

Communication and Mental Health

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Objectives

1. Review of language and communication and how it can be impacted by mental health conditions.
2. Strategies to support communication in the context of mental health supports
3. Referrals to Communication therapies

Communication!

Communication is part of our everyday lives.

Our communication skills change given different variables, including our emotional states and factors present in the environment.

Strong emotions impact communication skills in all of us (e.g. when anxious or angry we can struggle with communication).

Communication skills can be significantly impacted in people with mental health conditions (even without IDD).

People with IDD including those with language delays/differences with mental health conditions can impact access to typical mental health strategies.

Domains of Communication

Language
- Receptive
- Expressive

Speech
- Articulation
- Oral Motor skills

Fluency
- Stuttering

Voice

**Social Communication
(Pragmatics)**
- Nonverbal
- Social Use of Language

Nonverbal Communication

Studies have indicated that nonverbal communication accounts for up to 75% of social communication

- Gestures (e.g. pointing, waving, shrugging, descriptive gestures)
- Eye Contact (e.g. social referencing, joint attention)
- Facial Expression (in part to communicate emotional state, expression and interpreting)
- Physical Proximity, body language
- Paralinguistics – tone, prosody, intonation, inflection

Social Communication

- Requesting
 - Things/Actions
 - Permission
 - Information
- Protesting
- Commenting/Showing Off
- Greeting/Taking Leave
- Clarification
- Persuasion/Negotiation
- Self - Advocacy
- Problem Solving
- Understanding thoughts & perspectives of others (and how they differ from own thoughts)
- Emotions (understanding & expression)
- Humor, sarcasm, nonliteral language
- Coordination of verbal and nonverbal

Communication & Mental Health Conditions

Anxiety; feeling overwhelmed, emotional dysregulation (or just feeling strong emotions)

Communication abilities decrease as anxiety and other feelings increase

Depression

Can impact attention, motivation to respond, and can mirror decreased social and communication abilities

ADHD

Executive functioning requirements result in challenges with the organization of language, social communication, and some nonverbal communication. Can be especially challenging when co-occurring language and sensory processing difficulties

Social Communications: Conversations

- A *reciprocal* conversation involves:
 - Attending to others
 - Accessing personal knowledge (through experience)
 - Responding to the questions or comments of others
 - Relating personal stories
 - Asking *relevant* questions about the topic
 - Staying on topic
 - Turn-taking (Interrupting or not taking turns)
 - Modifying conversation based on partner
 - “Reading” intentions/nonverbals
 - **Executive Functioning Requirements**



Social Communication: Conversations

Should not:

- Be dictated by others; “How are you doing today” Response. “I’m good”
- Be based on others’ ideas of appropriate social behavior

Should:

- Be driven around the goals and interests of the patient
- Be linked to thoughts and feelings. Be targeted around curiosity
- Be around topics of interest and broadened as appropriate
- Be instructed to be most functional to teach desired skills; can be helpful to be very explicit around the purpose of the conversation (planning, information gathering, social around an interest, etc.)
- Be incorporated into awareness around emotional and physical states

Echolalia/Scripted Communication

- Echolalia - Literal repetition of others' speech either immediately (*immediate echolalia*) or later (*delayed echolalia*).

May serve a variety of communicative functions, and, not unlike imitation for typically developing children, it may be a productive language learning strategy for many children with autism (atypical development).

- Scripted Communication – Use of words/phrases/sentences that are learned holistically and can be used verbatim during specific situations (“I don’t know”)

Positive or effective scripts (“I’m doing the best I can”)

Negative or ineffective (“I’m gonna hurt you”| “I don’t know” (escape function)

Communication Functioning Level

- Prior to beginning treatment, gather information about client's communication strengths and challenges
- If on an IEP, communication assessments and IEP goals should provide information; contact current SLP for additional information
- Some clients may have history of or currently in community-based speech-language therapy
- Be sure to gather information related to both receptive and expressive communication
- If no information is available and there are concerns related to communication, request an evaluation (school or community)

Promote success in comprehension

- Use explicit instructions and plain language whenever possible; define terms clearly (e.g. what is advocacy; independence)
- Avoid using vague or abstract terms; try to use clear, concise language to avoid misunderstanding or misinterpretation
- Consider other modalities; reading/writing may be more effective than spoken language (or use both); use of visual supports
- When teaching a strategy, use a “repeat back” strategy to ensure the client has understood and is not just “yessing”

Use of Virtual Supports

- Visual Schedules to help with predictability (can be written or pictures)
- Use of writing/reading; written reminders to use skills
- Pictures that demonstrate the use of calming strategies
- Augmentative/Alternative Communication (AAC) – not just for non-speaking individuals
- Social Stories

Sometimes I feel frustrated
or upset.



