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Carer communication – making the change

*Using a single case study and a combination of general and direct teaching strategies, **Lesley Brown** demonstrates how the communication of carers can be changed to improve a client's challenging behaviour.*

Speech and language therapists working in the field of adult learning disabilities invest a significant proportion of their time delivering training to care staff. Training is no longer an optional component of service delivery, but an essential, ongoing commitment (van der Gaag & Dormandy, 1993). We cannot expect to change the communication skills of clients without first changing the behaviour of their primary communication partners (Cullen, 1988).

Increasingly therapists are having to provide evidence of effectiveness through outcome measures. These usually focus on changes in the client's communicative behaviours (Enderby 1997; Smith 1997). If we accept the importance of changing staff's use of communication, then we also need methods of monitoring any input which aims to achieve this.

Staff training is often provided in the form of communication workshops. These aim to change staff's attitude towards and knowledge about communication and consequently enhance their practice. Workshop packages are commercially available to assist in this (eg. *Intercom, An Introduction to Talkabout, Talking Points*). A wide range of training techniques may be utilised during such workshops. These have been described as having varying impacts on staff's practice (Anderson, 1987). Landesman-Dwyer & Knowles (1987) hypothesise the effectiveness of staff training will be a function of four primary factors, the fourth of particular importance:

1. How relevant staff perceive the content of the workshop to be ('subjective relevance')
2. How applicable the new attitudes, knowledge and skills are to the actual job situation ('objectively validated relevance')
3. How effective the presentation format and style is, the clarity of presentation and appropriateness of delivery along with the extent to which practical demonstrations are used.
4. How much time and opportunity is available for exploration and practice of new skills along with regular individual feedback.

Little ongoing change

My experience of communication workshops is that they are frequently positive forums for increasing general awareness of communication issues and informing staff about the role of the speech and language therapist working with adults with learning disabilities. Cullen (1987) suggests training often results in positive evaluations by staff and improved staff morale. However, in a similar way to Forshaw and Richards (1997) and others, I have frequently observed little ongoing change in staff's use of communication strategies following a workshop. Perhaps, because of caseload sizes and consequent time constraints, we often ignore Landesman-Dwyer & Knowles' essential fourth factor. In reviewing studies on staff training, van der Gaag & Dormandy (1993) agree the most effective technique is the ongoing use of feedback - video, verbal and written. When attempting to change staff's practice we should bear in mind people remember 10 per cent of what they hear, 50 per cent of what they see and 90 per cent of what they do. In the words of the well-known maxim, 'what I hear I forget; what I see I remember; what I do I know.'

I had the opportunity to put these ideas into practice when I received a referral from the Clinical Nurse Specialist (Behaviour Therapy) on our multi-disciplinary team. He was working to reduce the challenging behaviour of a young woman with severe learning disabilities (figure 1). A number of behavioural guidelines had been put in place. However, he was concerned that staff at the special care unit she attended were not adapting their communication sufficiently to meet her needs (figure 2). He hypothesised some of her challenging behaviours were a direct result of her mis-understanding what was being communicated.

Figure 1 - Client profile - Miss A

1. Personal details	23 year old female severe learning disability lives with carer attends Social Services Special Care Unit
2.Sensory skills	moderate, bilateral hearing loss; reduced visual acuity; tunnel vision
3.Comprehension	good situational understanding; 1-2 word level comprehension out of context, more consistent when signing used; limited understanding of negatives and time concepts
4. Expression	vocalises and leads others; small vocabulary of own adapted signs; some challenging behaviours (eg screaming, throwing objects, hitting others) identified as having communicative functions

Figure 2 - Miss A's communication needs

- Limited background noise and visual distractors
- Objects and signs presented near and within her visual field
- Speech to be loud and slow
- Language at no more than a 1-2 word level
- Positive language in the here and now
- Key words to be signed
- Use of objects to show what is to happen next

Overestimating level

The members of the staff team working with Miss A. had attended one or several communication workshops. They reported they were using simple language assisted by signing during their interactions with her. Initial, informal observations did not support this. Some staff were able to demonstrate knowledge of what was required. However, they seemed unable to put this into practice. Many were overestimating Miss A.'s comprehension level - not unusual in my experience. A method of formally measuring the communication used with Miss A. was needed, in particular staff's use of appropriate language and augmentative communication.

