

Supported communication for access and participation

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Supported Communication to Improve Participation in Rehabilitation of people with moderate-severe aphasia after a first stroke: a pilot study (SCIP-R)

Overview

- Communication / conversation in day-to-day life
- Doing speaking & listening: the speech chain
- Speech, language and communication impairments after stroke
- Supporting communication for people with aphasia
 - Key issues, impact & strategies
 - All about the person
 - The environment
 - Supporting understanding
 - Supporting expression
- Supported communication: resources & skills
- Putting it into practice

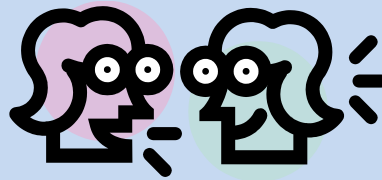
Learning outcomes

- After the *preparatory session* and *practical skills training* you will have
 - Furthered your understanding of the role of communication/conversation in daily life
 - Updated your knowledge of post stroke communication impairments
 - An understanding of the principles & practice of supported communication
 - Developed insights into your own supported communication skills & implementation in practice

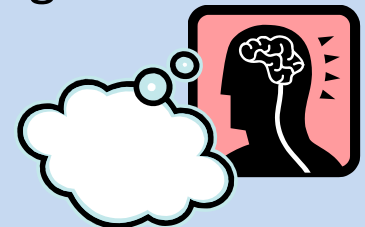
Communication / conversation in day-to-day life

- Central to our lives as social beings
- Making and sustaining relationships
- Expressing and sustaining social identity
 - Language group / dialect / accent
 - Emotional expression, attitude etc
 - Role & identity
 - Status & 'life history'
- Informing others and being informed: messages in / out

The speech chain...or from here to ear...and back

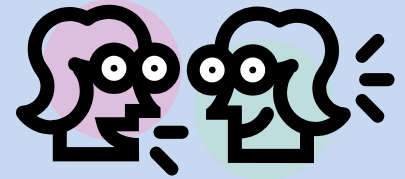


- *Messages out*
 - Selecting words to express meaning
 - Sentences – putting words in order
 - Producing speech – respiration, voice, resonance, articulation
- *Sound waves travel through the air*
- *Messages in*
 - Hearing
 - Auditory perception
 - Comprehension – decoding the speaker's message
 - Interpreting meaning



Conversations are collaborations

- Co-operation in two-party conversations
 - Speaker speaks
 - Listener listens **& shows s/he is listening**
 - The two take turns
- Establishing common ground / mutual understanding
 - Speaker makes sure listener understands
 - A: “I was there a week ago – I mean a week ago this Wednesday...”
 - B: “aha”
 - Listener makes sure s/he has understood
 - A: “I took the dog out for a walk”
 - B: “You mean that old collie of yours?”
 - A: “that’s the one”



‘Speech’ vs ‘language’

- **‘Speech’**
 - Articulating words – co-ordinated efforts of breathing, voice, tongue, lips etc
- **‘Language’**
 - Symbols representing objects, actions, ideas, emotions, qualities etc
 - Includes all modalities: speaking, listening, writing, reading, gesture (i.e. sign languages)

Speech, language and communication impairments after stroke

- **Impact of nervous system pathology on**
 - Language
 - Motor control (e.g. voice, articulation, breathing)
 - Cognition, including attention, memory etc
 - Special senses (i.e. vision, hearing)
 - Social communication

Speech, language and communication impairments after stroke (cont)

- **Aphasia**
 - Many different forms; may affect any modality (i.e. spoken language, writing etc)
 - Certain types may co-occur with apraxia of speech
- **Dysarthria**
 - Different forms according to site of lesion(s) and organs involved
- **Dyspraxia**
 - Oral dyspraxia; apraxia of speech
- **Pragmatic or cognitive communication disorders**
 - Use of speech/language in conversation

Aphasia: impairments

Different types according to site/s of lesion

- *Expressive* e.g. Broca's aphasia
 - Word-finding difficulties, but preserved understanding
 - 'Struggles' with forming words e.g. apraxia of speech
- *Receptive* e.g. Wernicke's aphasia
 - Fluent but 'empty' speech; comprehension difficulties; self-monitoring may be poor
 - Severe comprehension difficulties and no / reduced speech output
- *Mixed aphasia*, including difficulties with reading, writing, gesture etc

