

Samtalepartnertræning i relation til kognitive kommunikationsforstyrrelser

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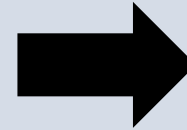


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Læringsmål frem til frokost

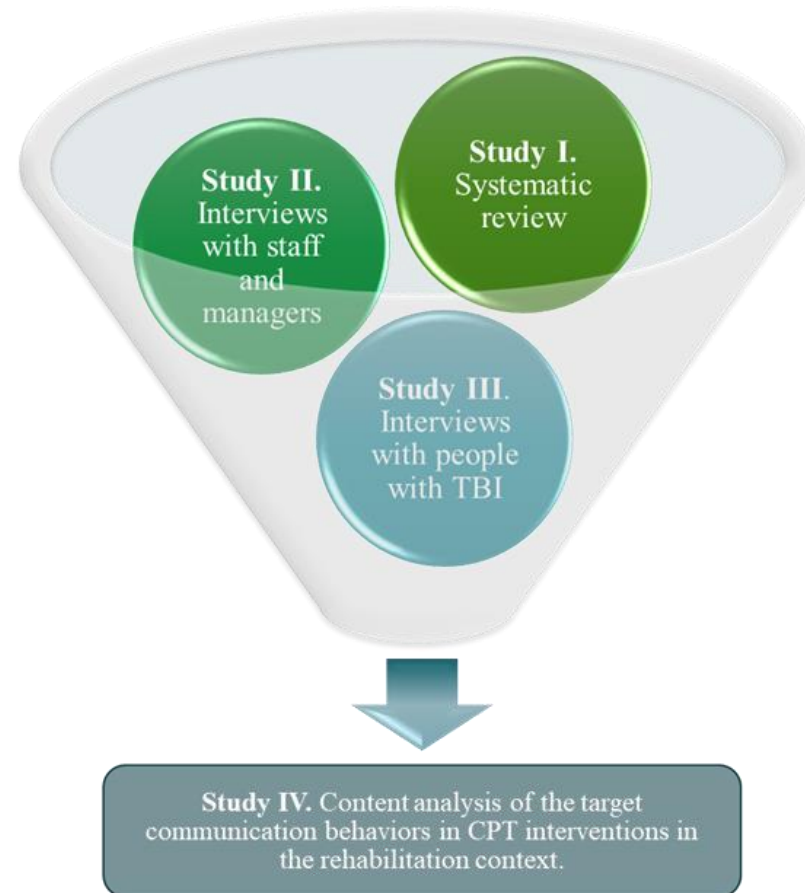
1. Identificere udfordringer og virksomme strategier i kommunikationen mellem sundhedspersonale og mennesker med kognitive kommunikationsforstyrrelser.
2. Sammenligne eksisterende og kommende samtalepartnertræningsprogrammer med fokus på med kognitive kommunikationsforstyrrelser.
3. Diskutere mulighederne for dansk implementering af samtalestøtte til mennesker med kognitive kommunikationsforstyrrelser og deres samtalepartnere.



Fokuspunkter

- Relevansen af CPT i denne kontekst
- Studier af kommunikationen mellem rehabiliteringspersonale og mennesker med TBI
- Overblik over samtalepartnertræningsprogrammer til TBI
- Overvejelser om et CPT program skræddersyet til rehabiliteringspersonale

PhD project: *Communication between rehabilitation staff and people with traumatic brain injury: Barriers, facilitators, and implications for the development of communication partner training intervention*



Udvikling af CPT program til rehabiliteringspersonale, der arbejder med mennesker med kognitive kommunikationsforstyrrelser

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Hvorfor?

Kognitive kommunikationsforstyrrelser (KKF) rammer ca. 75% af borgere med en erhvervet hjerneskade. Borgere med moderat-svær traumatisk hjerneskade er særligt udsatte (MacDonald, 2017).

KKF udfordrer borgernes kommunikation med familiemedlemmer (Sim et al., 2013). Kommunikationspartnertræningsprogrammer fx *TBI Express* and *TBIconneCT* har vist effektivt at forbedre denne kommunikation (Togher et al., 2013. Rietdijk et al., 2019)

