an intellectual disability have impaired communication – this ranges from subtle (and difficult to identify) to severe and obvious. Nurses must be aware of potential problems</p> <p>Sensory impairments interfere with language development</p> <p>People with profound and multiple disabilities are dependent on others to interpret their needs and choices through observation, assessment and getting to know them</p> <p>Knowledge of levels of communication – unintentional, intentional, symbolic – enhances understanding of communication capacities and the development of appropriate strategies</p> | | |
| <p>Give examples of the 3 levels of communication?</p> <p>Unintentional (or pre intentional) communication has the following characteristics:</p> <ul style="list-style-type: none"> • the person is not deliberately communicating • facial expressions, eye movements, body movements, vocalisations are non-specific means of communication | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|---|----------|---------------------------|
| <ul style="list-style-type: none"> • person does not use communication as a tool to obtain a goal • communication is not directed at a listener • listener needs to figure out what the message is • in normal development, occurs from birth – 6 months. <p>Intentional communication has the following characteristics:</p> <ul style="list-style-type: none"> • the person is deliberately communicating to a listener • communication becomes more specific – pointing, eye contact, guiding • the person uses communication as a tool to obtain a goal • more people can understand the message, but it still needs some familiarity and interpretation • in normal development, occurs around 6 – 12 months. <p>Symbolic communication has the following characteristics:</p> <ul style="list-style-type: none"> • the person is deliberately communicating a message to a listener • the person uses a formal symbol system (language) to communicate their message – speech, words, signing, pictures, etc. • the message is readily understood by those familiar with the language • in normal development, begins around 12 months. (After Bloomberg & West, 2009) | | |
| <p>When communicating with people with a disability it is important for the nurse to?</p> <p>Ensure the person with a disability must remain the primary focus of the communication even when accompanied by a communication partner such as family member, carer, support worker, or advocate. Following are some useful strategies.</p> | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|--|----------|---------------------------|
| <p>To enhance receptive communication:</p> <ul style="list-style-type: none"> ▪ speak slowly and use pauses to allow person to process words ▪ try and present only one concept at a time – too many concepts are muddling ▪ ask one question at a time – provide time for reply ▪ use short, clear sentences – avoid complex and technical words and jargon ▪ if necessary to obtain history from a carer, maintain focus on the person through eye contact, touch and body language ▪ use visual cues, such as objects, pictures, diagrams, to get you message across ▪ if a communication devise is used, ensure access, read the instructions, and use jointly with the person <p>To enhance expressive communication:</p> <ul style="list-style-type: none"> ▪ provide adequate time for person to formulate responses and questions ▪ explore statements and questions to ensure you understand the person’s meaning ▪ use visual cues, such as objects, pictures, diagrams, to enhance meaning ▪ note expression and body language to interpret meaning and explore if necessary <p>Never pretend to understand. Use exploratory techniques clarify meanings. If you still don’t understand, then apologise.</p> <p>When working with people who cannot communicate intentionally, observe facial expression, body language and behaviour. Even though it is necessary to communicate with accompanying carer, the person with a disability must retain a central place in the conversation through eye contact, body language and touch.</p> | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|---|----------|---------------------------|