People with aphasia may “communicate better than they speak” (Holland, 1977)

- Social ‘rules’ of communication preserved e.g. turn-taking; ‘repairing’ problems; being informative etc
 - Question-Answer; Offer-Acceptance etc
 - Invites completion (of word; of turn etc)
 - Use of word + gesture + intonation
- Use of non-verbal communication e.g.
 - Facial expression
 - (Symbolic) gesture
 - Intonation
 - Vocal non-verbal expression

Why 'supported communication'?

- Many barriers to access and participation
- Aphasia may mask 'competence'
 - May be hard to see 'the person' / the active mind / the capacity
 - Importance of "I know that you know"
 - A person's decision-making capacity may be questioned / person may be 'excluded' from discussions or decisions
 - A person may be treated as a child
- Competence can be revealed by
 - Awareness of barriers
 - Skilled communication partners

Communication in context: rehabilitation activities

- Therapy / care activities
 - Case history; assessment; doing therapy etc
- Understanding instructions / explanations
 - What has happened; what this means etc
- Day-to-day choices
 - Menus; comfort (e.g. bed / chair); pain relief etc
- Keeping in touch with people: reducing social isolation
 - Family; friends; staff; other patients
- Key decisions
 - Discharge destination; medication etc
- Family meetings: being meaningfully involved

All about the person

Key issues	Impact
The lived experience not acknowledged: lack of awareness and focus on the person	Feels isolated Validity of experience not acknowledged May not feel valued
Having to re-learn many things Abilities not known Not known as a person	Low confidence & self-esteem May feel 'useless': own competence in doubt / unacknowledged May feel disorientated & uncertain May feel unsupported / left out
Feels anxious / frightened Depression / emotional reactions Low mood	Withdraws / does not want to engage or try things Barrier to participation & progress

All about the person (cont.)

Key issues	Impact
Feels embarrassed / shy about communication	Doesn't want to communicate / participate in activities Gives up Becomes withdrawn
Cannot communicate feelings, needs, wishes, decisions	Frustration and emotional upset
Not ready to take things 'on board'	Barrier to participation & fulfilling potential May restrict rehabilitation progress
Individual personal factors e.g. variability in health / well-being; effects of time of day etc	Time and effort for staff to accommodate individual needs

The lived experience not acknowledged: lack of awareness and focus on the person



Acknowledging the person's lived experience



All about the person: strategies for staff

- “imagine being...”
- Treat the person as trustworthy, interesting and sincere
- Acknowledge the person’s lived experience
 - Empathise: be open to the person’s point of view & show you understand; help people feel included
 - “I understand it must be very confusing / frightening / frustrating etc”
- Take an interest in the person (*‘This is me’*)
 - Get to know them (bit-by-bit) & build a relationship
 - Find out about their abilities / difficulties
 - Learn from the person, colleagues, family etc

