WORKING TOGETHER
TO HELP YOU WHERE YOU LIVE
ABUSE

Pictographic Resources For People Who Know More Than They Can Say
What does Aphasia look like?

An individual with Aphasia may have trouble speaking and understanding when others talk, as well as difficulty with reading and writing. These problems make communication a challenge. Adults with Aphasia retain many of the cognitive and social skills present prior to the onset of Aphasia. These skills may be hidden or masked by the Aphasia.

What does communication look like within the context of Aphasia?

Communication includes establishing social connections and revealing what one knows, thinks and feels. Consequently, individuals with Aphasia may appear less competent in the eyes of others and, as a result, may be treated as though they are less competent. This can result in decreased participation in all aspects of social and community life, with potentially devastating consequences to self-esteem and quality of life.

What is Supported Conversation for Adults with Aphasia (SCA™)?

SCA™ is designed to ensure that people who “know more than they can say” feel as though their competence is acknowledged. Supported Conversation also ensures accurate exchange of information, opinions and feelings. The techniques include spoken and written keywords, gesture and body language, hand drawings, and sophisticated pictographs designed to support conversation on complex topics.

At the centre of SCA™ is a high-tech piece of equipment: a well-trained human being committed to enabling conversation with those who have communication barriers like Aphasia. Through SCA™, people with Aphasia and their conversation partners—be they doctors, nurses, spouses or old friends—are once more able to communicate.

Acknowledging competence and revealing competence are at the heart of Supported Conversation for Adults with Aphasia.

Acknowledging competence refers to techniques that show adults with Aphasia that you know they are inherently competent.

To acknowledge competence indirectly:

- Let your client/patient know that you know they have retained more cognitive and social skills than are immediately apparent
- Use a natural tone of voice that is not patronizing
- Choose adult or complex topics

To acknowledge competence directly or explicitly:

- Use a phrase such as, “I know that you know” at appropriate times.
- Acknowledge the frustration you will both share when – despite your efforts – communication breaks down. This act allows for a break in tension that often facilitates repair of miscommunications.

Revealing competence refers to techniques that facilitate the exchange of information, opinions and feelings between you, the health care professional, and the individual with Aphasia. There are three main categories of strategies to help reveal competence – IN, OUT, and VERIFY.
**GENERAL INSTRUCTIONS**

**IN:** Since individuals with Aphasia may have difficulty understanding what others say, techniques to help get our information or our message ‘IN’ to the person with Aphasia are beneficial. When a person with Aphasia does not understand, it is not necessarily the concepts that cannot be understood; maybe our delivery is at fault. We need to modify how we communicate, so that the person with Aphasia understands us. We call this getting your message ‘IN’. There are many examples, one example of an ‘IN’ technique would be to combine your talk with meaningful gestures to help the adult with Aphasia to understand what you are saying. (Caution: Even people with mild Aphasia can experience difficulty in understanding and may need help to get the conversation back on track.)

**OUT:** Individuals with Aphasia may also have difficulty expressing themselves or ‘getting their message ‘OUT’. There are techniques you can use to help the person to communicate his or her thoughts to you. An example of an ‘OUT’ technique would be to give written choices so the individual with Aphasia can answer by pointing to the picture of his/her choice.

**VERIFY:** Finally, by making sure you ‘VERIFY’ the message, you are checking to make sure that you have understood the person with Aphasia’s message correctly. By stating what you believe the person with Aphasia has told you, and checking to see if they agree, you can avoid potential miscommunications and consequently communicate in a more time efficient manner.

**Tips to improve communication**
- Write key words
- Reduce visual distractions
- Use pictographic resources
- Incorporate gesture and facial expression where natural into the conversation
- Prompt the person with Aphasia when you know key information has been omitted
- Information about new topics

**How does facial expression impact the success of the conversation?**
Combine facial expression with the words and gestures. Any visual information you can give will increase the chance for participant with Aphasia to understand.

**What is the best way to incorporate the use of gesture into a conversation?**
The use of gestures can help a participant to understand content, for example, miming driving for transportation and holding a telephone for talking on the telephone. **TIP:** Remember to always combine the gesture with the words you are saying.

**How do I reduce visual distractions?**
The amount of visual material presented on a single page of the resource may be overwhelming for some people with severe Aphasia or visual field deficits. We suggest that you present only one or two pictured items at a time. **TIP:** Use a blank sheet of paper, self-adhesive notes or your hand to cover some of the page and/or material that is not currently being discussed.

**Materials needed to use SCA™ techniques**
- Thick black marker
- Blank white paper
- Pencil
**GENERAL INSTRUCTIONS**

What are “key words”?  

