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***Issue Highlights***

- Free Alberta Education
- Communication Access Training
- CDAC: Communication Assistance Database
- Editor's Corner: Interview with Chelsea Hagen
- Glenda's Communication Go-Kit

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## **Free Alberta Education**

Compiled by Kathy Howery, PhD

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The work to support SLPs, educators, OTs and others who are involved in AAC provision continues through the Provincial CCN Professional Learning Community. This year, as in the past three years, there have been regular webinars focusing on AAC best practices given by various people working in the field.

These webinars are, in most instances, archived and available to anyone who might be interested in viewing them. They can be found at <https://arpcresources.ca/consortia/complex-communication-needs-ccn/>.

In addition, there are other archived webinars that may be of interest to those working in the area of AAC at the "parent" site <https://arpcresources.ca/consortia/resources-support-low-incidence-population/>.

Alberta continues to provide webinars into 2019. Upcoming webinars can be found at Edmonton Regional Learning Consortium website <http://www.erlc.ca/programs/>.

# Communication Access Training Program

Compiled by Caroline Marcoux, M.Sc., RSLP - GF Strong Rehabilitation Centre

## Communication Access Strategies

- ↓ distractions
- Extra time
- "Show me your yes/no."
- Ask yes/no questions
- "Communication board or device?"
- Establish topic
- Write key words
- Draw pictures
- Use gestures
- Use props (calendar, map)
- Say 1 idea at a time
- Ask client to speak slower, write, point, or show you

Inspired by the Communication Disabilities Access Canada (CDAC) initiative that promotes accessibility, inclusion, and human rights for people who have speech and language disabilities in the wider community, the Speech-Language Pathologists (SLP) at GF Strong Rehabilitation Center in Vancouver, British Columbia, set on a mission to ensure that clients with communication disabilities would have their voices heard.



In the spring of 2018, GF Strong staff members across disciplines started attending small-group training sessions facilitated by SLPs to learn about and practice effective strategies to help support communication. During these sessions, staff members from different disciplines have the opportunity to share challenges they have experienced and learn about how other colleagues have tackled challenging communication situations. Each staff member attends 2 sessions separated by a few weeks to allow for the opportunity to practice learned strategies and consolidate knowledge in the second session. They are provided with tools to use including a communication access strategies card to help them with their future interactions with clients with communication disabilities. The participants also know that they can consult with the SLP practice group as well as other colleagues who have participated in the training as a resource in the future. The feedback from both new and more experienced staff who participated in the program has been very positive and the growing number of people proudly sporting their communication access strategies cards on their ID lanyards has created a buzz around the centre. To date more than 150 staff members and students have participated in the training program and plans are underway to offer the training to other locations within and beyond our health region.



Communication Disabilities Access Canada

## Communication Assistance Database

Compiled by Shelley Deegan – Communication Disabilities Access Canada Representative

Communication Disabilities Access Canada (CDAC) has developed an online database where people can find and hire someone to assist with communication. The database includes (a) assistants who can support people communicating in non-critical, everyday situations and (b) communication intermediaries are Speech-Language Pathologists, who support people communicating in police, legal and justice services. Everyone listed on the CDAC's database has completed CDAC's online courses and have agreed to follow the code ethics which is available on the database site.

It is important to note that CDAC does not accredit, endorse or pay the assistants or intermediaries on its database. CDAC is also not accountable for the assistance given to a person. It is the sole responsibility of the person looking for communication assistance, the family member or the organization to interview, check references and hire an assistant who can meet their needs. In the case of communication intermediaries, police, legal and justice services usually pay for these supports.

Support people to get the communication supports they may need by:

- Telling them and their support network (if appropriate) about the database and showing them how to use it. There are easy instructions on our site.
- Finding out if they want you to help them develop a personal communication support network and providing custom training to the assistants they select in their area.
- Asking if they know people who might be interested in taking the CDAC online communication assistance course at <https://courses.cdacanada.com/>.
- Telling them about communication intermediary services that they can request in police, legal and justice services. Check out our webinar at <http://www.access-to-justice.org/education/people-with-communication-disabilities/>
- Encouraging them to take our online course about how to find, hire and work with a communication assistant at <https://courses.cdacanada.com/courses/working-with-a-communication-assistant/>

Learn more and share this information with your clients as it is an important resource for many people living with communication disabilities.