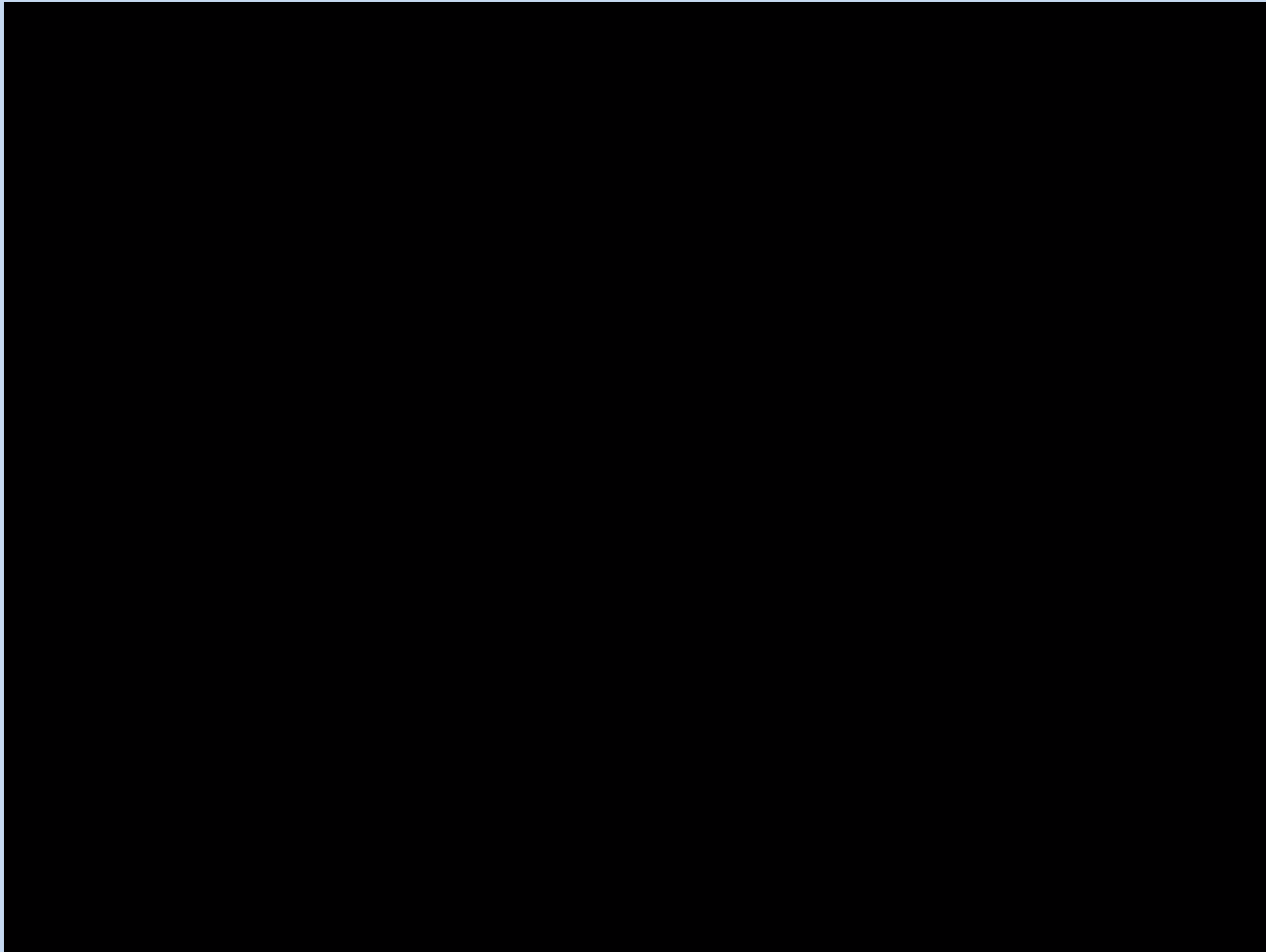
All about the person: strategies for staff (cont.)

- Accommodate individual needs
 - Give people a sense of importance and a feeling of being looked after
 - Attend to the person's environment – be flexible (e.g. 1:1 rather than group; take time out etc)
- Help lift their mood
 - Encourage appropriately: help people to know how to try
 - Help them cope with the present
- Hard for staff “but ten times harder for the person with aphasia”
 - Share the work of communication

The environment

Key issues	Impact
Noise <ul style="list-style-type: none">• People talking (too loud)• Noise of TV, radio, music, Hoovers etc	Trouble concentrating Trouble understanding / making oneself understood Feeling disorientated Feeling disrespected Feeling angry
Being in a 4 – 6 bedded bay	Staff / patient / relatives chatter Talking about others within earshot Companionship, mutual support, 'modelling'
Being in a side room	Isolation

Noise, interruption & the mobile



The environment: strategies for staff

- Be aware; be respectful
- Think about confidentiality
- Turn down the volume / turn it off
- Ask people to be quiet(er)
- Create quiet conditions e.g. 2-3 people in a group
- Go elsewhere e.g. side room; outside etc
- Mutually supportive (group) vs privacy

