

# Effective Communication with Individuals with Intellectual Disabilities

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# Communication Is Complicated

## On one hand...

- We are compelled to presume competence
- We might see an individual with a physical disability, but shouldn't presume an intellectual disability
  - Cerebral palsy, multiple sclerosis, acquired disability from stroke, brain injury
  - May affect balance, gait, speech, motor planning



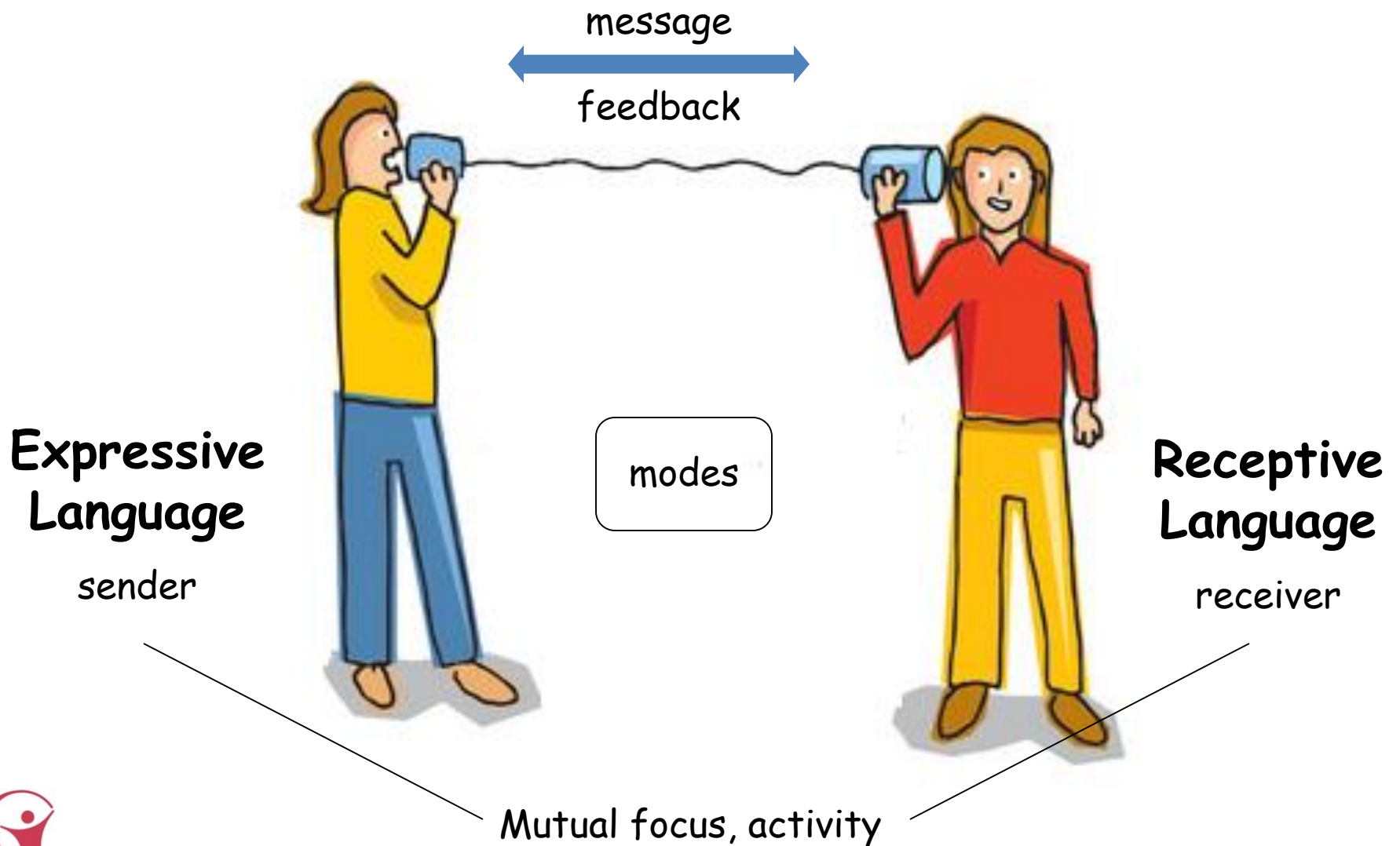
# Communication Is Complicated

## On the other hand...

- **We might see an individual with no visible signs of a disability**
  - May appear to demonstrate appropriate understanding of language and communication
  - As we dig deeper, we might see gaps in those skills
  - Then we need to adjust our own communication



# Communication Model



# ID and Communication

- Having difficulty in one or both of these areas can significantly impact:
  - Ability to follow rules
  - Understanding of consequences of negative behavior
  - Give “true” answers to questions
  - Problem solve
  - Participate in conversation



# Factors that Affect Understanding:

## The Message Being Sent:

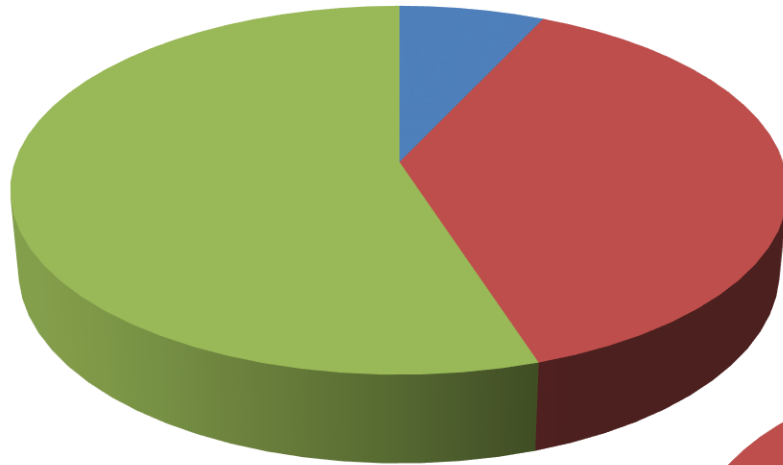
- Speed of communication
- Length
- Complexity
- Word order
- Word meaning/vocabulary
- Vocalics (tone of voice, loudness, rate, pitch, stress)

