

Communicating effectively with people with cognitive disability

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Thinking about Disability

Q; What does a person with a 'disability' mean to you?

Think about how your personal and professional experiences, as well as community views and expectations of people with disabilities, affects this definition.



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Cognitive Disability/Impairment

- Cognitive disability/impairment is a term used to describe a wide variety of impaired brain functions relating to ongoing impairment in comprehension, reason, adaptive functioning, judgement, learning or memory that is the result of any damage to, dysfunction, developmental delay, or deterioration of the brain or mind.
- It can be associated with many disabilities and disorders that can be present at birth or acquired later in life, and can apply to a range of severity in impairment, from mild through to severe



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Possible indicators of cognitive disability

- Short attention span
- Difficulty understanding questions and instructions
- Limited vocabulary: may mimic responses or answers
- Inability to read or write, or very limited literacy
- May answer, 'yes' to all questions asked
- May have difficulty giving a personal history
- May not want disability to be noticed



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People with cognitive impairment may have difficulty

- Learning and recalling skills
- Following instructions
- Recognise cause and effect
- Perform physical and cognitive tasks



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Cognitive Impairment can affect

- Å Judgement and decision making
- Å Short term memory
- Å Self regulation
- Å Concentration
- Å Insight into self & others



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Cognitive impairment can lead to

- Anxiety when hurried
- Confusion when faced with multiple facts or choices
- Disordered style and content of communication
- Reduced inhibitions
- Risk taking



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Disability or Impairment?

Social model of understanding disability

● **Impairment** is a medical condition that leads to disability;
while

● **Disability** is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment.

(<http://www.pwd.org.au/student-section/the-social-model-of-disability.html>)



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Disability

Accessibility

Ability

- What are some examples of physical, attitudinal, communication and social barriers?



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Examples

- Mario i MHRT, Fitness
- Wendy i Guardianship Tribunal, dispute regarding care
- John i Tenancy, need for further exploration
- Ming i Guardianship Tribunal, question of capacity
- Using the NCAT website
- Other examples?



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Mario i MHRT, Fitness example

- Mario has an intellectual disability and an extensive criminal history
- He has been found unfit and has been given a limiting term.
- At this hearing Mario's treating team has noted that Mario may now be fit.



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Mario

- Prior to the Hearing Mario sits in the waiting area with staff he is familiar with chatting comfortably.
- In the hearing he puts his head in his hands and does not participate.
- Mario remains unfit.
- DISCUSSION



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Wendy i Guardianship Tribunal

- Wendy has an intellectual disability and lives in a group home.
- Wendy uses words, signs and compics to communicate
- Until now Wendy has not needed a Guardian
- Wendy has challenging behaviour and a behaviour support plan has been developed which in includes restricted practices



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Wendy

- Group home staff and family disagree about the behaviour support plan
- Group home staff say the behaviour is worse after family visits
- Family seem reluctant to participate in the process



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John's Tenancy matter

- John lives in DoH, 1bedroom flat
- He has a cognitive disability and some mental health issues
- Another man has moved in and is dealing drugs from the flat
- Breach of Tenancy Agreement and DoH are concerned that John is being exploited



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WHAT DOES JOHN THINK?

HOW DO WE FIND OUT?



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John's point of view

- John is scared of losing the flat
- John likes his flatmate (Murray) most of the time
- Murray reminds him when he has appointments
- Murray is often good company
- Murray shares his Chinese take away
- John doesn't like some of Murray's friends



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Ming i Question of Capacity

- Ming has had schizophrenia for many years
- He has spent time in and out of hospital
- His treating team believe he has a psychosocial disability and have made an Access Request to the NDIS
- The treating team are concerned that Ming will not ask for sufficient support in the NDIS planning meeting due to lack of insight into his needs and say he needs a Guardian with a services function
- Ming doesn't think he needs much, if any, NDIS support and certainly doesn't need a Guardian



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I have a cognitive impairment.

I have basic literacy and computer skills.

I want to make a general NCAT application
and I can't afford to pay the application fee.

<http://www.ncat.nsw.gov.au/>



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Providing a more accessible service

- Recognise disability and support needs
- Take time
- Provide an accessible environment (familiar, comfortable, quiet, etc)
- Check for understanding
- Say it again / Remind the person
- Use more than one type of communication i words, diagrams, pictures, calendars



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Providing a more accessible service

- Frame information in positives i What TO do i rather than negatives
- Ensure person has appropriate support
- Plan that the person may need help to put new information into practice
- Plan for follow up
- Use plain English
- Consider where to use easy English



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Plain English writing:

- is respectful of the reader
- is appropriate to your audience (who they are and what relationship you want to have with them)
- draws on common, everyday language
- explains technical words in everyday language
- attempts to interest readers and hold their attention.

<https://www.plainenglish.com.au/about-plain-english>

<http://plainlanguagenetwork.org/>



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What is Easy English?

Easy English is writing for people who do **not** have functional literacy.



- <http://accesseasyenglish.com.au/what-is-easy-english/>
- <http://www.nswcid.org.au/hire-us/easy-read-materials.html>



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Questions?

- Thank you
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