

Policy & Procedure Manual

COMMUNICATION – R-I-8

POLICY:

In order to comply with OPTIONS northwest's Mission and Vision, it is important to understand what each individual is communicating. When recipients of service are able to communicate their needs, wants and desires, it provides them with opportunities of choice, full citizenship, autonomy, self-determination and social inclusion.

Communication with individuals supported by OPTIONS will be in a language they understand. All individuals have a unique method of communicating and understanding what is communicated to them. A Communication Dictionary will be available in each person's individual support plan binder, outlining all forms of communication used and their meaning.

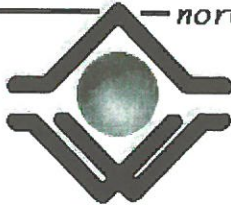
Prior to providing support, staff new to the individual will receive all relevant training related to the individual's method of communication, including reviewing their communication dictionary.

PURPOSE:

1. To ensure staff have an understanding of what each recipient of service is communicating in order to honour their choices.
2. To ensure all staff new to the individual reviews their Communication Dictionary and receives relevant training prior to providing supports.

PROCEDURE:

1. When supporting an individual's choices and decision making, it is important that support staff understand what they are communicating and remain unbiased. Gestures, facial expressions, and body language are all forms of non-traditional communication. When these methods are used by the individual, it is important that staff really listen and rely on observational skills to interpret what they are trying to say. Once the meaning and the method of communicating used by the individual has been determined it will be added to their Communication Dictionary (see Appendix A and for an example of a completed Communication Dictionary see Appendix A-1).



2. In order to complete the Communication Dictionary, staff must spend time with the individual, observing how they interact and respond to various activities and situations.
3. The Primary/Secondary Counsellor, with input from the individual, person(s) acting on their behalf and other members of the support team, will complete a Communication Dictionary within six months of the individual coming into service. It will be reviewed and updated annually and as required.
4. Support staff will seek out and evaluate all alternative or augmented communication techniques i.e. sign language, Voce, PECS, Ipad etc. that may assist the individual to communicate.
5. Individuals who use alternative/augmented communication must have access to them and to staff who understand and use them.
6. Prior to working with each individual, staff will review their Communication Dictionary and receive all related relevant training.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: July 2013

AUTHORIZED BY: Executive Director

SIGNATURE:

A handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to read "B. J. [unclear]".

My Communication Directory

Name: _____

Date: _____

When I	I Usually Mean
I Feel	You will know this because I
Glad	
Sad	
Mad	
Scared	

* Add additional pages as required

My Communication Directory

Name: John Smith

Date: June 15, 2013

When I	I Usually Mean
Push your hand away when eating	I have had enough of the item you are feeding me
Direct your hand during eating	I can tell you if I want to eat faster or slower
Hit my jaw with my fist	I may be angry or frustrated I may be in pain
Make loud noises when in a room with people	Move me somewhere quieter
Cross my arms over my head and then pull down	I may have cramping in my feet
Am in bed and make loud noises	I may want a blanket, I am cold I may be thirsty or hungry My attend may need changing
Pull my blanket over my head	I am tired I want to be alone
Am in my chair and start to cry	I am uncomfortable and want to go to bed
Am in my bed in my room and make loud noises	Please turn off my T.V. I may be thirsty or hungry My attend may need changing
Go to bed from my chair and smile	I am so glad to be in my bed
I Feel	You will know this because I
Glad	Because I smile and laugh out loud
Sad	I cry out and make loud noises or cry
Mad	I cry out and make loud noises, may hit my face with my fist
Scared	Make loud noises or cry

* Add additional pages as required

