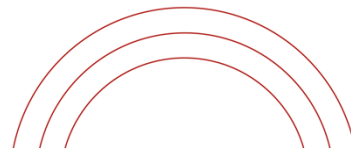


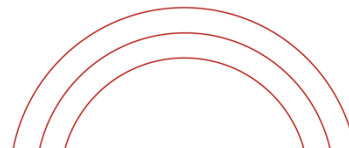
# Communication Partner Training

Presented by Jeanette Podolsky,  
S-LP Reg. CASLPO  
Clinical Director  
The Speech Therapy Centres of Canada  
[jeanette@tstcc.ca](mailto:jeanette@tstcc.ca)



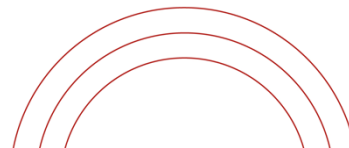
# In the beginning

- Communication issues may not be addressed immediately following an acquired brain injury
- People in the hospital setting may have pain, mobility and behavioural issues
- Complex communication issues may be “invisible”
- In the early stages we may be aware of some language issues (word- finding) and not language functions which involve the dynamic nature of communication
- Communication issues become more obvious when moving from “ patient” to “person in the community”
- Communication issues affect the person with the ABI AND communication partners
- Communication issues need to be addressed from the beginning



# Incidence

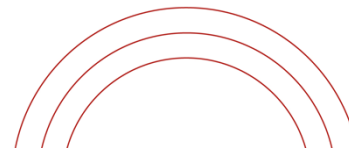
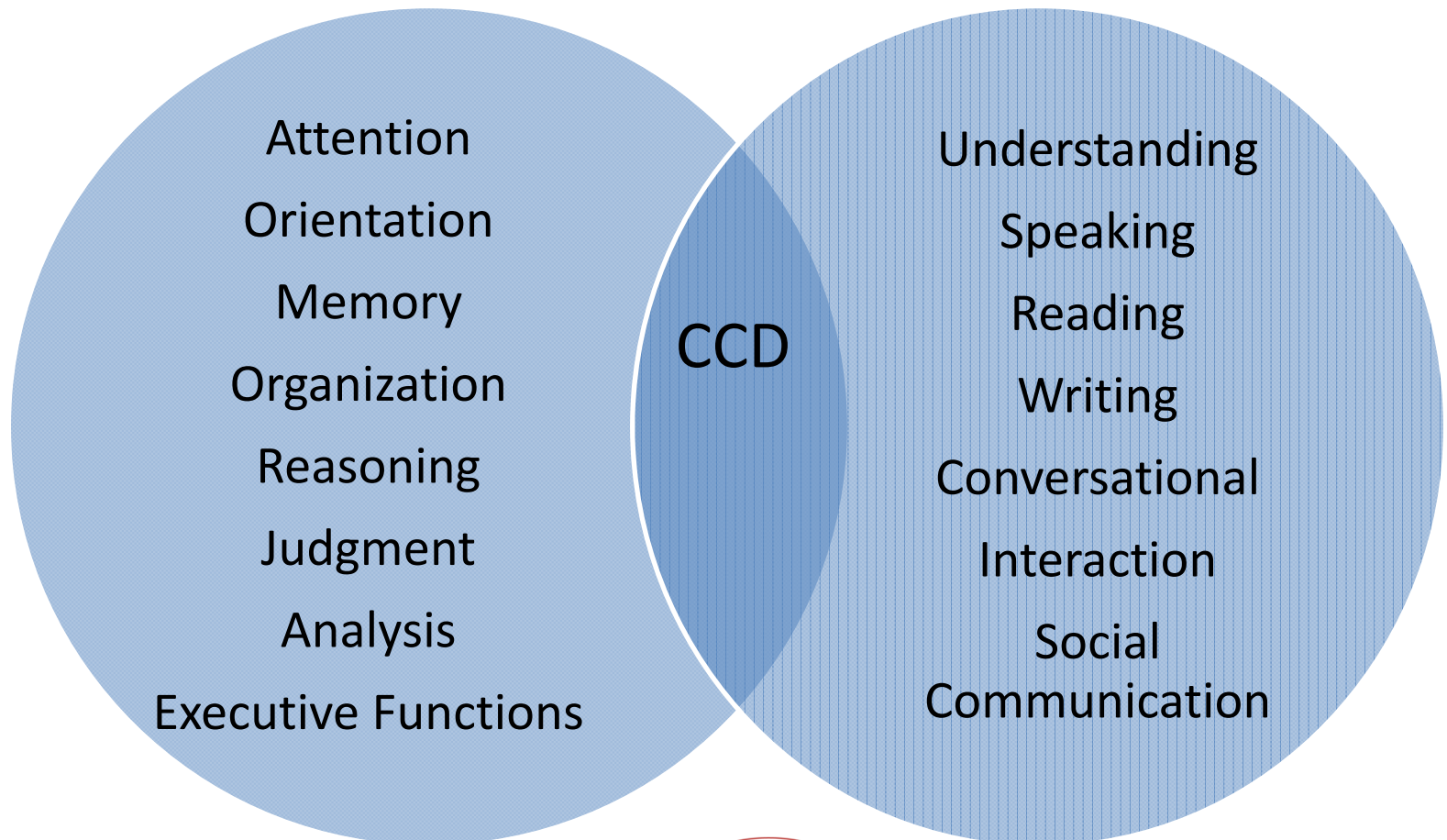
- Sheila MacDonald (2009)
  - “Communication Disorders are prevalent following ABI with prevalence rates as high as 80% depending on measures used.”
- OBIA Impact Report (2012)
  - 82% of ABI survivors have trouble having conversation in a group
  - 91% have trouble making decisions some or most of the time



