

# Communication Partnership Therapy: Evidence for practice

Christopher Lind, PhD

Speech Pathology and Audiology

Flinders University

South Australia



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UNIVERSITY

inspiring achievement

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# Part 1

## Contextualising adult Aural Rehabilitation services

# Occupational stress in audiology

Severn et al. (2012) identified ***a range of stress factors*** experienced as a result of ***various job roles*** undertaken by audiologists, including:

- accountability\*\*,
- time demand\*\*,
- administration or equipment,
- audiological management\*\*,
- patient contact, and
- clinical protocol\*\*.

“Employers or owners of private clinicians [sic] were shown to have ***high stress levels associated with time demand.***” (p.8)

(emphasis added)

# Pressures on clinical practice

- Tuohy (1999)
  - Government policy and funding
    - Regulatory role (e.g., OHS scheme – Australia)
    - Emphasis on supply of devices
  - Commercial pressures
    - Increased private workforce / competition
    - Emphasis on supply of devices
    - Industry or profession?
  - Professional standards
    - Standard of practice / professional ethics
    - Internship / CPD (CEU)

and in addition....

- University (or other) education
  - Depth and breadth of education

# Issues in planning and conducting AR

In order to bridge the gap between clinic and everyday life, how do we align.....

- Clients' perspectives
  - What do they say they want?

with

- Intervention techniques
  - What do we have to offer?

and

- Assessment tools / outcome measures
  - How do we assess the outcomes?

# How might we view conversation in adult AR?

From the point of view *of the listener*, spoken communication is simultaneously a sensory/perceptual, linguistic and social activity.

Conversation is:

- **fundamentally** a sensory/perceptual task
- **mediated by** linguistic structures
- **ultimately** a social activity

# ***What*** (do we do)?

## Current Intervention techniques

### ***Sensory-perceptual (-Linguistic)***

- Auditory / auditory-visual speech reception
  - Analytic v Synthetic (Jeffers & Barley 1971; Sweetow & Sabes, 2006)

### ***Linguistic (-Social)***

- Communication strategies (Erber, 2002)
  - Conversation repair (Lind, Hickson & Erber, 2004; Skelt, 2006)

### ***Social (-Emotional)***

- Environmental / hearing tactics (Kaplan, Bally & Garretson, 1985)
- Psychosocial approaches (Pedley, Giles & Hogan, 2004)
  - Assertiveness (Trychin, 1995)
- Affective counselling (Luterman, 1984, 2008)

# Individual v group programs in adult AR

Is an argument of:

CONTENT (i.e., What might we offer?)

PROCESS (i.e., How might we offer it?)

## Benefits of group v individual AR

-Largely arguments of **process** (e.g., group dynamics, cohesion, ecological validity)

(Abrams, et al., 2002, Chisolm, et al., 2004, Golder, et al., 2008, Hickson, et al., 2007, Preminger, 2003)

## Client(s) attending alone or with partner(s)

“Communication Partnership Therapy” – therapy has **equal focus** on HI adult and communication partner