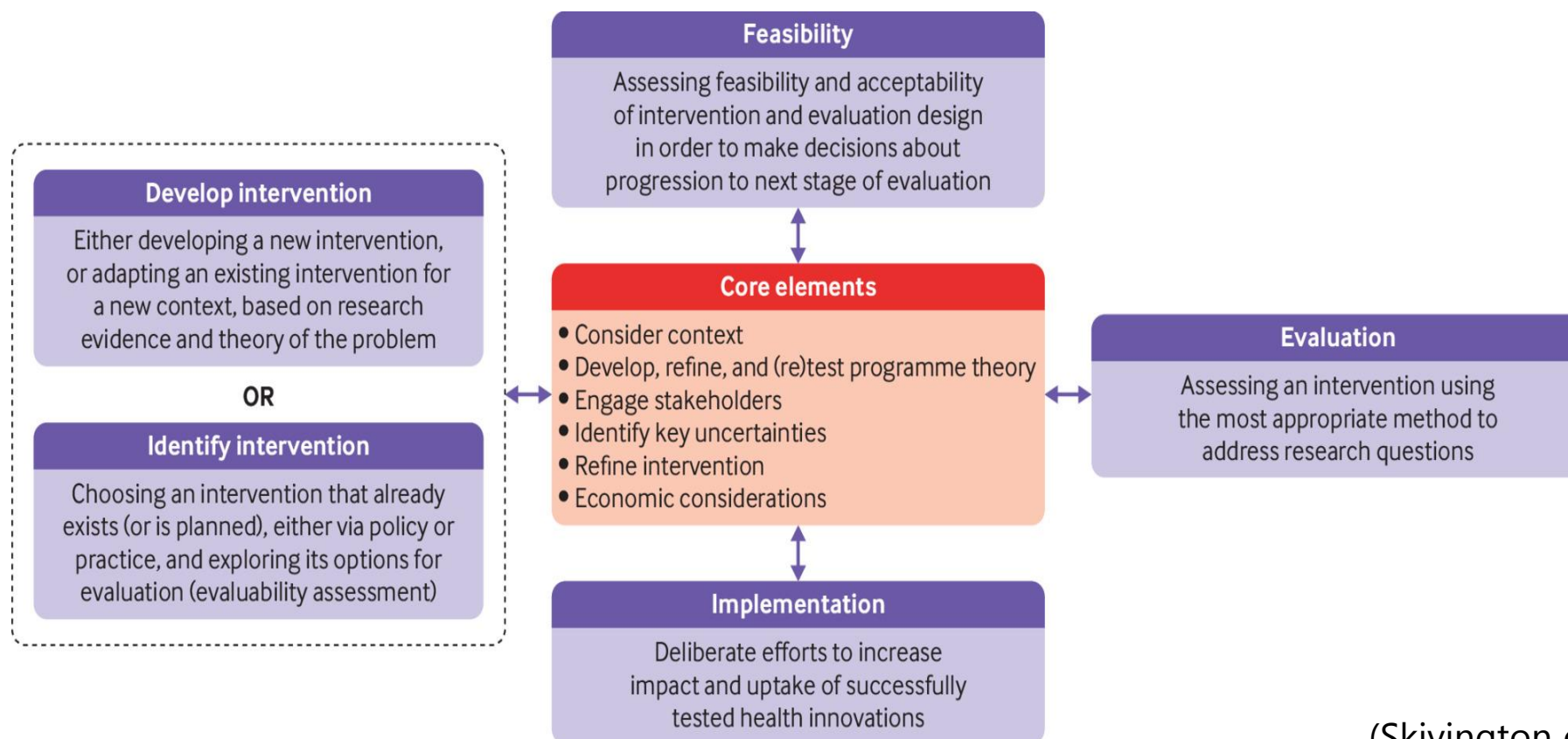
Mennesker med KKF kan føle sig udelukket fra beslutninger om deres egen rehabilitering (Darragh et al., 2001, Lefebvre et al., 2005). Samarbejde mellem borger og personale er et kerneelement i etableringen af personcentreret rehabilitering (Maribo et al., 2022).

KKF udfordrer også borgernes kommunikation med personale (Nielsen et al., 2020, Powell et al., 2020). Kommunikationspartnertræning er afprøvet i ét studie (Behn et al., 2012), men rehabiliteringskonteksten har store variationer.

Hypotese: Der er behov for et kommunikationspartnertræningsprogram målrettet og skæddersyet til rehabiliteringsfasen, hvor kommunikativt samarbejde mellem personale og borgere er nødvendigt fx ved målsætning og planlægning af rehabiliteringsforløb.