# Cognitive-communication at a glance

Cognition

Communication

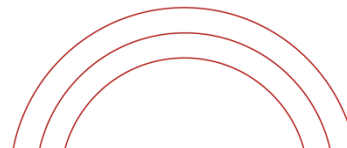


# Cognitive-communication challenges

“Cognitive-communication challenges often interact to produce the most troubling obstacles to **ACADEMIC, SOCIAL, and VOCATIONAL** success.”



**SAFETY**



Togher, 2011

# Treatment approaches

## In hospital and at home

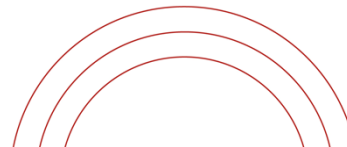
- Train the individual with ABI
- Train communication partners
- Train both concurrently



## Communication Partner Training (CPT)

OT, PT, RSW, S-LP, social worker, doctor, volunteer, friend, family member, nurse, etc...

- A good partner helps person (with ABI) get the message across
- Communication partner training must be built into any program whether in the hospital or the home



# Communication Partner Assessment and Training

Modified TBI MSC Behavioural Guidelines:  
Summary- adapted from Kagan et. al (2004;2001)

- **Acknowledging Competence**
- **Revealing Competence**

Modified TBI MPC Behavioural Guidelines:  
Summary- adapted from Kagan et. al (2004;2001)

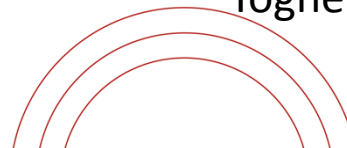
- **Interaction**
- **Transaction**



# Acknowledging competence

- Natural adult talk – appropriate to context e.g. social chat vs. interview
- Uses true questions rather than testing questions

Togher, 2011 and Togher et. al 2010



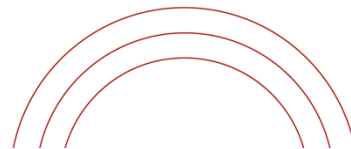
# Acknowledging competence

- Feel and flow of natural conversation – not over-verifying
- Tone of voice
- Rate and enunciation
- Establishes equal leadership roles in the conversation
- Use of collaborative talk - use more comments and less “teaching moments”