| <p>What is the link between communication and behaviour support when supporting people who have a disability?</p> <p>The links between communication difficulties and challenging behaviour are well established. If persons with an intellectual disability do not have a way of communicating their wants, needs, likes and dislikes, they may use other behaviours to get their message across.</p> <p>Evidence suggests that problems with receptive communication (comprehension of information) are more closely associated with challenging behaviours than expressive communication skills.</p> <p>When language is too complex to be understood, people may engage in challenging behaviours because they are scared, confused or frustrated. When carers overestimate people's receptive language skills, they inadvertently create potential situations for challenging behaviour. Therefore, it is essential to adapt communication and use techniques to enhance understanding.</p> <p>When people age, the possibility of advancing cognitive decline or dementia may also affect their ability to communicate and further influence behaviours.</p> <p>People with an intellectual disability have problems with communication because of cognitive impairments. Sensory impairments further complicate the situation. People with profound and complex disabilities are not able to communicate in the usual manner.</p> <p>Lack of effective communication leads to frustration. Frustration leads to withdrawal or anger and aggression against self or others. This is seen as 'challenging behaviour' and may lead to further exclusion. People with profound disabilities are dependent on others to interpret their needs and choices through observing and responding to their communicative behaviour.</p> | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|---|----------|---------------------------|
| <p>(Sources used:ADHC, 2012; Balandin, 2002; Baladin <i>et al</i>, 2007; Ballin & Baladin, 2007; Bloomberg & West, 2009; Buzio, Morgan & Blount, 2002; CDDH, 2008; Ellis, Sherwin & van Dam, 2011; Grove <i>et al</i>, 2000;Hemsley<i>et al</i>, 2001; Iacano <i>et al</i>, 2009; Kearney & Griffin, 2002; King <i>et al</i>, 1999; Mencap, undated; Tadema & Vsalcamp, 2010; Therapeutic Guidelines, 2012; Whittingham <i>et al</i>, 2013).</p> | | |
| <p>What are communication profiles / plans and who should develop them?</p> <p>Communication Profiles are useful snapshots of individuals' essential communication. They are convenient for unfamiliar environments such as during hospitalisation.</p> <p>Communication Plans must be implemented in a consistent manner. They must be reviewed by a Speech Pathologist regularly or according to need.</p> <p>The person with a disability must be the primary focus of communication</p> <p>Use strategies to enhance both receptive and expressive communication.</p> <p>When working with people who cannot communicate intentionally, observe facial expression, body language and behaviour.</p> <p>Partnerships are essential to effective communication between health professionals, people with disability, their families and carers, schools and day options programs.</p> <p>Nurses play an important role in facilitating partnerships, interpreting health information, co-ordinating health practice, and liaising with other health professionals.</p> <p>Nurses support families by using family-centred and partnership approaches, and through advocacy of people with disability and their families.</p> | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|--|----------|---------------------------|
| <p>Lack of effective communication leads to frustration. This may result in challenging behaviour.</p> | | |
| <p>What are the causes of challenging behaviours?</p> <p>Broadly speaking, the causes of challenging behaviour are classified into four areas:</p> <ul style="list-style-type: none"> • physical causes – health problems causing pain and discomfort • environmental causes – interactions with family, staff and others; lack of control over environment; changes to routines; loss and grief • psychiatric causes – psychiatric disorders more prevalent in people with intellectual disability • behavioural phenotype – some behaviours may be associated with specific syndromes, e.g., skin picking and Prader-Willi syndrome | | |
| <p>Name 5 areas that contribute to challenging behaviours?(but not limited to)</p> <ul style="list-style-type: none"> ▪ <u>health problems</u>, e.g., psychiatric illness, substance abuse, medication, pain, discomfort, epilepsy, GORD, dental problems, osteoporosis, pneumonia, constipation, ear infection, urinary tract infection – it is important to rule out any underlying health problem before looking for other causes of challenging behaviour ▪ <u>abuse</u> – physical, sexual and psychological ▪ <u>life and environmental changes</u>, e.g., school or accommodation changes, change in house mates, changes in routine, death in the family, staff changes, siblings leaving home, divorce ▪ <u>communicating needs and wants</u>, e.g., food, drink, activity ▪ <u>communicating need for social interaction</u> – sometimes negatively referred to as ‘attention-seeking’ ▪ <u>communicating avoidance and</u> | | |