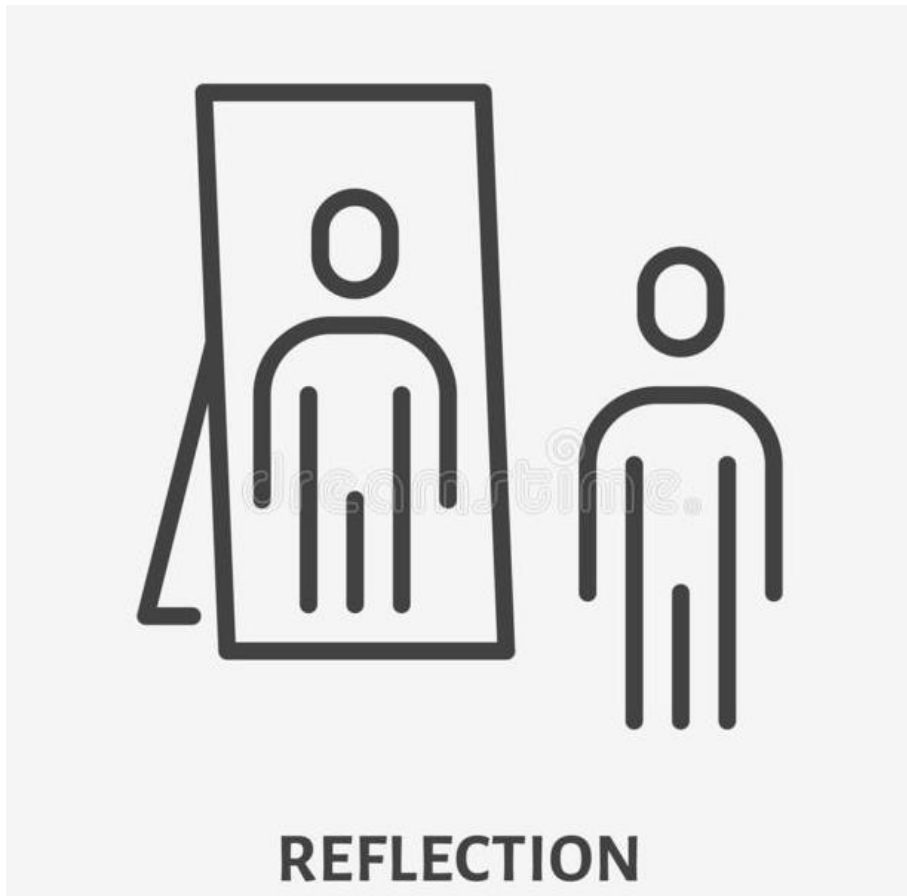
Udvikling af komplekse interventioner

Komplekse interventioner har bedre betingelser for at være **effektive** og blive **succesfuldt implementeret**, hvis de udvikles med fokus på den **kontekst**, de retter sig mod, og hvis de relevante **målgrupper** for interventionen involveres i udviklingen.



(Skivington et al., 2021)

Reflektér over egen praksis – øvelse



Hvad gør I idag i jeres praksis i forhold til kommunikationspartnere ved borgere med kognitive kommunikationsforstyrrelser?

- Stikord på eget ark
- Del med hinanden i små grupper
- Tilføjelser til eget ark?

Overvej evt.:

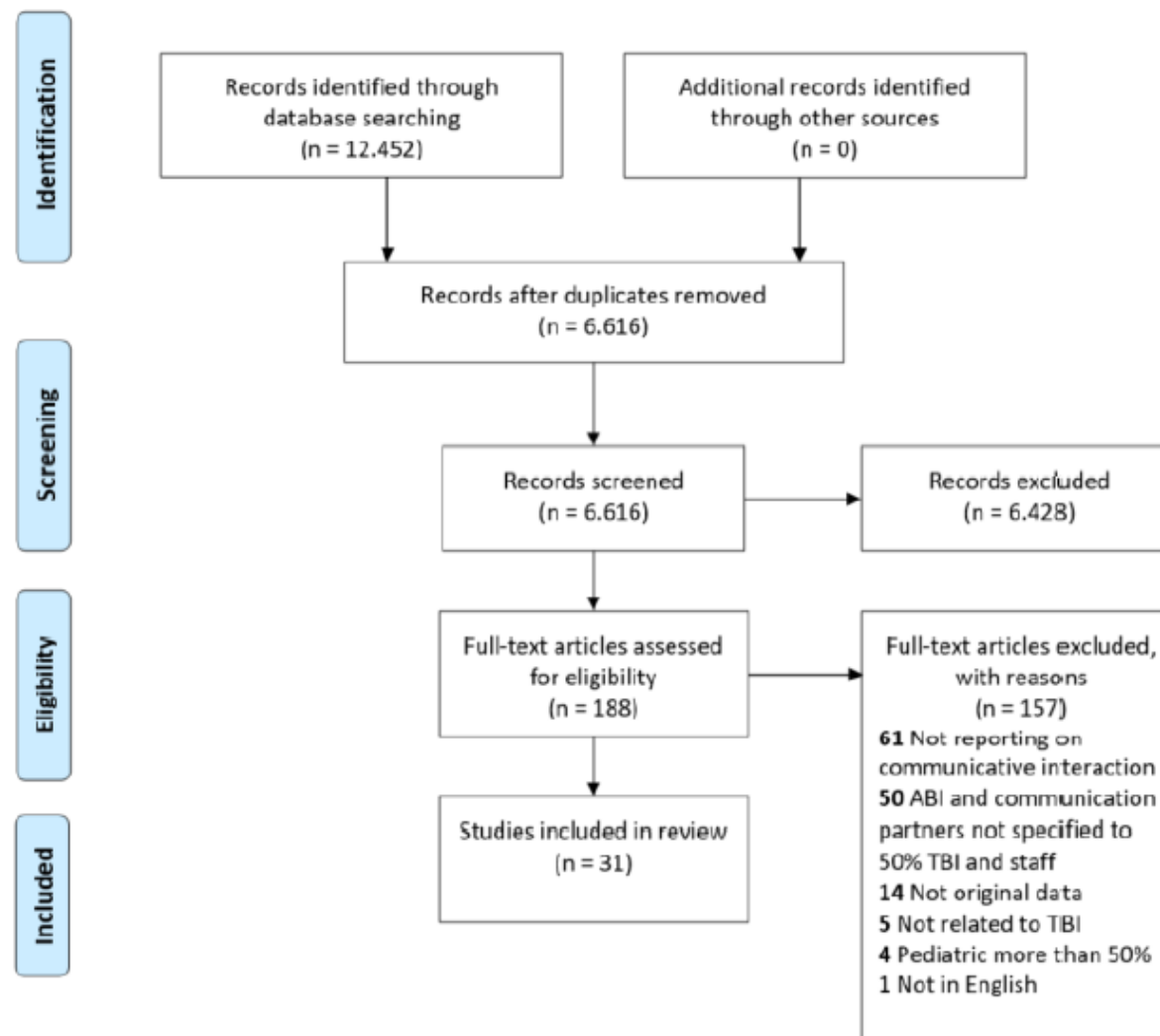
- Hvilke typer af tilbud har I?
- Hvilken betydning har tilbuddene for mennesker med KKF?
- Hvorfor er det jeres aktuelle praksis?