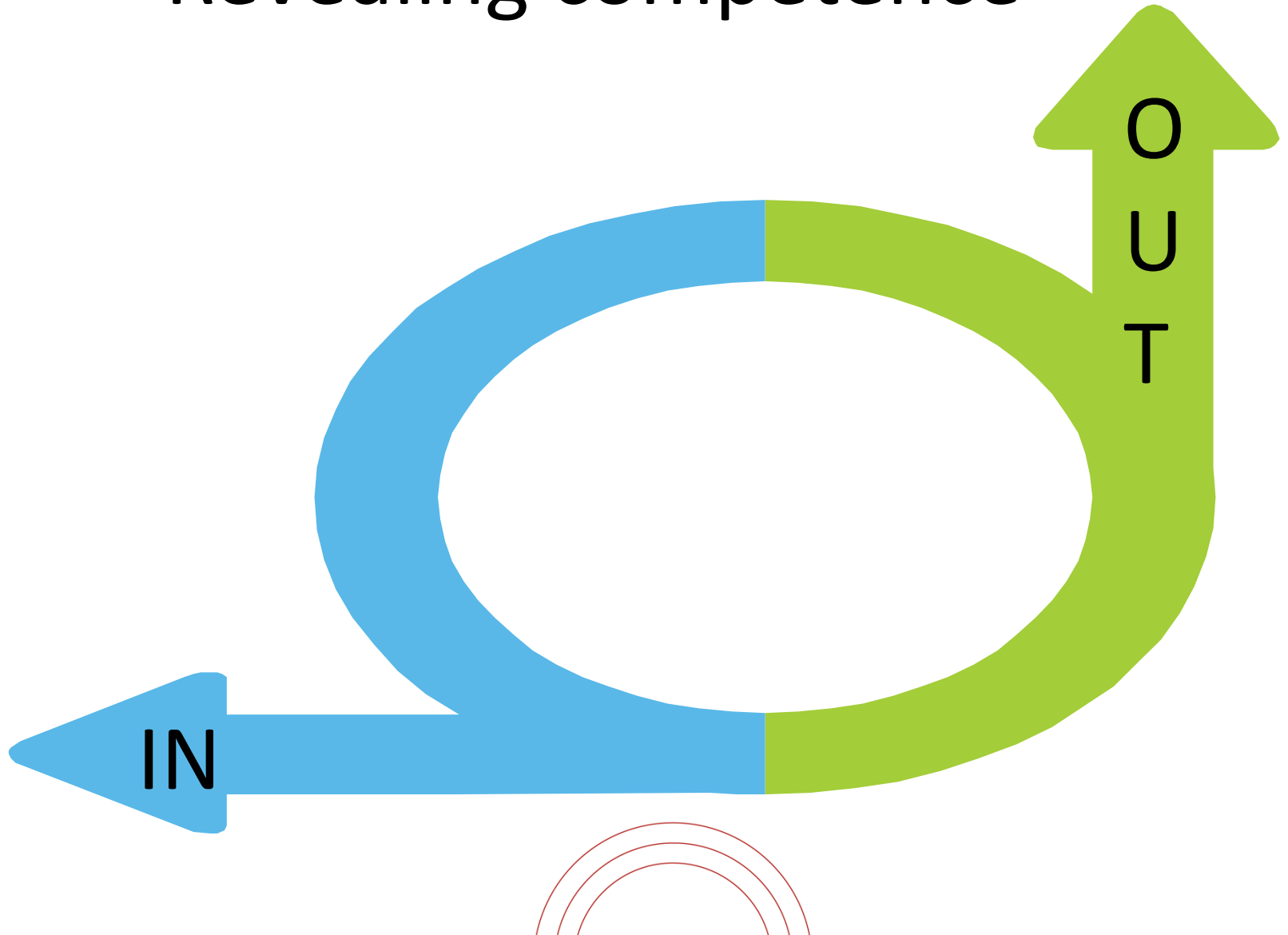
# Acknowledging competence

- Show enthusiasm for partner's contribution
- Take appropriate conversational turns
- Demonstrate active listening –  
acknowledging, back- channeling
- Acknowledge competence when adult is  
frustrated, acknowledge difficulty