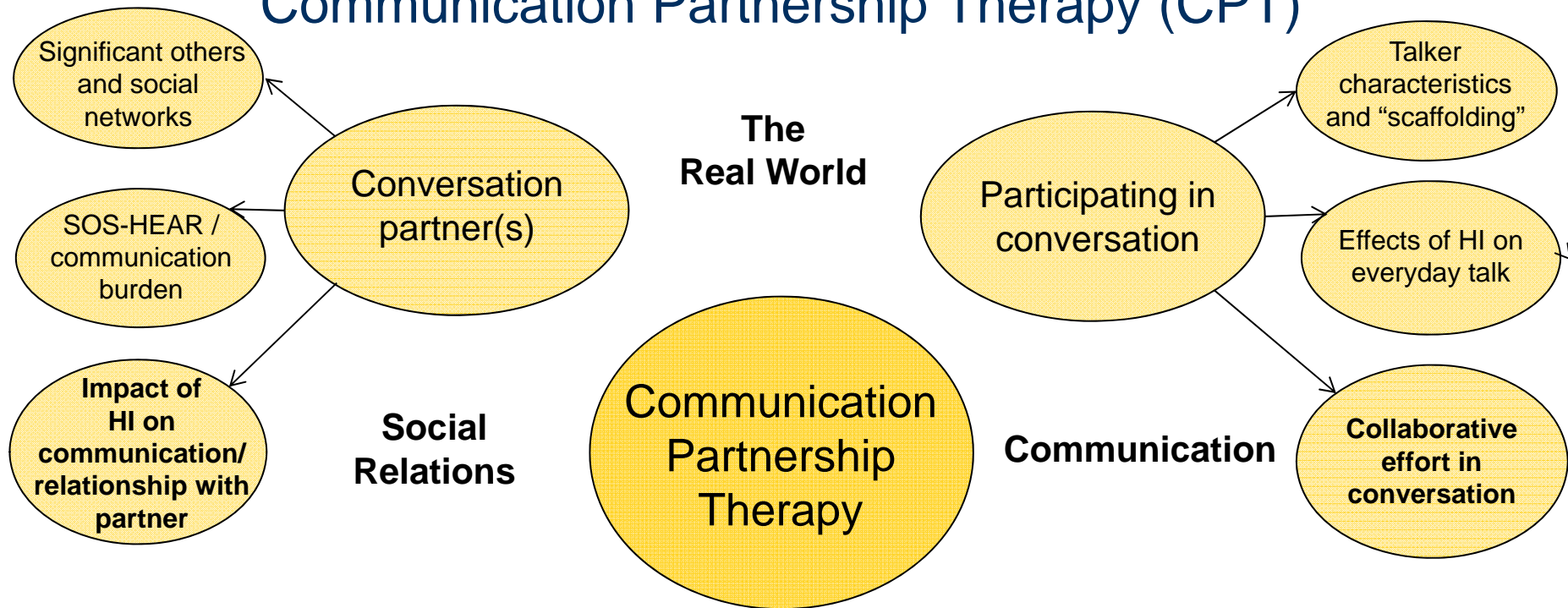
# Part 2

## Communication Partnership Therapy (CPT)

# Influences on Communication Partnership Therapy (CPT)



# Influences on Communication Partnership Therapy (CPT)



# Collaboration in conversation

- All conversation requires participants to:
  - work in concert
  - pitch / frame their talk with their understanding of their communication partner in mind
    - “Recipient design” (Schegloff et al., 1977)
  - Acknowledge the previous speaker’s turn
    - Acceptance and presentation (Clark & Schaefer, 1986)
  - Check for (and then fix?) misunderstandings
    - Breakdown and repair
  - *We cannot separate out the H1 adult’s behaviour from their partner’s behaviour in conversation.....*

# Who are the communication partners?

(with thanks to Joe Montano)

## Significant others (SOs)

- A person who has a major influence on the behavior and self-esteem of another (e.g., spouse, partner, family member, friend)

## Other communication partners (CPs)

- Each event in a person's life involves a communication partnership in a communication environment
- Include the cooperative relationships necessary for successful communication with multiple individuals within communication environments

## “Communication World”

- Complex and dynamic relationships between communication partners  
(Manchaiah & Stephens, 2011)

# Impact of HI on communication/ relationship with partner

- Impact of HI on **relationship** with partner (Anderson & Noble, 2005, Hallberg & Barrenäs, 1993, 1995; Héту, Jones & Getty, 1993; Piercy & Piercy, 2002)
- Impact of HI on the **spouse** (SOS-HEAR) (Scarinci, Worrall & Hickson, 2008, 2009)
  - Effect of HI on communication, everyday activities, relationship, social factors, emotions
  - Spouse's need to continually adapt to their partner's HI
- **Vested interest** of SO / FCP in successful interaction as a reflection of successful relationship (Scarinci, Worrall & Hickson, 2009)
- Communication / **Caregiver burden** in adult acquired communication disorders (e.g., dementia, aphasia) (Erder et al, 2012)