Systematisk review

Formål:

At syntetisere barrierer og facilitatorer i den kommunikative interaktion mellem rehabiliteringspersonale og mennesker med traumatisk hjerneskade.

Figure 1. Selection of studies, the PRISMA flowchart



Systematisk review: Resultater

En lang række af udfordringer fx KKF, skæv magtbalance i samtaler og beslutninger, og hård tone overfor mennesker med KKF.

En lang række af strategier fx begrænset informationsmængde, tydelig samtalestruktur og at "give information for at få information" i forbindelse med spørgsmål.

Udfordringer ses på tværs af forskellige rehabiliteringstilbud (fx døgngenoptræning og ambulante træning).

Strategier er overordnet de samme på tværs af tilbud, men særligt spørgeteknik afhænger af borgerens kognitive ressourcer.

Graden af udfordringer i den kommunikative interaktion grundet KKF afhænger i høj grad af personalets kommunikative tilgang og brug af støttende kommunikative strategier

Interview med personale og ledere

Formål: At undersøge personalets oplevelse af at kommunikere med borgere med traumatisk hjerneskade i en rehabiliteringskontekst. At undersøge lederes perspektiv på den kommunikative interaktion mellem personale og borgere.

Metode: Individuelle semi-strukturerede videokonferenceinterview.

Deltagere:

Discipline	Years of experience	Facility	Age	Gender
Occupational therapist (2), Physiotherapist (3), Physician (2), Nurse (2), Nursing assistant (2), Neuropsychologist (2), Speech therapist (2), Musical therapist (1), Ward secretary (1), Social worker (2), Social education worker (3), Manager (4)	0,5-25	5 neurorehabilitation centers in different regions of Denmark. 4 inpatient, 1 outpatient. Rehabilitation phase. Patients with moderate/severe traumatic brain injury.	26-61	Female: 25 Male: 1
N= 26	Mean=11.5		Mean=43.4	

Interview med personale og ledere: Resultater

Resultater

Kognitive kommunikationsforstyrrelser udfordrer interaktionen

- Kommunikation er socialt upassende
- Variationen af symptomer er krævende

Personalet kæmper i kommunikationen

- Der er et sammenbrud i det kommunikative samarbejde
- Kommunikation øger personalets arbejdsbyrde
- Personalets emotionelle trivsel er i fare

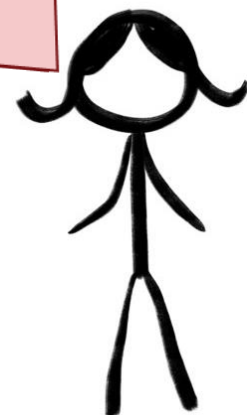
Kommunikationens kontekst er afgørende

- Opgaver påvirker kommunikationen
- Udvidelse af de professionelle roller

Personalet ønsker kommunikativ viden og færdigheder

- Behov varierer i relation til arbejds erfaring
- Adgang til skræddersyede strategier og feedback

"Så skal jeg ikke famle lige så meget i blinde ud fra noget, der ikke lige er mit felt, men alligevel er mit arbejdsområde. Så jo mere skræddersyet jo bedre, helt bestemt. Også for, at jeg ikke får gjort noget forkert." Deltager 2.