A form was devised (figure 3) to record each utterance made by staff when interacting with Miss A. Its use requires the observer to consider three parameters:

- a. *The meaning conveyed by the utterances* - a choice between nine identified categories.
- b. *The complexity of the language used*. Each utterance is judged simple or complex. The 'cut-off' between the two is set according to the client. In this instance, complex utterances are beyond a two word level and/or including linguistic concepts especially negatives or time concepts (figure 4).
- c. *The use of augmentative communication* - the presence or absence of explicit use of signing and/or objects of reference.

Figure 3 - Observation Form

SPEECH AND LANGUAGE THERAPY SERVICE
OBSERVATION OF STAFF COMMUNICATION

STAFF NAME _____ DATE OBSERVED _____
 ACTIVITY _____ OBSERVER _____
 CLIENT _____ START TIME ____ FINISH TIME _____

MEANING CONVEYED	LANGUAGE COMPLEXITY			
	SIMPLE LANGUAGE		COMPLEX LANGUAGE	
	WITH NON-VERBALS	WITHOUT NON-VERBALS	WITH NON-VERBALS	WITHOUT NON-VERBALS
Attention Directing				
Request for Information (open)				
Request for Information (closed)				
Request for Object				
Request for Action				
Agreement				
Giving Information				
Protest/ Denial				
Praise				

Figure 4 - Examples of language observed at baseline

<p>Simple utterances:</p> <ul style="list-style-type: none">• "Look at me."• "What do you want?"• "Do you want more?"• "Put the cup on the table."• "Lift up your feet."• "Yes, that's right."• "You've got dirty feet!"• "No."• "Well done!"
<p>Complex utterances:</p> <ul style="list-style-type: none">• "You need to come over here and take a look at this one."• "How many men are there in the group?"• "Do you want your bells now or do you want a foot massage first?"• "Go into the toilet and bring me a towel and the talc."• "Hang on a minute!" "You had the chance to have two cups of tea in the dining room at lunch."• "We'll do the salt and pepper pots in five minutes."• "Don't take your clothes off yet."• "Sally is here to give John a bath not to give you a drink."

On completion of this decision making process the observer ticks the relevant box.

Some practice is needed in using this form. Ideally, staff would be videoed interacting with the client for subsequent analysis. (This could allow the establishment of inter-rater reliability if required.) However, with repeated use, I now complete the form as I observe. I find it useful to note some examples of the communication used to illustrate later discussion. It is also necessary

to note any qualitative observations not recorded on the tick chart such as background noise, volume and speed of speech, accuracy of signing, response time given. Completion of any observation schedule needs sensitivity. Staff need to be encouraged to ignore the observer and continue with their usual routine. The therapist can assist by being as inconspicuous as possible. It is best not to begin recording as soon as one begins observing.

Baseline

As a baseline assessment staff were observed during eight 15 minute periods spread randomly over several weeks, with 403 utterances analysed (figure 5).

Figure 5 - Baseline Observation

MEANING CONVEYED	LANGUAGE COMPLEXITY			
	SIMPLE LANGUAGE		COMPLEX LANGUAGE	
	WITH NON-VERBALS	WITHOUT NON-VERBALS	WITH NON-VERBALS	WITHOUT NON-VERBALS
Attention Directing	6%	1%		
Request for Information (open)		1%		
Request for Information (closed)	12%	2%	0.5%	
Request for Object	3%	2%		
Request for Action	12%	7%	0.5%	2%
Agreement		1%		
Giving Information	6%	5%	3%	10%
Protest/ Denial	5%	3%		5%
Praise	10%	3%		

1) *Language complexity* - 21 per cent of utterances were classed as complex. These sentences were very long and included concepts of time, number and complex negatives.