Supporting understanding

Key issues	Impact
<p>Staff do not know person's level of understanding</p> <p>Trouble understanding</p> <ul style="list-style-type: none">• Activity / questions / statements etc not contextualised	<p>Disempowerment</p> <ul style="list-style-type: none">• Not able to take an active role• Not included in decision-making <p>Does not benefit; progress slowed</p> <p>Frustration, disorientation, anxiety</p> <p>Staff unable to help / support – feel frustrated and helpless</p>
<p>Lack of focus on the person</p> <p>Talking to others & not the person</p> <ul style="list-style-type: none">• Other staff• Family members	<p>Person feels excluded / not valued</p> <p>Important issues / information may be missed</p>
<p>Environmental barriers</p> <ul style="list-style-type: none">• Noise, lighting etc	<p>Distraction for person and staff</p>
<p>Personal barriers</p> <ul style="list-style-type: none">• Pain, discomfort etc	<p>Person cannot concentrate / engage</p>

Supporting understanding: strategies for staff

- Get to know the person's strengths and difficulties
 - Ask colleagues; listen / observe; find out what works best
- Use environmental / contextual clues
 - Who are you?
 - Name and role
 - Objects; familiar photos etc
 - Demonstrate / model activity / gesture etc
 - Put into context: “You remember the other day...”

Supporting understanding: strategies for staff (cont.)

- Concentrate on / address the person
 - Remove / avoid distractions; check source of distraction (e.g. pain, discomfort etc)
 - Eye contact: focus and watch the signs
- Quiet
 - Cut out noise
 - Go to side room; leave the group; 1:1 etc
 - Reduce 'overload'
- Information in manageable chunks
- Always check understanding

Supporting explanations



Supporting expression

Key issues	Impact
Cannot find words / ways to express self Message is not understood / not clear	Person is disempowered / excluded Frustration Staff are anxious / uncertain
Not supported <ul style="list-style-type: none">• Unable to finish the message• Unable to make use of resources (e.g. pictures; symbols; ABC s etc)	Frustration Lack of participation Distressing for staff and person with aphasia; pictures etc can seem childish
Variability / uncertainty <ul style="list-style-type: none">• Yes / no confusion• Abilities change from time-to-time	Staff uncertainty Person is unable to convey needs, feelings, decisions etc

Disempowered and excluded



Supporting expression: strategies for staff

- Acknowledge the difficulty
 - Take / share responsibility – “sorry I’m being so thick...”
 - Take time to keep trying
 - Stay calm / relaxed
 - Persevere: be prepared for trial & error; be prepared to ‘park’ the issue and come back later
 - Importance of arriving at an understanding (rather than ‘correct’ talk)
 - Use humour appropriately
- Don’t make assumptions
 - Establish clear Yes / No
 - Check (but don’t bombard with questions – ask one question at a time)

Supporting expression: strategies for staff (cont.)

- Create time & space
 - Check for environmental / personal barriers
- Get to know the person's strengths and difficulties
 - Ask colleagues; listen / observe; find out what works best
 - Be responsive to the person's skills
- Provide resources and encourage to use alternative means
 - Always have pen / paper to hand

Attending, exploring, supporting



Resources for supported communication

Issue	Resources
People with aphasia cannot be rushed	<p>Take time – reassure him / her you will take time to listen</p> <p>Come back later</p> <p>Build a trusting relationship: the person feels valued</p>
Words are fleeting / inaccessible	<p>Pen & paper – make a record; share use of resources if you can</p>
Aphasia is unseen / unacknowledged	<p>Stroke & aphasia card</p>
Not knowing the person or their abilities / difficulties	<p>Family members / colleagues ('champions')</p> <ul style="list-style-type: none"> • Information on biography • Communicative approaches – learn from each other's expertise <p>Interpret/reassure <u>but not talking for</u></p>

Resources for supported communication (cont.)