Key words are the words in a conversation that establish the topic and carry meaning (e.g. nouns and verbs). Incorporate writing and drawing as you talk. We recommend that you use a thick, black marker when writing for the person with Aphasia. This results in larger and bolder writing. On the other hand, most people with Aphasia seem to write best with a pencil. Some may write or draw if a sheet of paper and a pencil are placed directly in front of them.  

**EXAMPLE:** When did you have your stroke?  

How do I get information about new topics?  

One way to get information about new topics is by asking open ended questions (e.g. questions starting with what, when, who, why and how) and then giving choices in the form of written key words.  

**Formal Training in SCA™**  

Participation in formal training opportunities in the use of the Supported Conversation SCA™ approach will improve your skills dramatically.  

For training and resource information, please contact: Training@aphasia.ca or visit us at www.aphasia.ca  

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Please submit all requests to our Education and Learning Coordinator: training@aphasia.ca
This resource is one of many pictographic materials available through the Aphasia Institute that support conversation about complex concepts so that people who ‘know more than they can say’ (those with a language or communication disorder such as Aphasia or those with limited English) can engage in meaningful discussions.

People who ‘know more than they can say’ can still participate in conversations when health care professionals use alternative communication techniques. Supported Conversation for Adults with Aphasia (SCA™) is a method that has been proven effective.

You will enhance the success of your interactions if you use pictographic resources together with the other SCA™ techniques. In many cases, the use of these techniques will facilitate a discussion that would otherwise not be possible. Please see the General Instructions for greater detail regarding SCA™.

**Purpose**

Use this resource to assist with opening a discussion about abuse with patients/clients.

**Topics**

This resource contains pictographic supports to enable the introduction of the following conversation topics:

- What you need to know about abuse
- Tell someone
- Your rights
- Different kinds of abuse
- Physical abuse
- Sexual abuse
- Financial abuse
- Verbal or emotional abuse
- Neglect
- What you can do (about abuse)
How to use this resource?

- It can be used sequentially or any one of the topics contained in this resource can be used on its own.
- To provide/receive general information:
  - While asking your question or making your statement, use a sweeping gesture across the page.
  - If your conversation partner is stuck on specific details, it may be helpful to use the words “in general” or “for example”.
  - Have your Yes/No/Other page available to confirm responses.
  - Give your conversational partner time to process what you are saying, and time to answer.
- To provide/receive a specific answer and details are important:
  - Point to each picture.
  - Make a mark on the selected pictographic image.
  - Have your Yes/No/Other page available.
  - Give your conversational partner time to process what you are saying, and time to answer.
- To allow for personalization of the resource use pictures of people or places relevant to the user. Photos can be pasted over or beside the pictographic images.
What You Need to Know About Abuse

Abuse is not your fault
You are not alone

There is help
Tell Someone

For example:

A family / friend
A neighbor
A doctor / professional

It’s **ok** to **tell**
Your Rights

Physical safety

Your body

You can say
☑ Yes ☐ No

Be cared for

To have enough food

To be clean

To communicate with others

Your money and belongings

☑ You are in control
☑ You make decisions

Respected

Accepted and treated with dignity

Communication support
Abuse

Physical abuse

Sexual abuse

Financial abuse

Taking money

Neglect

Not enough food

No washing

Isolated

Verbal or emotional abuse

You can’t do anything

I’m going to hit you

Stupid
Physical Abuse

No one should hurt you - not allowed - tell someone

No hitting

No burning

No shaking
Physical Abuse

No one should hurt you - not allowed - tell someone

- No slapping
- No pinching
- No pulling hair
Physical Abuse

No one should hurt you - not allowed - tell someone

No physical restraint

No confinement
Sexual Abuse

No one should hurt you - not allowed - tell someone

No unwanted touching

No sexual harassment

No exposing

No rape
Financial Abuse

No one should hurt you - not allowed - tell someone

Using your bank card

Taking household possessions

I want to know

NO

No information
Verbal or Emotional Abuse

No one should hurt you - not allowed - tell someone

No fear

No loss of dignity

No name calling

No shouting
Verbal or Emotional Abuse

No one should hurt you - not allowed - tell someone

No isolation

No removal of decision making power
Neglect

No one should hurt you - not allowed - tell someone

I'm hungry

Not enough food

No isolation

No toilet

No washing
**Neglect**

No one should hurt you - not allowed - tell someone

*Too much* medication

*Too little* medication

No physical *aids*
What You **Can Do**

Call for help
911

The Ontario Network for the Prevention of Elder Abuse

Ontario Network for the Prevention of Elder Abuse (ONPEA)
416-640-7784
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