Interview med borgere

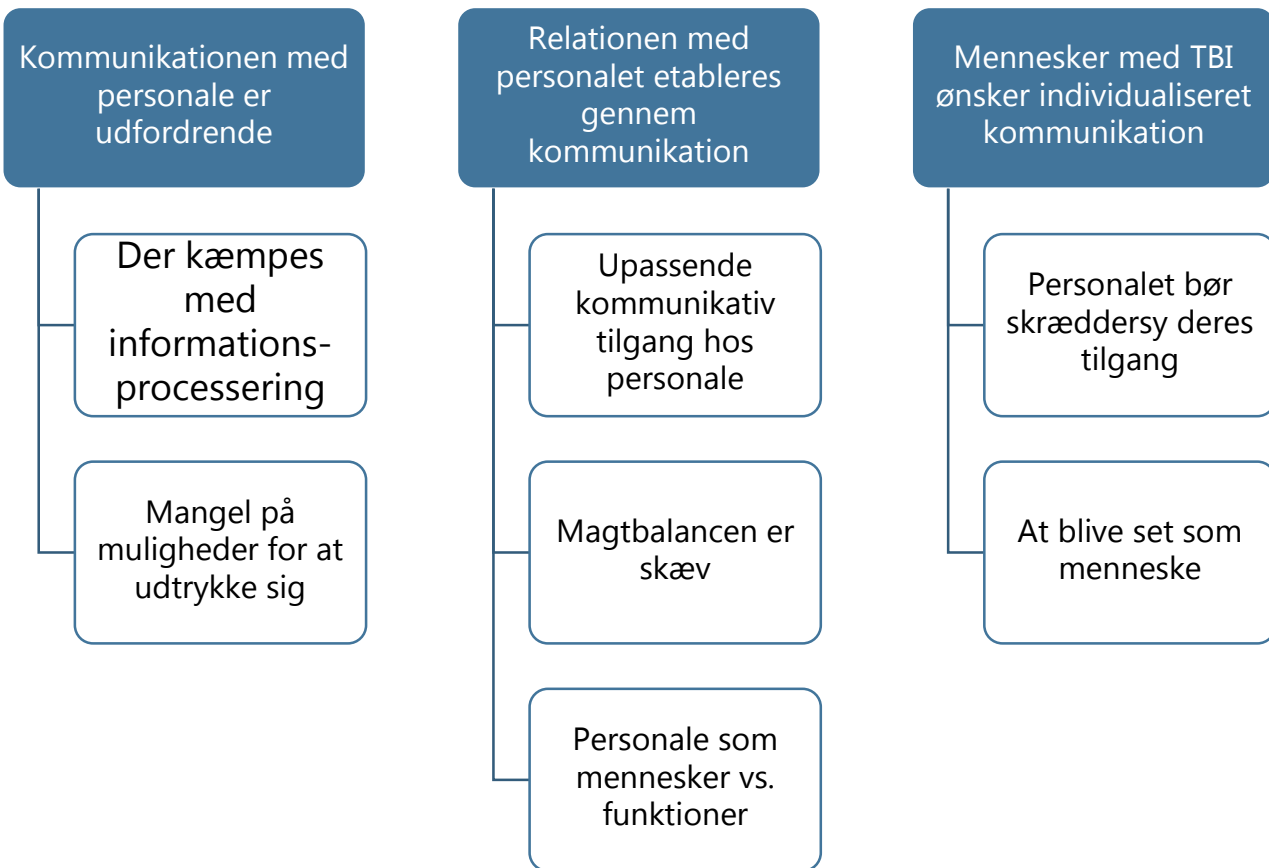
Formål: At undersøge, hvordan borgere med traumatisk hjerneskade oplever kommunikationen med rehabiliteringspersonale.

Metode: Individuelle semi-strukturerede interview med brug af stimulusmaterialer bl.a. videooptagelse af en samtale mellem borgeren og et kendt personale, billedmateriale og stikordskort.

Deltagere:

Gender identity	Age	Injury	Time post injury	Severity (based on length of PTA)	Facility
Female: 3 Male: 6	22 to 61 years	Motor Vehicle Accident: 8 Fall: 1	7 to 168 months	Moderate: 3 Severe: 6	Out-patient: 3 In-patient: 6
N= 9	Median = 33 IQR = 31		Median = 37 IQR = 75		

Interview med borgere: Resultater



"Hun sidder der bare, fokuseret ... fokuseret og engageret, og hun husker bare, hvem jeg er som person", Deltager 5.