2) *Augmentative communication* - 58 per cent of utterances were supported non-verbally.

However, signs and objects were frequently presented out of Miss A.'s visual field. In addition, signs were inaccurate or even wrong.

3) *Qualitative observations* - Other factors noted were:

- a high level of background noise, especially television and radio
- attempting to communicate without first gaining Miss A.'s attention
- extremely limited response time given with only two to three seconds between utterances
- lack of consistency in following through requests or commands.

4) *Challenging behaviour* - incidents of challenging behaviour did often follow staff's use of a complex utterance without non-verbal support.

Targets for change

At the next unit staff meeting a communication workshop concentrated on the general communication strengths and needs of adults with learning disabilities. Observation results were discussed and reinforced with a written report. Findings were discussed in the light of Miss A.'s personal communication needs. Key communicative behaviours were identified as targets for change and agreed by all staff. These focused on decreasing the complexity of language used and increasing the use of key word signing as well as addressing some of the qualitative factors noted above.

Four months later repeat observations were made with 392 utterances analysed (figures 6 and 6a).

Figure 6 - Second Observation

MEANING CONVEYED	LANGUAGE COMPLEXITY			
	SIMPLE LANGUAGE		COMPLEX LANGUAGE	
	WITH NON-VERBALS	WITHOUT NON-VERBALS	WITH NON-VERBALS	WITHOUT NON-VERBALS
Attention Directing	4%	10%		
Request for Information (open)				
Request for Information (closed)				2%
Request for Object				
Request for Action	20%	4%	2%	6%
Agreement		3%		
Giving Information	12%		2%	2%
Protest/ Denial	10%	6%		4%
Praise	10%	3%		

Figure 6a - Second Observation

DATE OF OBSERVATION			
% OF TOTAL UTTERANCES	Baseline observation	Repeat observation	Final observation
COMPLEX UTTERANCES	21%	18%	11%
UTTERANCES SUPPORTED NON-VERBALLY	58%	60%	65%

1. *Language complexity* - The proportion of complex utterances had decreased by only three per cent. From discussions with staff they appeared still to be overestimating Miss A.'s comprehension level.
2. *Augmentative communication* - Only a two per cent increase in the use of supportive non-verbals was observed. However, staff were attempting to present signs and objects within Miss A.'s visual field. A marked improvement in sign accuracy was also observed.
3. *Qualitative observations* - Other factors noted were:
 - staff turning the television and radio off before attempting to engage Miss A.
 - more use of Miss. A.'s name to gain and maintain her attention;
 - increased response time allowed.
4. *Challenging Behaviour* - A small reduction in the frequency of incidence of challenging behaviour was recorded.

Direct strategy

Again, results were summarised in a written report and discussed at a unit staff meeting. Staff acknowledged they had found it difficult to put the target behaviours into practice. It was agreed direct intervention was necessary to effect further change in staff's communicative behaviour. A session was spent with each member of staff employing a sequence of training strategies: modelling, prompting and positive reinforcement, discussion, written feedback and ad hoc reviews.

- I. *Modelling* - I interacted with Miss A while the staff member observed. I was explicit that I was not aiming to produce a 'perfect' role-mode, indeed, laughing at my own mistakes was helpful. However, simple language and signed key words were demonstrated as much as possible. This stage is essential to ensure the therapist has the credibility to implement the subsequent training strategies.
- II. *Prompting and positive reinforcement* - I shadowed the staff member, suggesting changes in the communication used and giving positive reinforcement, verbal or non-verbal, when this was achieved. To a certain extent the latter was often redundant as Miss A.'s responses served as reinforcement. As with observation, this strategy requires sensitivity.

Some staff would set the pace by asking for guidance when they thought necessary; with others I needed to initiate suggestions. I found it best not to prompt every time a simpler sentence or signed key word was needed. I tended to say something like, 'You could try saying...' or 'How about signing...!'