# Talker characteristics and “scaffolding”

- There is a substantial difference between **clear** and **conversational** speech (Picheny, Durlach & Braida, 1985, 1986)
- Communicators are able to improve the intelligibility of their speech **on demand** (Schum, 1996)
- Speakers increase the intensity of their voices proportionally to the increase in distance from the listener, **without instruction** (Michael, Seigel & Pick, 1995)
- Speakers will alter the clarity of their speech in response to perceived changes in the **complexity** of the text they are reading (Pedlow & Wales, 1987)
- Talker intelligibility cannot be separated out from **message** and **environment** (Gagné, Masterton, et al, 1994)

# The influence of acquired HI on participating in conversation

- ***Infrequent turns*** at talk (Stephens, Jaworski, Lewis & Aslan, 1999)
- ***Monologues*** (Wilson, Hickson & Worrall, 1998)
- More ***topic changes*** and less ***topic elaboration/discussion***  
(Pichora-Fuller, Johnson & Roodeburg, 1998)
- ***Shorter turns*** with less semantic content (Johnson & Pichora-Fuller, 1994)
- Increased use of ***general fillers*** and ***back-channeling***  
(Pichora-Fuller, Johnson & Roodeburg, 1998)

...and of course.....

- Increased likelihood of (certain types of) ***breakdown and repair***  
(Lind, Hickson & Erber, 2004, 2006)

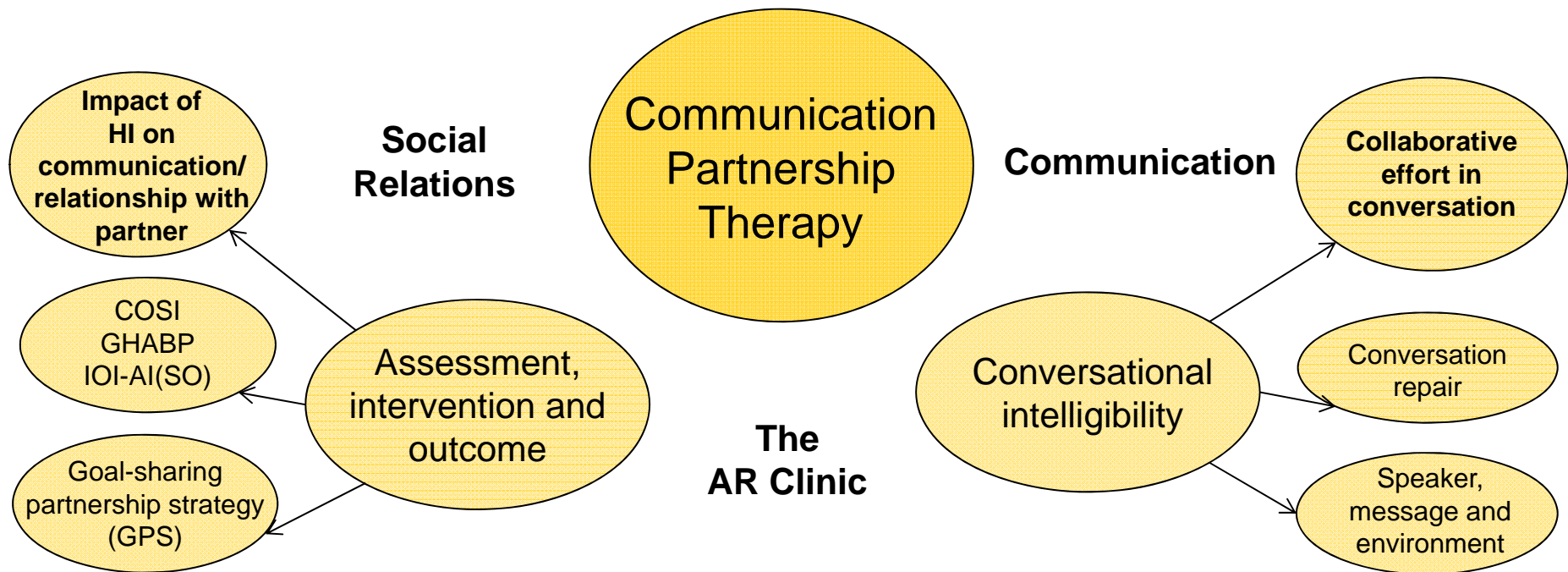


# In summary.....

## In the real world....

- HI influences the conduct of everyday conversation
- HI impacts on partners as well as on HI adults
  - relationships as well as communication
- Partners have a vested interest in resolving communication difficulties
- Partners are able to change their communication patterns to meet their HI partner's needs
- *Partners play an intrinsic role in the resolution of everyday conversation difficulties.....*

