

# Quick Reference Guide

Enhancing Care for those with IDD  
and Communication Barriers



## General Strategies:



### Use a trauma-informed care approach:

- Understand the impact of trauma and how it effects health and behavior.
- Recognize the signs and symptoms of trauma and avoid re-traumatization.
- Seek out someone who the individual knows and allow them to be present during care.
- Find a quiet space with limited distractions, triggers, or stimuli.
- Provide consistency during the encounter, reducing the number of people involved.
- Turn off or mute any non-essential monitoring equipment.
- Inquire about caregiver stress/burnout.



### Focus on varying communication methods:

- What do they find helpful? (ex: writing things down, using technology, signing)
- Use visuals, gestures, drawings.
- Overcommunicate important information through messaging several times.
- Use simple words, speak slowly, providing pauses to allow extra time for processing.
- Avoid speaking loudly and sit at eye level.
- Use a 'Tell, Show, Do' approach, pausing between steps to help build readiness.
- Be mindful of non-verbal communication and body language.
- Provide ongoing positive praise and encouragement, even after the smallest of steps.
- **Consider offering sensory tools that soothe, calm, or distract an individual while waiting or during care:**
  - Squishy balls, fidget devices
  - Noise reducing headphones, sunglasses, weighted blanket
  - Coloring book, playing cards, puzzles
  - Encourage the use of comfort items or activities (favorite item, music, phone, doll, food/snack, etc.).



### Know the current and historical medical needs:

- Understanding the Fatal Five and having an action in place.
  - **Aspiration/GERD** – modified diet and modified liquids orders, awareness of positioning, behaviors related to eating.
  - **Constipation/Bowel Obstruction** – effects of medication, adequate movement/exercise, fluid intake.
  - **Dehydration** – fluid intake and refusal of fluids, vomiting and diarrhea.
  - **Infection/Sepsis** – changes in temperature, pulse, respirations, consciousness, blood pressure, and behavior.
  - **Seizures** – ensuring medication regimen, follow seizure action plan, access to emergency medications.

## Behavioral Strategies:



- How is today's behavior different from baseline?
  - How long has this been occurring?
  - What is the behavior trying to tell us?
    - Communication
    - Pain
    - Unmet need
    - Attention
    - Sensory loss
    - Avoidance
    - Expressing emotion
    - History of trauma
- 



- Consider health-related triggers:
    - Dental Pain
    - Constipation/obstruction
    - Infection, including urinary infections
    - Ear infection or cerumen impaction
    - Abdominal sepsis
    - Is there a known psychiatric condition?
    - Is there a behavior plan in place?
    - Have there been recent changes to medications?
  - Consider anticholinergic adverse effects in patients taking multiple medications, such as:
    - Dry mouth
    - New onset or worsening constipation
    - Unsteady gait
    - Reduced cognitive function including impaired memory
    - Behavioral disturbances (i.e., increased anxiety, insomnia, agitation, confusion)
    - Delirium
    - Seizures
- 



- Consider emotional and environmental triggers:
    - Recent changes to supports or living situation
    - Weather changes
    - Losses
    - Bullying
    - Vulnerabilities
    - Triggering anniversaries
- 

## Optimizing Discharge:



- Ask the individual or caregiver to rephrase in his/her own words to assess level of understanding.
- Give simple written information, with concrete next steps, to help summarize and improve adherence with follow-up.
- Include identified caregiver or supports needed in discharge planning.
- Ensure information is shared with all providers, as continuity is key.