- III. *Discussion* - I spent some time in discussion with the staff member reflecting and identifying areas for further development.
- IV. *Written feedback* - I provided a written summary of the discussion. A copy was given to the staff member and their supervisor (figure 7).
- V. *Ad hoc reviews* - Whenever on-site I was available for further observation and discussion.

Figure 7 - Written Feedback

SPEECH AND LANGUAGE THERAPY SERVICE USE OF COMMUNICATION - INDIVIDUAL FEEDBACK	
STAFF NAME _____ DATE OBSERVED _____	
AREA OF COMMUNICATION	COMMENTS
1. VOLUME AND TONE OF SPEECH	
2. SPEED OF SPEECH AND SIGNS	
3. USE AND ACCURACY OF SIGNS	
4. SENTENCE LENGTH AND COMPLEXITY	
5. USE OF OBJECTS	
6. RESPONSE TIME GIVEN	
7. OTHER AREAS	
THERAPIST SIGNATURE _____ DATE _____	

Analysis

Four months after the period of direct intervention had begun the final set of observations were made with 425 utterances analysed (figures 8 and 6a).

Figure 8 - Final Observation

MEANING CONVEYED	LANGUAGE COMPLEXITY			
	SIMPLE LANGUAGE		COMPLEX LANGUAGE	
	WITH NON-VERBALS	WITHOUT NON-VERBALS	WITH NON-VERBALS	WITHOUT NON-VERBALS
Attention Directing	8%			
Request for Information (open)				
Request for Information (closed)	8%	4%		
Request for Object	4%	1%		
Request for Action	25%	10%		
Agreement	1%	1%		
Giving Information	8%	5%	1%	4%
Protest/ Denial	4%	2%		6%
Praise	6%	2%		

1. *Language complexity* - The proportion of complex utterances had dropped by a further seven per cent (an overall decrease of 10 per cent from baseline). Staff now frequently re-phrased utterances when they realised what they had said was too complex.
2. *Augmentative communication* - A five per cent increase in the use of supportive non-verbals was observed (an overall increase of seven per cent from baseline). The staff team had identified a core signed vocabulary and were attempting to use this consistently. They had agreed to prompt one another when signing was forgotten.
3. *Qualitative observations* - Other factors noted were:
 - a significant change in staff attitude, more self-monitoring and reflection on practice

- individual improvements on the development areas identified in written feedback, for example one gentleman had increased his speech volume and was using a firmer tone of voice when necessary; another had slowed the speed of his speech and signing.
4. *Challenging behaviour* - Throughout this period behavioural guidelines had remained in place with revisions as necessary. An overall reduction in the frequency and severity of Miss A.'s challenging behaviour had been recorded. The rate of reduction was greatest during and after the period of direct intervention.

Measured improvement

As this was not a piece of formal research, the results of this single case study have not been analysed for statistical significance. The percentage changes quoted here are not large. However, they represent a crucial and measured improvement in Miss A.'s communication environment. Further work is needed to establish how long any positive effects of direct intervention are maintained. In addition, one of the difficulties encountered was the absence of comparative data on staff's use of communication. I was able to compare individual team members but was unable to say whether, as a whole, the team was doing well. It would be useful to measure a number of teams who have been subjectively identified as 'good communicators'.

Improvements for Miss A. were greatest when a communication workshop was combined with 'on the job' feedback. Results therefore have some similarities to those of Money (1997) who suggests that therapists need to, "combine teaching and direct approaches to maximise the effectiveness of service delivery for both staff and service users".

Lesley Brown is a Speech and Language Therapist employed by Kelsey Care Ltd. working as a Team Leader for Oxleas NHS Trust.

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QUESTIONS

- What is required for training to be effective?
- Do communication workshops have limitations?
- How does additional individual training help?

ANSWERS

- In addition to training being practical, relevant and perceived as relevant, time for practice and individual feedback is needed.
- While workshops raise general awareness and encourage a positive attitude, they do not help staff put what they have learnt into practice.
- Using a sequence of modelling, prompting, discussion, written feedback and review changes individual practice.