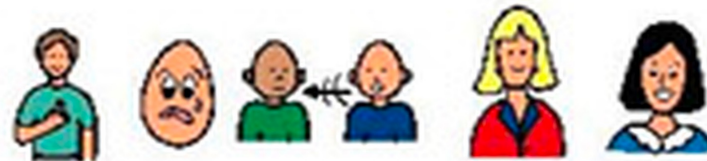
It's OK to feel frustrated but
I need to stop and calm down.



My work doesn't need to be
perfect. I just need to try
my best.



When I am frustrated or upset
I can tell Mrs. Ashley
or Mrs. Holbrook and they can



Functional Scripts

- For Individuals who use scripted or rehearsed communication, developing functional scripts that are practiced and then used during social interactions can lead to positive outcomes
- Use of role-playing to practice common stressful situations (for example – self-defense classes)
- Mantras - “People are doing the best they can” and “People need to do better, try harder, and be more motivated to change
- In coordination with other strategies (emotional regulation scales)

Example – Emotional Regulation with Functional Scripts - Frustration

5 – Throwing things, hitting my head

4 – I can't use my words. I sometimes yell or make threats. I feel angry. I slap my leg or arms

3 – I am struggling to find words, I have a hard time sitting and will walk around; I feel like and say “I'm no good”, I think about ripping things up

2 – I am beginning to feel like a little stressed. I can use strategies that Jim (parents/teachers) have taught me. I can ask for help

1 - I feel calm, I can use my words. I feel good about being able to use skills if I feel stressed. I can focus on what I need to do

Actions or Functional Scripts in coordination with Emotional Regulation Scales

5 – No scripts to use at this level; try to get to calming situations. Debrief later to talk about what happened and what to do (problem-solving)

4 – “I’m feeling mad and I need to take a break”

3 – “I’m starting to lose control. I need help to calm down”

2 – “I am getting stressed out. Can I take a break to calm down”

1 – “I’m feeling calm”, “I can communicate using _____ “(words, signs, pictures, etc.)

Communication & Behavior

- What role does an individual's communication abilities/difficulties play with regards to behavior?
- What communication skills do we teach in place of challenging behaviors?

A Common Profile

Child possesses adequate verbal skills though communication skills decrease when child becomes agitated, anxious, or overwhelmed

- May try to communicate initially
- Escalation can include arguing, swearing, threats
- Emotional dysregulation leads to drop in communication skills
- Behavior occurs when communication has not been effective

Disruptive Behavior – 2 Sets of Goals

Goals when child is NOT engaging in challenging behavior:

- Increasing vocabulary and grammar.
- Increasing understanding and use of non-verbal communication.
- Increasing social communication skills (conversations) *goals should always align with the goals of the individual

Goals when child IS engaging in challenging behavior:

- Teach functional communication based on results of a functional behavioral assessment.
- Teach scripts that can be utilized when child is frustrated (e.g. “ I need a break”).

Referral to Speech/Language Pathology

- Therapy can be school- or community-based
- SLP's can be a strong partner in skill development especially conversational and emotion identification and communication skills
- SLP's can become very narrow in focus so insure that SLP has knowledge of co-occurrence of mental health and behavioral challenges and communication.
- Check out our other communication-based didactics:

<https://wainclude.org/echo/echo-idd-wraparound/presentations/page/7/>

Augmentative & Alternative Communication – Helen Strausz
Communication & Autism Spectrum Disorder – Jim Mancini

Developmental or Mental Health?



Collaboration



Questions

THANK YOU!

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