Promoting more effective communication partner training in speech-language pathology practice

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Learning Objectives
1. To be aware of the current gap between best practice and SLPs’ routine practice with regards to communication partner training (CPT).
2. To learn how existing theories and theoretical frameworks in adult education and knowledge translation can support professional practice change.
3. To learn how theory was applied to a training program for speech-language pathologists to improve their practice of CPT.
4. To identify the barriers and facilitators influencing your use of CPT and the strategies that can help you overcome barriers and enhance facilitators.

1. Introduction

• Communication Partner Training (CPT)
  – “CPT is intervention aimed at people other than the individual with aphasia with the intent of improving communication with the person with aphasia” (Simmons-Mackie, Raymer, Armstrong, Holland, & Cherney, 2010)

• Why is it important?

• Evidence:
  – Simmons-Mackie, 2010
  – Simmons-Mackie, 2016

1. Introduction

• Current SLP Practice:
  – SLPs rarely and only under specific conditions train SOs to communicate better with the PWA (Halle, Le Dorze, Mingant, 2014)

  – SLPs perceive work with significant others and CPT as a challenging bonus to therapy, rather than as a feasible necessity (Halle, Le Dorze, Mingant, 2014)

1. Introduction

• Barriers & Challenges:
  – SLPs perceive their role with significant others as one of offering information about aphasia and obtaining information about the PWA for the purpose of treatment.
  – SLPs perceive CPT as being linked to only the chronic phase of aphasia and as less compatible with hope for language recovery.
  – SLPs perceive CPT skills as more challenging, including addressing more difficult family emotions and issues.

2. Knowledge Translation

What is it?
• A dynamic and iterative process

What is its primary purpose?
• Address the gap between what is known from the research and what is done in clinical practice with the intention to:
  – Improve health outcomes
  – Provide more effective health services
  – Strengthen health care system

How does it occur? In which context?
• Within a complex system of interactions among stakeholders (researchers, practitioners, consumers, policy makers)

(Graham et al., 2006)
2. The Knowledge to Action Framework

A model illustrating the process of translating research into practice and involving two concepts:
1. Knowledge creation
2. Action cycle

2. The Theoretical Domains Framework (TDF)

- Specifically developed to study the implementation of evidence-based practice.
- Consists of a list of 14 domains that can act as barriers and facilitators to behaviour change.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Intention</th>
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<tbody>
<tr>
<td>Skills</td>
<td>Goals</td>
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<tr>
<td>Social/professional role and identity</td>
<td>Memory, attention and decision process</td>
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<tr>
<td>Beliefs about capabilities</td>
<td>Environmental context and resources</td>
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<tr>
<td>Optimism</td>
<td>Social influences</td>
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<tr>
<td>Beliefs about consequences</td>
<td>Emotion</td>
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<td>Reinforcement</td>
<td>Behavioural regulation</td>
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Cane, O'Connor, and Michie, 2012

2. Adult Education Principles

- Learning is a process that occurs within the learner and is activated by the learner

  • “Inside-out” learning
  • A consequence of experience

2. Principles of Adult Education

- Learning involves a restructuring of previous knowledge, experience and learning

  - Involves the whole person and the multiple factors in the system
  - A cyclical process of change
  - Lifelong learning

2. The Kolb’s Experiential Learning Model

3. Application of theory to practice: Pilot project

<table>
<thead>
<tr>
<th>Subjects:</th>
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<tbody>
<tr>
<td>Pilot project</td>
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<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Years of practice</th>
<th>Year of SCA training</th>
<th>Previous training in CPT</th>
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<tbody>
<tr>
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<td>F</td>
<td>35</td>
<td>10</td>
<td>2014</td>
</tr>
<tr>
<td>SLP2</td>
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<td>36</td>
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<td>SLP3</td>
<td>F</td>
<td>50</td>
<td>15</td>
<td>2010</td>
</tr>
<tr>
<td>SLP4</td>
<td>F</td>
<td>55</td>
<td>&gt; 10 yrs</td>
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</table>
3. Application of theory to practice: Pilot project

**Intervention:**
- Pre-workshop assignment
- 2-day workshop
  - Included all 4 components of Kolb’s cycle
  - Included role play activities and the opportunity to practice skills learned with selected couples.
  - Included measurement of CPT.
- Follow-up assignment
- Follow-up conference call with workshop participants

3. Results

3. Follow up Results

Reported results of applying the adult learning techniques:
- “more positive results training client and his wife”
- “more positive results training client and his friend”
- “partners were way more invested than before”
- “worked beautifully”
- “seemed like a different couple when they came back”
- “they are now mentors for other couples”

3. Implications

Commonalities between knowledge translation and adult learning theory:
- They involve change
- They begin with the recognition of a problem
- They are iterative, dynamic and long-term processes
- They involve individual factors and organizational factors that may act as barriers and facilitators
- They require one to reflect on experience, integrate concepts and apply learning to practice.

4. Points for Discussion

- What is your current experience implementing CPT?
- What works well?
- What are your challenges?
4. Points for Discussion

- How could you overcome these challenges?
- What’s ONE thing you could do differently in your practice of CPT?

Conclusion

- Common core components in adult learning theory and knowledge translation theory.
- The Kolb’s experiential learning model can help us promote change in clinical practice to provide more evidence based interventions in CPT.
- Our learning process is similar to the change process we aim to facilitate in our clients.

Questions

References


References

References