<https://www.cdacanada.com/resources/communication-assistance-database/about/people-who-assist-with-communication/>

# Editor's Corner: Interview with Chelsea Hagen

Nicole Johnson, Editor



You may recognize Chelsea from the Film Festival at the ISAAC 2016 Conference in Toronto. She created a film called the “AAC Zone”. Chelsea is a 22 year old writer and airbrush artist who was born and raised in rural Alberta. She uses her head to control two switches that help her communicate, write, and paint using her Accent 144 Minspeak. This is why she calls her art “Noggin Art by Chelsea”. She enjoys using her noggin to create amazing stories and paintings. She likes bowling, fishing, camping, equestrian (watch not ride), stage plays, movies, music, history and art history, site seeing, cooking and eating. Her most favorite thing to do is write and wants to make it her full time career. She has already been published in a poetry book and magazines. She has made two short films and writes for the AAC Language Lab international blog.

Editor: “What exciting things have you been doing since the Film Festival at the ISAAC Conference in Toronto in 2016?”

Chelsea: “Since the AAC film, I continue to work on perfecting the craft of writing. I am taking an online writing course. I belong to a writers group and we plan to publish a book. I also am working on my own dark-funny poetry book and I hope it will be published. I have entered a few writing contests. I haven’t won, but that’s ok it shows I’m trying, and I learn something new every time. I’m thinking of also putting a short story book together. I also do a lot of guest speaking at universities, conferences, galas, schools, care facilities, and AAC camp. I love talking to the public to help educate them about people who use AAC. Also, so I’m not just stuck in front of my device I started my own airbrush paint art. I call it Noggin Art by Chelsea Hagen. I pick out all the colours and designs and use my two head switches to control the sprayer. Any of the paintings I sell I give a portion to charities.”

Editor: “What has been your biggest achievement and why?”

Chelsea: “First, learning my communication device, it is what gives me a voice and a writing tool. It means everything to me. It is me. Without it I would be lost. Second, would be learning to read and write. This has not been easy for me and I continue to work really hard at it. It has helped me to be more confident and well... let’s face it, learning to read and write is the backbone of to being a good communicator.”

Editor: “What has been your biggest barrier to doing what you want?”

Chelsea: “My biggest barrier is time. I scan to write all my creative words and to talk. It’s tricky for me, it takes a long time for me to put a story together. It takes me a long time to talk. Lots of time people, schools, and universities, extra; don’t have time to wait for me to show how intelligent and creative I am. Time is not my friend, when I need to make an essay deadline or talk to keep up with the conversation it sometimes just doesn’t happen. Society ends up losing out on the brilliant things I have to say or write. It also takes me longer to learn things, I have a bit of memory trouble, I sometimes learn something and then I go backwards and then have to spend time re-learning things to really get it in my brain. I have trouble spelling which slows me down because I spend time trying to figure out how to spell, again this all takes time. Time that nobody has.”

Editor: “Can you let us in on any future endeavours?”

Chelsea: “I am definitely taking the path less travelled, and I am okay with that. I would like to perfect the art of writing. I’m not sure if this will be just attending university classes because of the time issue or maybe I will get some sort of degree. I really want to be a famous writer, travel the world, and continue to speak on behalf of all AAC communicators. I want to teach society to understand, respect and include people who use AAC.”

Editor: “Is there anything else you’d like to share with ISAAC Canada?”

Chelsea: “I guess... that I know my dreams are big and I’m a bit of a dreamy head (I have been called that many times) but I am not naïve. I do know that my future could be a care facility, which scares me just like it does any person who is getting old. So, I think I may as well shoot for the stars and know that no matter what, I can look back and know I gave it my best shot and I have no regrets.”