Opsamling på udfordringer og strategier

Barriers	Mixed	Facilitators
No guidelines and no formalized plan for providing new staff with communicative knowledge, skills etc.	Knowledge about brain injury and cognitive-communication disorders	Communicative collaboration facilitates the autonomy of people with TBI in their own rehabilitation process.
Discussing with people with TBI about tasks that staff are employed to carry out.	Knowledge about brain injury not being equivalent to a decrease in intellectual abilities.	Communicative participation of people with TBI increases their motivation.
Constant attention to use and individualization of communicative strategies, constant attention to topic choices and the conversational environment.	Strategies for information giving.	Ensuring people with TBI can participate despite the communicative disorders.
Lack of use of communication strategies may cause less efficient training sessions and negative well-being for both staff and people with TBI.	Strategies to increase the possibilities of people with TBI to express themselves.	Recognizing the person with TBI as an individual human being with unique life roles and social contexts.
Staff have negative emotional reactions to communication challenges.	Strategies to manage either lack of communicative initiative or verbosity.	Happiness when communication succeeds.
Lack of communicative participation causes people with TBI to experience negative feelings.	Strategies for questioning.	Collaboration with speech therapists and neuropsychologists giving feedback to staff on their communication approach.
	Strategies for: facilitating conversations in groups of people with TBI, managing goal setting and meetings. providing feedback to people with TBI on their communication, managing/avoiding verbal aggression, establishing relationship with people with TBI	Inter-disciplinary collaboration and workplace culture of support from the inter-professional staff group and managers.
	Communication is everyone's job no matter profession.	
	Staff being a human being instead of only carrying out their professional function.	
	Communication confidence in staff.	
	Individualization of communicative approach is required.	
	Extended use of time for communication with people with TBI.	

De kommunikative udfordringer, I møder - øvelse

Hvilke udfordringer i kommunikationen oplever I på din arbejdsplads idag?

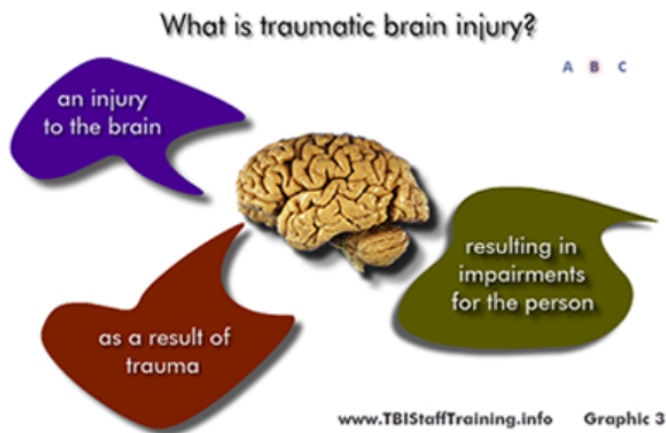
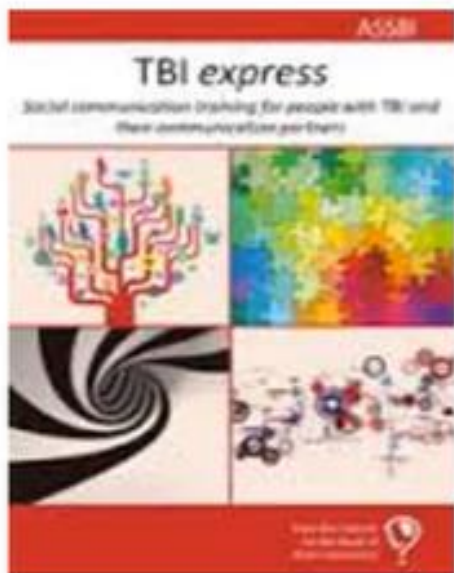
- Skriv stikord på eget ark
- Gå rundt og del udfordringer med andre deltagere
- Tilføjelser til eget ark?

Overvej evt.:

- Er det en ny problemstilling hos jer?
- Er det egne, rehabiliteringspersonalets, eller de pårørendes udfordringer?
- Hvornår er der udfordringer?



Eksisterende CPT programmer



This site supports learning for working with people with traumatic brain injury (TBI)



Programmernes indhold

Program	Content	Form
TBI Express	<p>Knowledge about purpose of communication, ABI, CCD, conversational collaboration, turn taking, questions, communicative tools, conversation context, and conversational structure.</p> <p>Strategies for comprehension, expression, questioning, improving collaboration, repairing conversation, and organize conversation.</p> <p>Confidence in communication, impact of CP, consequences of communication.</p> <p>Feedback from SLPs on communication, feedback from training group.</p>	10 weeks, 35 hours. Face-to-face individual and group training. Primarily family members.
TBIconneCT	Same as TBI Express except feedback from training group.	10 weeks, 15 hours. Tele-rehabilitation, individual (dyad). Primarily family members.
Interact-ABI-lity	<p>Knowledge about ABI, CCD, conversational collaboration and communicative tools.</p> <p>Strategies for comprehension, expression, questioning, and improving collaboration.</p> <p>Briefly touches on emotional reactions, impact of CP, and consequences of communication.</p>	2 hours, online. On ABI + TBI. All CPs.
TBI Staff Training	<p>Knowledge about purpose of communication, CCD, and AAC.</p> <p>Strategies for comprehension, expression, feedback, and questioning.</p>	2 hours, online (part of a larger program on TBI, 2 modules on communication). Staff.
TBI Skill Builder	<p>Knowledge about CCD.</p> <p>Strategies for comprehension, expression, and questioning.</p> <p>Briefly touches on impact of CP and consequences of communication.</p>	40 minutes, online (part of a larger program on TBI, 2 modules on communication). Staff.