# Influences on Communication Partnership Therapy (CPT)



# Speaker, Message and Environment

- Hearing and environmental tactics
  - **Reduced** HA use and increased coping strategies (Andersson,1998)
  - Self-report of coping strategies remained **below pre-intervention levels** 2 years post Tx (Andersson et al., 1995, 1997)
  - Improvements in situations in which they are likely to be **able to exercise some control** over their environment (Lindberg et al., 1993)
  - **Marginal Increase** in HA use and reduced self-perceived handicap scores (HMS) (Ward & Gowers,1981)
    - definition of tactics varies from other studies\*\*

# Repair sequences in HI conversation

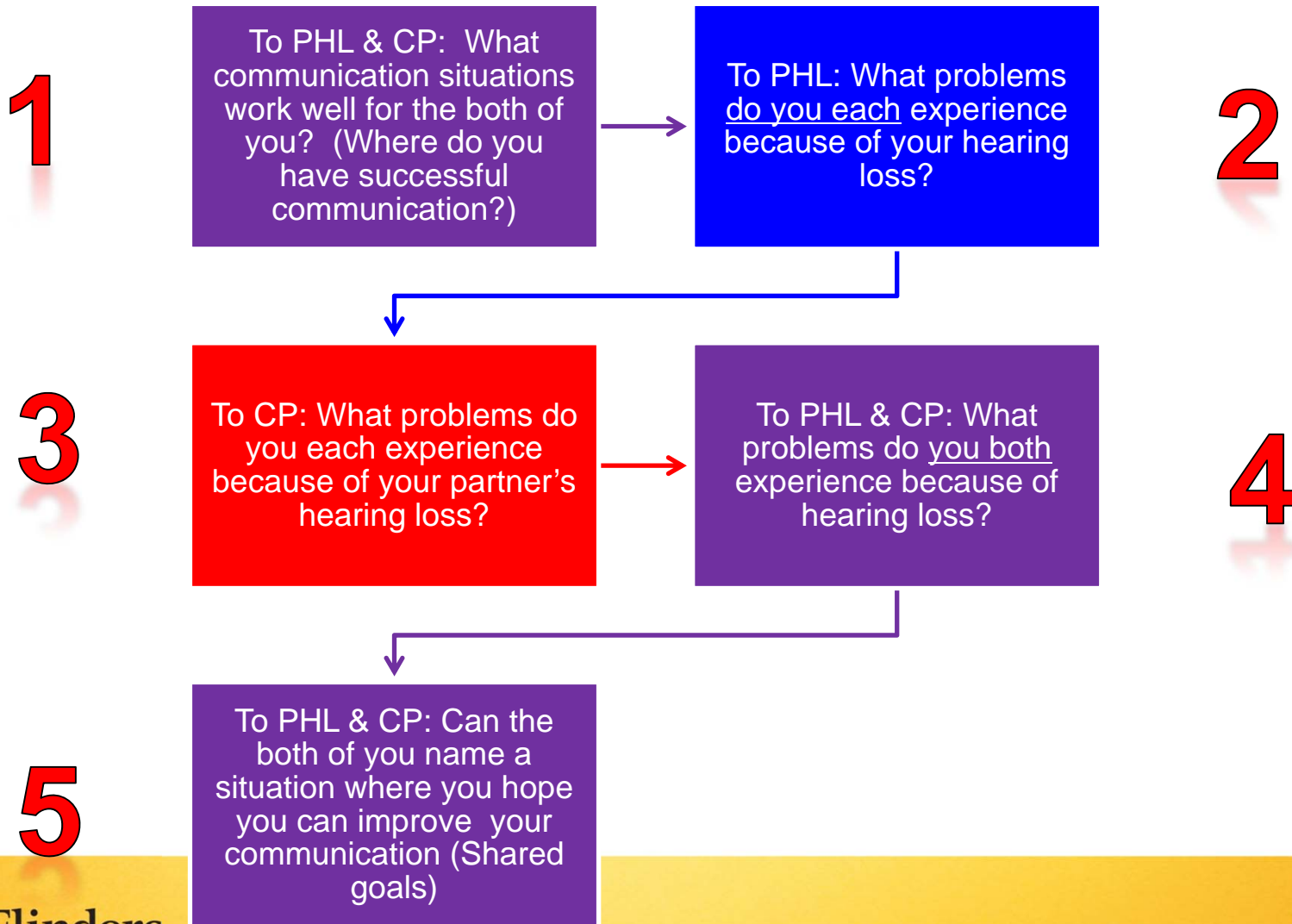
- Two general forms of repair influenced by HI (Lind, 2006; Lind et al 2004, 2006)
  - OISR (other initiated self repair)
    - Most commonly recognised repair sequence
    - In literature, theatre, TV – comedy and drama
  - 3PR (3<sup>rd</sup> position repair)
    - Less frequent but potentially more critical to perceptions of conversational success
    - Greater pressure to monitor conversation success on conversation partner