Issue	Resources
Barriers to verbal communication	Objects / photos etc in the immediate environment Pen / paper – writing / drawing Alphabets Pictures; symbols Newspapers, magazines etc Calendars Maps; diagrams Personal items; ' <i>This is me</i> ' – meaningful resources Gesture
Environmental barriers	Plan for interactions / meetings Attend to physical spaces

Skills for supported communication

Issue	Skills
<p>Gaining and focussing attention</p> <ul style="list-style-type: none">• Ensure you fully capitalise on the person's abilities	<p>Remove distractions (noise etc)</p> <p>Be well positioned</p> <p>Use focussing talk ("OK, now we were going to talk about")</p> <p>Signals (facial expression; gesture etc)</p>
<p>Quality of your talk</p> <ul style="list-style-type: none">• Speed of your talk / delivery: too fast for the person to follow• Inappropriately loud voice• Talks too quickly / mumbles• Chatters (distracting)	<p>Slow down your talk</p> <p>Introduce gaps (chunking)</p> <p>One question / statement at a time</p> <p>Give time</p> <p>Focus on the most important thing</p> <p>Don't distract with 'asides'</p>

Skills for supported communication (cont.)

Issue	Skills
<p>Quantity of your talk: giving information</p> <ul style="list-style-type: none">• Too much at a time• Too involved / complex / technical	<p>Chunk talk / information – break up with pauses or ‘markers’</p> <p>Check understanding – repeat & rephrase as necessary</p> <p>Be aware of word choice (technical terms; acronyms etc)</p> <p>Show; demonstrate; model</p> <p>Give as many clues as possible</p> <p>Support verbal communication</p> <ul style="list-style-type: none">• Write down (as appropriate); read out / refer back• Use diagrams / pictures / communication book etc• Use ‘visual punctuation’

Skills for supported communication (cont.)

Issue	Skills
<p>Quality of your listening</p> <ul style="list-style-type: none">• Not paying attention or listening carefully – distracted• Not attending to the message• Not supporting adequately	<p>Give time and (create) opportunity</p> <ul style="list-style-type: none">• Environment• Eye contact• Observation (non-verbal behaviour – intonation; facial expression etc)• Show you are listening• Offer a range / combination of strategies – share modes• Summary & suggestions (checks)
<p>Respectful communication</p> <ul style="list-style-type: none">• Acknowledge difficulties and competence• Interpret messages as communicative	<p>Use empathy / person-centeredness</p> <p>Feed back your understanding / interpretation (where there is doubt)</p> <p>Avoid a 'teacherly' manner – accept, don't evaluate</p> <p>Humour as appropriate</p>

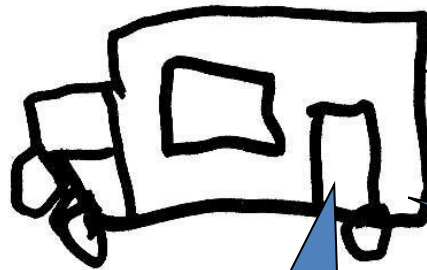
Resourceful communication



got seven & weeks
got two weeks
go ~~away~~

A asks about 'type'
of word: Yes / No

M crosses out
written attempt



A suggests
drawing

A suggests
referent too early -
rejected

June

M - essential
features enable
correct referent to
be identified

Practical exercise 1: role play

- In pairs threes, find out / convey biographical information about e.g. yourselves, family, place of birth etc etc
- RULES
 - No speech
 - No writing of words
 - **DRAWING**
 - **NUMBERS**
 - **GESTURE, NVC only**

Practical exercise 2: face-to-face training

- Each person in 1:1 conversation with communication partner trainers e.g.
 - A is with 1st trainer (20 mins) including feedback
 - A is with 2nd trainer (20 mins) including feedback
 - etc etc
- Find out about the person e.g. background, history, family, occupation, interests etc
- Tell them about yourself and your role e.g. provide an explanation about something to do with your job; stroke care etc

Face-to-face training feedback

At the end of the 15 minute session you will be asked to

- **Consider what went well**
 - Use the feedback sheet to discuss Skills and Resources
 - Trainer discusses these points and **emphasises positive aspects**
- **Consider areas to work on**
 - Use the feedback sheet to discuss Skills and Resources
 - Trainer discusses these points and **indicates two key aspects to improve for skills and resources**
- Trainer gives overall score
- Trainee puts 'aspects to work on' into practice in second conversation session

Resources for day-to-day practice

- On the ward
 - *Handy pack*: key pointers / reminders / basic symbols etc
 - *Learning logs*
 - A monthly reflective record of your experiences using supported communication e.g.
 - Responding to the person
 - Supporting understanding and expression
 - Supporting participation etc
 - Identifying the need for additional support or training

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