Elementer, der ikke adresseres i nuværende CPT programmer i relation til TBI

Strategies for: facilitating conversations in groups of people with TBI, managing goal setting, managing meetings. managing/avoiding verbal aggression, establishing relationship with people with TBI including presence, sincerity, interest, trust, respect, collaboration, client-centered, humor, and acknowledgement.

Constant attention to use and individualization of communicative strategies, constant attention to topic choices and the conversational environment.

No guidelines for communication with people with TBI, and no formalized plan for providing new staff with communicative knowledge, skills etc.

Communication is everyone's job no matter profession, discussing with people with TBI about tasks that staff are employed to carry out, staff being a human being instead of only carrying out their professional function.

Communication confidence in staff.

Communicative collaboration facilitates the autonomy of people with TBI in their own rehabilitation process, communicative participation of people with TBI increases their motivation.

Lack of use of communication strategies may cause less efficient training sessions and negative well-being for both staff and people with TBI, lack of communicative participation causes people with TBI to experience feelings of frustration, insecurity, injustice, infantilization, and resistance. It also causes them to perceive that staff lack confidence in the ability for them to make reasonable adult decisions.

Recognizing the person with TBI as an individual human being with unique life roles and social contexts.

Happiness when communication succeeds.

Staff have negative emotional reactions to communication challenges: Anger, discomfort, frustration, powerlessness, insecurity, inadequacy, insufficiency, stress, dissatisfaction, disappointment.

Individualization of communicative approach is required, extended use of time for communication with people with TBI.

Collaboration with speech therapists and neuropsychologists giving feedback to staff on their communication approach, inter-disciplinary collaboration and workplace culture of support from the inter-professional staff group and managers.

Overvejelser om fremtidigt CPT program

Module 1.

Target: To change the knowledge of staff regarding cognitive-communication disorders and collaboration in communication.

Format: Individual online lecture, perhaps Interact-ABILITY.

Duration: 2 hours.

Module 2.

Target: To change staff's use of *core* supportive communication strategies.

Format: Face-to-face, group-based workshop. Inter-disciplinary staff groups. Practical-based approach.

Duration: 1-2 hours.

Module 3.

Target: To change staff's use of supportive communication strategies relevant for the *specific* staff group / workplace.

Format: Face-to-face, group-based workshop. Inter-disciplinary staff groups. Practical-based approach.

Duration: 1-2 hours.

Module 4.

Target: To change staff's inter-disciplinary collaboration about client communication.

Format: Face-to-face, group-based workshop. Inter-disciplinary staff groups. Practical-based approach.

Duration: 1-2 hours.

Muligheder for implementering - øvelse

Grupper:

1. Udvælg 2-3 barrierer for implementering af samtalestøtte i relation til KKF (hvilke udfordringer mener I er størst?)
2. Foreslå løsninger – hvad skal der til for at overkomme de valgte barrierer?

Efter fælles diskussion:

Individuelt:

1. Stikord på eget ark.



Overvejelser om barrierer og facilitatorer



Barrierer

Manglende guidelines på området

Manglende kendskab til KKF

Manglende overskud til implementering

Manglende økonomi

Mangler et program til personale og et dansk program til pårørende



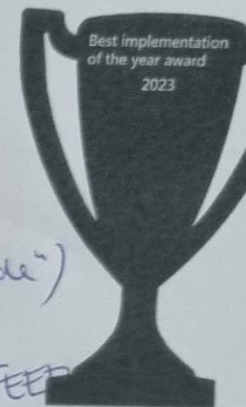
Facilitatorer

Gode erfaringer fra afasi-området

Behov for støtte til udfordringer

Generelt øget fokus på kommunikation og person-centreret tilgang i sundhedssektoren

Muligheder for implementering af samtalestøtte i relation til KKF



Udvalgte barrierer:

1. FAGLIG STOLTLED HOS KOLLEGER ("Jeg ved/gør det allerede")
2. SVÆRT ^{SÅRBART} AT SKULLE BRINGE SIG SELV I SPIL FX IFT FEEDBACK
3. TID

Foreslåede løsninger:

1. ORGANISATORISK - RUM TIL AT ARBEJDE MED KOMMUNIKATION
2. RAMMER FOR FEEDBACK KULTUR
3. GØR DET

Muligheder for implementering af samtalestøtte i relation til KKF



Udvalgte barrierer:

1. tid (akutgd) (subakut) (ambulant - fase 3)
2. availability of personale — — u —
3. Tradition — u —
4. Viden

Foreslåede løsninger:

1. _____
2. _____
3. Forskningsprojekter baseret på forskning - på Hammel Neurocenter

Muligheder for implementering af samtalestøtte i relation til KKF



Udvalgte barrierer:

1. manglende tid og fokus
2. Kompetencer hos Logo ift. at give feedback
3. Dansk program & mere viden hos Logopæderne