# Assessing needs / Measuring outcomes

- Questioning / interview strategy
  - Goal-sharing partnership strategy (GPS) (Preminger & Lind, 2012)
- Direct observation of changes in interaction
- Self- and other-reports as outcomes
  - COSI (Dillon, James & Ginis, 1994) (POSI??)
  - GHABP – residual difficulties (Gatehouse, 1999)
  - IOI-AI (Noble, 2002) / IOI-AI(SO) (Hickson et al, 2006)

# GPS - A step-by-step questionnaire

(with thanks to Jill Preminger)

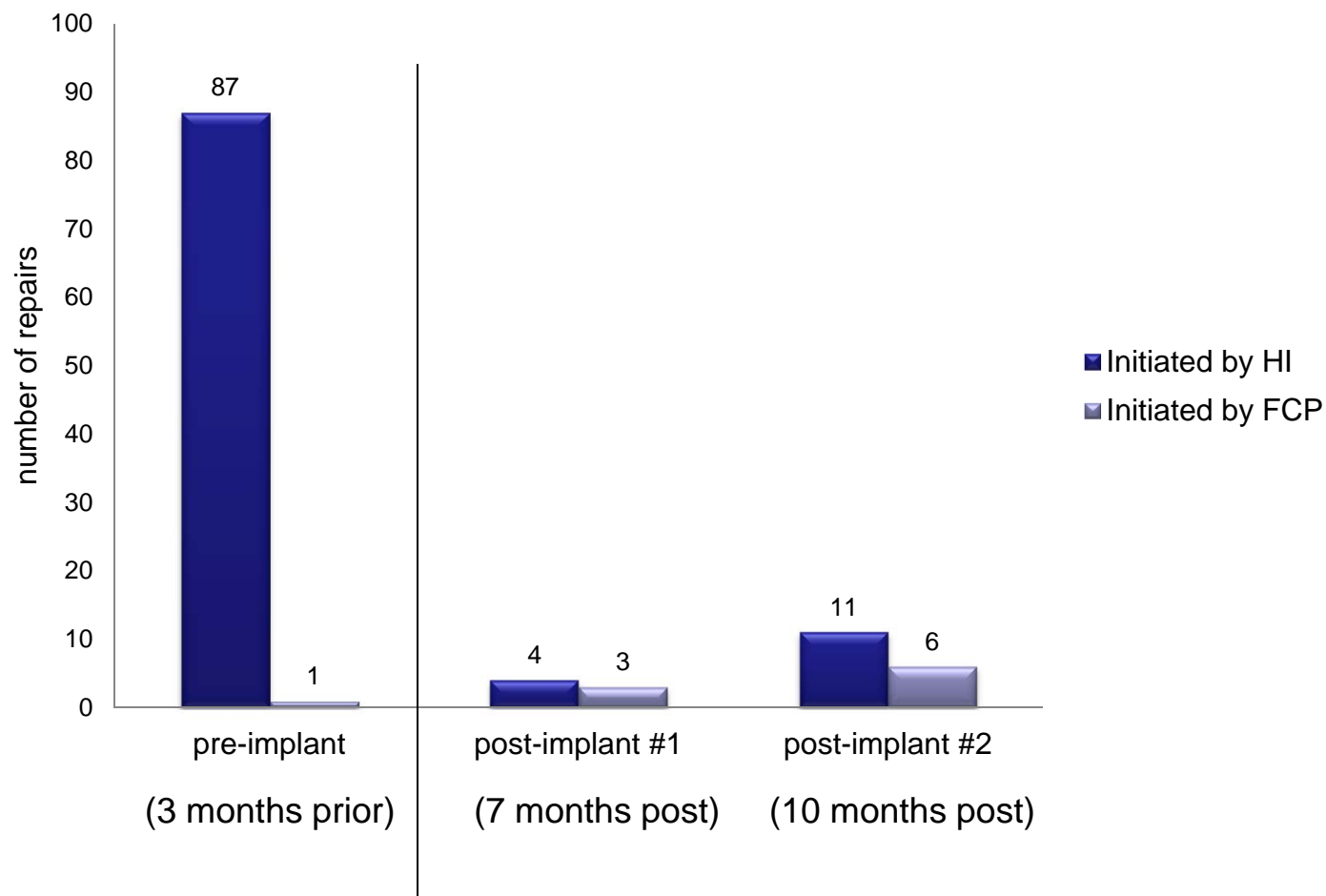


# How might the GPS inform our rehabilitation?

Using the GPS, clinicians may assess clients' needs by:

- **Engaging both client and communication partner(s)** in planning intervention
- Asking questions of **everyday communication**
- Setting goals from a **psycho-social perspective**
- Taking heed of the **communication partner's views** of conversation difficulties
- Using a more **intricate view** of communication partners in everyday conversation
- Focusing on issues in client (and communication partner) **motivation**
- Gathering information **on successful communication**

# Measuring change in repair behaviour following intervention (= Cochlear Implantation)





# In summary....

## In the clinic.....

- Partners' intelligibility plays a role as important as the HI adults' use of tactics in resolving communication problems
- Both partners can change their talk in response to a wide range of conversational influences
- We can observe conversational behaviours influenced by adult HI AND measure their change
- *Communication partners can be usefully engaged to play an important role in lessening the everyday effects of the HI.....*

# Part 3

What does CPT look like?