*Just because we HEAR the message does not mean we UNDERSTAND*



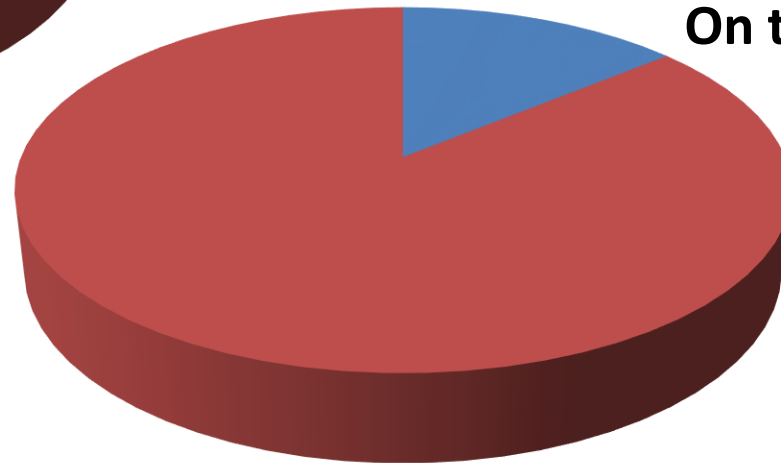
# Communication

Face-to-Face



- Words
- Tone
- Body Language

On the Phone



- Words
- Tone

It's not just *WHAT* we say.  
We communicate more with *HOW* we say it.



# Common Characteristics

## **Acquiescence** is very common:

- The person might not understand what is said, so they agree with it in an attempt to cover their misunderstanding (masking)
- They find it difficult to say no, particularly to someone perceived to be in authority
- They don't want to say no, or are afraid to say no, and agree with what is said to avoid getting into trouble





# Common Characteristics

## Masking can include:

- Rote learning of statements to use when responding to questions or as part of a conversation
- Learned behaviors to get care or help, to fit in, or to get someone to go away
- Rote learning of statements that simply help the person to get by and deal with everyday experiences.



# Common Characteristics

- **May not understand instruction**
  - May require instructions to be broken into steps
  - May require visuals to reinforce understanding
  - May have difficulty understanding sequences or time
  - May have difficulty with attention, short term memory or memory processing



# Common Characteristics

- **May not understand the consequences of their actions.**
  - Limited knowledge of the law
  - Difficulty with perspective taking
- **Lack of awareness of seriousness or danger of the situation**
  - Limited background knowledge/personal experiences



# Common Characteristics

- **Have difficulty describing facts or details**
  - Limited expressive vocabulary
  - Difficulty with concepts such as sequence/ordering of events and time
  - Difficulty maintain attention
  - Memory deficits



# Common Characteristics

- **Have difficulty asking questions for clarification**
  - Formulating questions
  - Might not know what they don't know
  - Acknowledging they don't understand



# Common Characteristics

- **Confabulation** or “exotic story telling”
  - Desire to gain respect or admiration
  - Often due to a lack of “really valuable” stories to share
    - Don't deny/diminish story
    - Story may not be true, but reason for telling it may be true
    - Try to hear meaning behind the story



# How to Communicate with People with ID

- Use SIMPLE language/vocabulary whenever possible.
- Be concise. Speak in black and white.
- Avoid lengthy sentences.
- Break down information into chunks.
- Use concrete language, avoiding idioms and other figurative language.
- Give choices.
- Avoid yes/no whenever possible.



# How to Communicate with People with ID

- Progress slowly
- Repeat messages
- Check for comprehension often

Comprehension should be checked periodically, preferably before transitioning from one topic to the next.





# Check for Comprehension

## Do

- Provide structure
  - First - Next
- Ask for repetition
  - “Tell me what I said”
- Ask simple questions
  - “What happened?”
  - “What did you do?”
  - “What will you do next time?”

*Use simple questions and statements*

## Don't

- Avoid asking, “Do you understand?”
- Avoid asking, “OK?”
- Avoid asking, “Did you hear what I just said?”
- Avoid asking, “Do you have any questions?”
- Avoid asking, “Do you know what you did wrong?”

*Avoid yes/no questions*



# Strategies

- Build rapport and safety.
- Show their message is valued and give them time.
- Never pretend to understand a person's speech.
- If the client has little or no verbal speech, try another approach. Talk to caregivers and others (if possible).
- Take time to work slowly and with respect.



# Strategies

- Provide breaks.
- Change settings - take a walk.
- Give time for person to process.
- Avoid using legal jargon or unfamiliar concepts.
- Regularly check for meaning. Do not make assumptions about what the client is saying or meaning.



# Strategies

- Be as concrete as possible to increase understanding of information.
- Visual aids (text, picture) can be useful to show:
  - Consequences of actions
  - Expectations
  - Comprehension
  - Rules
  - Instructions



For more information, or if you have questions or concerns, please contact us:

- Tina Moreno, Speech/Language Pathologist, [moreno.tina@cuyahogabdd.org](mailto:moreno.tina@cuyahogabdd.org)
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# Thank You for Your Time!



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