| Questions / Answers | Comments | Meets Requirements (WPSP) |
|---|----------|---------------------------|
| <p><u>escape</u>, e.g., avoiding situations that are unpleasant or disliked</p> <ul style="list-style-type: none"> ▪ limited understanding of social norms ▪ a need for sensory stimulation ▪ <u>difficulties with regulating emotions</u> ▪ <u>boredom</u> ▪ <u>anxiety</u> ▪ <u>frustration</u> ▪ <u>confusion</u> <p>Nurses are responsible for initial assessment of causes of challenging behaviour. Always consider pain and health conditions first. Then assess for other causes. Refer for further assessment when indicated.</p> <p>Challenging behaviour challenges not only the person, but also families, carers, people in a person's support network and service providers.</p> | | |

Case Discussion / Examples.

Don't forget to include the elements that the nurse is looking for in each sample.

- *Case discussion / examples must have been completed within the previous 12months.*
- *Case discussion / examples are acceptable if completed in collaboration with another nurse. Nurse can discuss the participant's level of contribution with them to enable sign off.*

| Work Practice Sample Required | Comments | Meets requirements (WPSP) |
|--|----------|---------------------------|
| <p>Does the person being assessed need to give consent even though they are non verbal?</p> <p><i>Remember:</i> nothing can be done without consent from person with intellectual disability or substitute consent from 'person responsible'. (See: your organisations Decision Making and Consent Policy and Procedures).</p> | | |
| <p>Discuss a case and give examples where communication was an issue and how was it dealt with?</p> <p>Provide examples of each step of how this case was managed effectively?</p> | | |
| <p>Discuss a case and give examples where challenging behaviour was an issue and how was it dealt with?</p> <p>Provide examples of each step of how this case was managed effectively?</p> | | |

Observations

Don't forget to include the elements that the nurse is looking for during the observation.

Observations must have been conducted within the previous 12 months.

| Observation Description | Comments | Meets Requirements (WPSP) |
|--|----------|---------------------------|
| <p>The nurse has demonstrated the following key skills during an interaction with a service recipient.</p> <ul style="list-style-type: none">• Questions used to clarify responses and elicit more information matched to their communication needs.• Person as the focus• Notes are taken during or after the meeting.• The ability to develop a comprehensive health care plan after consultation.• The ability to provide accurate information via documentation,• The ability to confirm correct information. <p>Recorded responses/notes match the nurse's notes</p> <p><i>Impressions of the nurse and clients interactions during the assessment, context and respondent are discussed with WPSP following the interview.</i></p> | | |
| <p>Was there good participation and outcomes observed during the consultation? Provide an example where it applies.</p> <ol style="list-style-type: none">1. The person had a strong understanding of the principles around communication and challenging behaviours.2. Did the nurse have a good rapport with the person and other stakeholders. | | |

Date all work above signed off by WPSP:

I confirm that all requirements have been met for this core standard.

Signed:

Name:

Position:

Date:

Resources and Further Readings

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- FACS (2012). Lifestyle planning guidelines. Sydney: NSW Government.
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- FACS (undated). Building a communication profile template.
http://www.adhc.nsw.gov.au/_data/assets/file/0006/258684/Lifestyle_Planning_Communication_profile.pdf
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<http://www.cddh.monash.org/assets/documents/working-with-people-with-intellectual-disabilities-in-health-care.pdf>
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http://www.dhs.vic.gov.au/_data/assets/pdf_file/0003/596721/Disability_supporting_people_complex_comms_needs_workbook_pdf_030310.pdf
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http://www.adhc.nsw.gov.au/_data/assets/file/0013/250033/Working_in_Person_Centred_Ways_Resource_Book.pdf

- Grove, N., with Bunning, K., Porter, J. & Morgan, M. (2000) *See what I mean: Guidelines to aid understanding of communication by people with severe and profound learning disabilities*. Worcestershire, UK: BILD. [Order at: <http://www.bild.org.uk/our-services/books/communication-is-a-human-right/see-what-i-mean/>]
- Hemsley, B., Sigafos, J., Balandin, S., Forbes, R., Taylor, C., Green, V.A. & Parmenter, T. (2001) Nursing the patient with severe communication impairment. *Journal of Advanced Nursing*, **35**(6), 827-835. <http://dx.doi.org/10.1046/j.1365-2648.2001.01920.x>
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