# Glenda's Communication Go-Kit: Preparing for Unexpected Hospital Visits

Compiled by Glenda Watson Hyatt - ISAAC Canada, Social Media Coordinator



**Taucha Post**, RSLP and **Sarah Douglas**, SLPA are a communication team who work with non-verbal clients at Communication Assistance for Youth and Adults (CAYA) in Vancouver, BC.

**Glenda Watson Hyatt** is a published author, keynote speaker and a strong voice for individuals with speech and language disabilities. She is the Social Media Coordinator for ISAAC Canada and works with Communication Disabilities Access Canada on various projects.

Severe shoulder pain necessitated a trip to the Emergency Room, an unpleasant experience for most people. But, for someone with a speech disability, I dread unplanned trips to the hospital because it means trying to communicate in a rushed environment where, for the most part, medical professionals do not have a clue about how to communicate with someone like me.

In the ER, it is difficult to use my iPad with Proloquo4Text for communication due to the fast-paced nature of the emergency room. And, when I am in pain, it is even more difficult to type accurately. Typically, my husband Darrell translates my *Glenda-ish*. However, this time around, much to my surprise -- and relief -- the ER doctor listened attentively and genuinely tried to understand my speech. He was amazing!

Once I was moved to an Acute Care room, I was able to use my iPad and kept it at the ready by my side. Knowing the nursing staff had very little time with each patient, I found myself typing my message before pressing the call button. During the long boring times in between procedures, I added these messages to my newly created Hospital folder.

During one interaction with my nurse late at night, she was stuck on one word I was saying. She waited while I typed the word on my iPad. I appreciated she took the time to truly listen to me.

However, unfortunately, there were three separate incidents that left me feeling extremely frustrated and vulnerable:

1. While I was still in the Acute Care room, a social worker came by, quickly introduced herself and asked if my husband was coming in that day. Before I could pause the video on election reform that I have been watching as research before casting my vote in the pending referendum, she was off to call my husband without even attempting to communicate with me. After speaking with my husband on the phone -- a conversation of which I could hear one side because a speech disability does not necessarily mean a hearing impairment -- she spoke with my nurse, again within earshot, but without me.
2. Once I was moved up onto a ward, my first bed was "Flow C" - a bed in the hallway while they waited for a bed in a room to empty. When a porter came to take me for another test, the nurse instructed me to leave my tablet under my pillow. Leave "my voice" under my pillow in a busy hallway? I think not!
3. The next morning, when the doctors made their rounds, my iPad was being charged, out of reach. Darrell had not yet arrived. I had no real way of communicating with the doctors, beyond a few words. I had no way of asking about the test results.

I, of course, shared all this on Facebook. My SLP Taucha and SLPA Sarah heard the bat signal and, a couple of weeks after I was released from hospital, we met to discuss a “Communication Go-Kit”.

My communication team and I discussed the various barriers I experienced:

1. Medical environments are fast-paced, busy and loud. How can I explain my communication abilities and strategies as efficiently as possible? What communication solutions can be put in place so healthcare professionals know what I need as a communicator?
2. What accessories do I need to take care of my technology as independently as possible? How can I make sure my technology is within reach and ready to be used?
3. What tools do I need for when my technology is not available? What low-tech solutions can I use if my iPad is inaccessible or out of commission? How will I be able to express new and novel ideas, but also efficiently communicate things that will come up multiple times a day?
4. As the patient, I want to advocate for myself and tell the professionals about my experience on my own; however, there are times when it is easier for Darrell to interpret or speak for me. When is it okay for healthcare professionals to speak with my spouse on my behalf? How do we decide what the balance is?

From there, we discussed possible solutions and decided to create a Communication Go-Kit -- low-tech communication tools in a bag, ready to go if I ever need to go to the hospital again. Something that I could take with me next time or that Darrell or a friend could grab on their next trip to the hospital to visit me. The Go-Kit can also be grabbed if we ever need to evacuate our home.