# Communication Partnership therapy - A new model

## Communication Partnership Therapy

- Aim – focus on relationship between HI and communication
  - Engaging the communication partner alongside the HI adult
  - Detailed questioning strategy (GPS)
  - Communication focussed assessment
  - Informational counselling v strategy practice
  - Self- and other-report as outcome measures
  
  - Many clients / partners attend for a single session
  - Outcome – focus on relationship between HI and communication
    - The reason they attended the clinic in the first place

# Communication Partnership Therapy

- Presumes therapy / intervention will address **both people's communicative needs** arising as a consequences of HI
- Therapy goals: **improve intelligibility / reduce communication breakdown**
- Implies focus **on strategies and tactics** undertaken by **both partners**
- Implies **both partners have roles to play** in lessening the impact of HI on communication
- **Outcome measures address FCP's perspective** as well as the PHI's perspective
- Implies **changes in everyday communication** as outcome

# The 800 pound gorilla in the room....

- We have as yet **only limited ability** to directly assess the outcome of our intervention by reference to **changes in conversational ability**, function, success or other measures
- We have some initial evidence that changes in conversation behaviour may be measured by **pre- / post-intervention comparisons**.....
- However, we remain unclear what relationship exists **between various AR techniques and everyday conversation**
- This potentially places intervention in AR at odds with the reason for people attending .....



Thank you

[chris.lind@flinders.edu.au](mailto:chris.lind@flinders.edu.au)