Foreslåede løsninger:

1. tid og penge
2. Efteruddannelse
3. Dansk program → god praksis

Muligheder for implementering af samtalestøtte i relation til KKF



Udvalgte barrierer:

1. Sirkulering i personalet
2. Manglende ressourcer til at alle får samme opløring
3. Allerede overbelastning ang. arbejdsoppgaver (rovdrift)

Foreslåede løsninger:

1. Tid til opløring som stadig gjentas for nye i personalet
2. Ledelsen må prioritere ressursene til dette
3. Nøkkelpersoner / primærkontakter i personalgruppen

Muligheder for implementering af samtalestøtte i relation til KKF

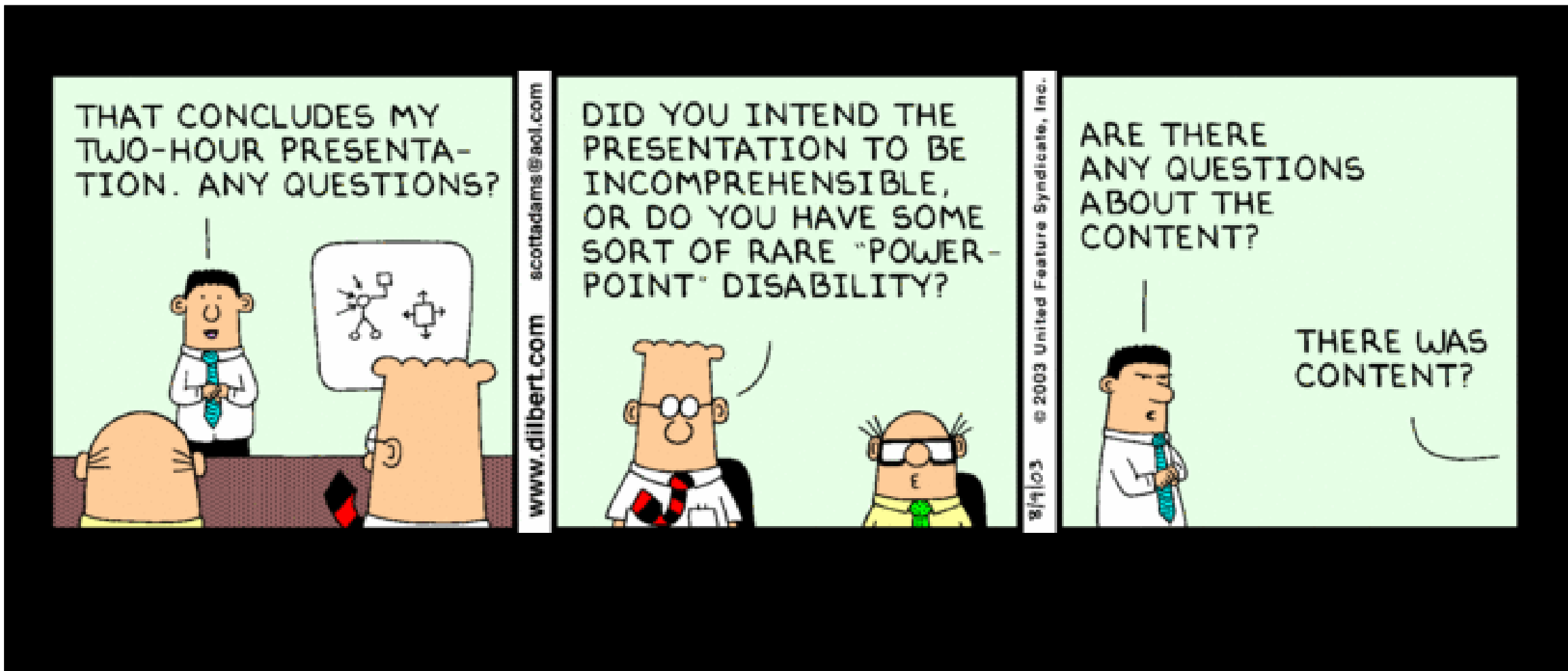


Udvalgte barrierer:

1. Tid
2. Manglende viden om KKF
- 3.

Foreslåede løsninger:

1. ^{invejdelse af} Strategier vil over tid give tidsbesparelse
2. Udbredelse af viden
- 3.



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Hjemmesider

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TBIconneCT: <https://www.sydney.edu.au/medicine-health/our-research/research-centres/acquired-brain-injury-communication-lab/tbiconnect.html>

Interact-ABI-lity (en del af The social brain toolkit): <https://abi-communication-lab.sydney.edu.au/social-brain-toolkit/>

TBI Skill Builder: <https://cbirt.org/research/current-projects/staff-tbi-skill-builder>

TBI Staff Training: <http://www.tbistafftraining.info/>

YouTube: Søg på TBIconneCT (flere gode videoer tilgængelige)