Taucha, Sarah and I discussed many possible tools and decided to go with:

- A letter board in the QWERTY layout
- Notepad and pen for the listener to write my message as I spell it out on the letter board
- Communication tips cards
- Communication board specific to a hospital setting
- A sticker on my iPad that reads, in large print, “This is my voice! Please do not separate my voice from me.” And, in small print, “Unless absolutely necessary, in which case tell me where it will be placed and when I’ll have it back.”
- A longer charging cord for my iPad
- An extension cord

For the moment, I decided against the communication book because I am not familiar with using that communication method. I’d be open to revisiting that tool later, should my communication needs change.

Later, I added the TOSH Pain Scale, which I had seen on Facebook. This pain scale made more sense to me than the standard instruction, “Rate your pain from zero to ten.”

I have since place the communication tools in a small tote bag in the hall closet by the front door. It is like insurance: I have it and hope I never need to use it (in a hospital or evacuation setting). I have also placed a letter board in my scooter basket so that I have a low-tech option with me when I am out. Part of living with a communication disability is being prepared to communicate in every possible scenario. I now feel a little more prepared.

## Create Your Own Communication Go-Kit



Hospitals are not ideal communication environments. They are loud and busy places, full of unfamiliar people who don't have a lot of time. As a patient, you are likely going to be tired, weak, in pain, and/or medicated, so you're going to want communication tools that will help you minimize the effort needed to communicate. This will enable you to participate in your care as much as possible.

Here are some things to keep in mind and include when creating your own Communication Go-Kit. Check off all the items you want to include:

### 1. Multiple ways to explain how you communicate:

- A wallet sized card to carry with you at all times and stored messages in your device and your communication book to describe the following:
  - how you communicate 'yes' and 'no'
  - all the tools you use (Eg. iPad with text-to-speech app, pen and paper, letterboard, communication, book etc)
  - strategies they can use to help communicate with you better (Eg. Please ask me one question at a time. Please don't interrupt when I'm writing my message. etc.)
- Instructions if you need communication partner support for any of your tools

### 2. Extra accessories to help you take care of and use your device independently:

- An extra charger
- An extension cord so you can always reach your device when it's plugged in
- An external speaker and its charger, if your device is quiet as you'll need to be heard over the noise
- A small stand, keyguard, stylus or anything else needed to improve your access in bed

### 3. Back-up paper-based tools for creating new messages:

This will allow you to talk about whatever you want. Depending on your abilities and preferences, some examples include:

- Pen and paper
- Boogie Board
- Whiteboard and markers
- Letterboards (QWERTY, alphabetical, etc, whichever is the most familiar to you)
- Core board with symbols

### 4. Back-up paper-based tools for frequent and urgent messages:

A communication board or book so that you don't have to spell these messages from scratch in more time-sensitive situations, and to conserve your energy. These messages may include:

- Pain scales
- Feelings
- Contact information for important people
- Questions or concerns about your medical status and treatment
- Care needs and comfort (Eg. Raise my bed. Clean my glasses. I want to see the doctor.)
- Quick social messages (Eg. How are you? Thank you. See you later.)
- Frequent conversation topics to start a conversation
- Message board with matching symbols

### 5. Multiple ways to advocate for yourself:

- Low-tech instructions explaining to others how to take care of your equipment
- Visual reminders on your equipment that ensures access to your communication tools at all times, and explains the importance of cooperative problem-solving if there's a time the device can not be accessible (Eg. During a medical procedure or care routines)
- Discuss with your loved ones and supporters when it is and isn't okay to speak on your behalf. Decide together when the conversation should be redirected to you; agree on a signal if needed. Develop a script or message and practice so it's more comfortable for you both.

Now that you have everything...

- Store them in an easy to carry bag in an accessible location.
- Tell everyone in your house where the Go-Kit is. It's not going to help you if it stays in your closet and no one can find it!
- Practice using your new tools. Make sure you can use them easily in different places; like in bed or sitting up. Get familiar with the content and organization.
- Make changes as needed.

Although this list may seem daunting, having some tools ready to go is better than having nothing ready. Develop your Communication Go-Kit slowly, over time, if necessary. Keep in mind that preparation now can help to make an emergency go a little smoother later.