Adapted from Togher, 2011 and Togher et al. 2010



# Revealing competence

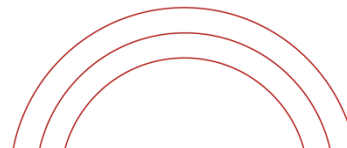


# Revealing competence

**Ensure that the person understands- getting the message “in”**

- Give the person time to process the information
- Verbal
  - Short, simple sentences, repetition, no idioms
- Non-verbal
  - Gestures- slightly exaggerated
  - Writing - use key words to make topic connections
  - Yes/ No key words
- Resources - iPhone, computer, calendar, map
- Summarize

Adapted from Togher, 2011 and Togher et. al 2010

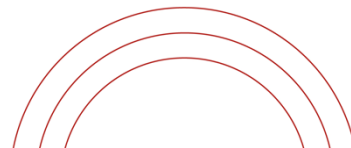


# Revealing competence

**Ensuring that the person has a means of responding-  
getting the message “out”**

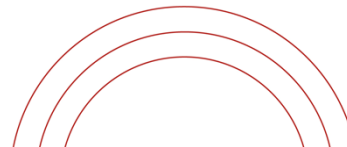
- Give the person time to respond
- Allow for equal conversational turns
- Encourage elaboration (open - ended questions)
- Maintain the topic by adding information
- Create an appropriate communication environment- maps, iPhone, pen and paper, computer etc....

Adapted from Togher, 2011 and Togher et. al 2010



# Other communication tips

- Use laughter, chatting, joking
- Include friends (may increase language potential)
- Remind the client that you are in the conversation together
- Shift attention-share personal information



# Benefits of Communication Partner Training

**“Training everyday communication partners is an important complementary treatment for people with TBI and their families to facilitate and promote improved communication outcomes” (Togher, 2011)**

- Sharing of conversation (equal turn-taking)
- Power to communicate
- Sense of control
- More focus on the exchange
- Opportunity to give information (as opposed to getting information)
- **Increased ability to PARTICIPATE**

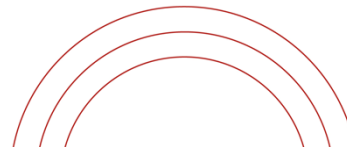




# Why is this important ?

- S-LP's can train people to create an environment (regardless of level of communication difficulty) where the individual feels that he can express his wants, needs, opinions and ideas
- “Reduced psychosocial distress in family members resulting in fewer demands on support services in the long term”( Togher et. al 2004)
- The interaction between direct intervention and partner training is the ideal
- People in rural and under- serviced areas can be trained by S-LP's
- Can be used to train communication partners via the web

Togher, 2011

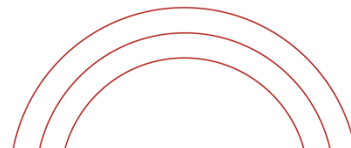


# In conclusion

Communication Partner Training is an essential part of a treatment program

- Cooperation and enjoyment will increase
- This in turn promotes the opportunity for community reintegration

**S-LP's through Communication Partner Training help create access to successful living.**



# References

- MacDonald, Sh. (2009). Assessment and treatment of cognitive-communication disorders (Level 1): Evidence based practice and clinical insights. A Post Graduate Course for Speech – Language Pathologists. Feb 2009 , Toronto.
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- Togher, L., Advanced Perspectives on Communication, ABI and Evidence – Based Practice, Brainstorming Brain Injury Conference Dr. Mark Ylvisaker Honorary Lecture. May 2011
- Togher L., Power E., Tate R., MacDonald Sk.. & Rietdijk R., (2010) Measuring the social interactions of people with traumatic brain injury and their communication partners: The adapted Kagan scales, *Aphasiology*, 24:6-8, 914-927, DOI: 10.1080/02687030903422478
- Togher, L., MacDonald, Sk., Code, C., & Grant, S., (2004) Training communication partners of people with traumatic brain injury: A randomised control trial, *Aphasiology*, 18:4, 313-335, DOI: 10. 1080/02687030344000535

