

Rehabilitation Research Review™



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Issue 5 - 2017

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Abbreviations used in this issue:

ASD = Autism Spectrum Disorder
CPT = Communication Partner Training
SCI = spinal cord injury
TBI = traumatic brain injury

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Welcome to the 5th issue of Rehabilitation Research Review for 2017.

In this issue, we focus on communication as a central, but often overlooked, lynchpin for rehabilitation practice. My guest editor for this edition is Dr David Trembath, a Speech Pathologist, Senior Lecturer and NHMRC Research Fellow. David is also Research Director (Paediatric Rehabilitation and Developmental Disability) of our research centre, The Hopkins Centre, which sits within the Menzies Health Institute Queensland, Griffith University (see more information at <http://www.hopkinscentre.edu.au/>). David is a Certified Practising Speech Pathologist who teaches and researches in the School of Allied Health Sciences at Griffith University. He has selected some important papers that demonstrate the central role of communication in all aspects of rehabilitation. As a speech pathologist, he is acutely aware of the role of language, communication and conversation in our society. Typically, speech pathologists focus on clinical deficits in speech and language, but in the current interdisciplinary and cross-sectoral age of rehabilitation, the importance of all types of communication is being highlighted. Good communication underpins almost every aspect of the rehabilitation system, from the therapeutic relationship to the way in which evidence is relayed to the practitioners and how policy is implemented. In rehabilitation today, teams must communicate about complex issues, across complicated and within multi-layered settings. Rehabilitation is increasingly being delivered in environments that challenge the therapeutic relationship (e.g., clients' homes or diverse workplaces, community settings and online spaces) but also may limit the opportunity for traditional professional interactions. This context makes clear communication even more essential. We are also experiencing unprecedented levels of research evidence and new innovative practices that are constantly emerging and being evaluated. Practitioners must find it extremely difficult to distil and use this evidence without clearly communicated summaries and guidelines. Without efforts to collate this evidence, successful interventions can be overlooked (e.g., conversation partner training). Worse, practitioners and clients are vulnerable to useless, expensive and potentially detrimental interventions that have no real evidence base. Increasing attention is finally being given to communication as a core skill for rehabilitation practitioners, for policy-makers, for clients and their families and for researchers. We hope this issue makes you consider reviewing communication processes and practices that might influence the outcomes that can be achieved through rehabilitation.

I hope you enjoy reading this issue of Rehabilitation Research Review and welcome your feedback.

Kind Regards,

Professor Elizabeth Kendall

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Identifying and managing common childhood language and speech impairments

Authors: Reilly S et al.

Summary: In this clinical review, Reilly and her colleagues examine the identification and treatment of speech impairments, language impairments, and stuttering. They note that these are common yet unpredictable disorders affecting between 2.5-20.6% of children. Key indicators for referral include parental concern, not being understood by others, low comprehension skills, evidence of difficulties across multiple domains, negative social impact of communication difficulties, and lack of improvement, particularly in children 3 years of age or older. Effective treatments are available and typically involve a tailored program of communication support delivered in partnership with parents and education providers.

Comment: Although there are well-established milestones for communication development in childhood, research has shown that paths to achieving these can be many and varied. This is true for all children, not just those who are formally diagnosed with speech and language disorders. In summarising the literature, these researchers highlight the need to account for variability at both the individual and community levels. Questions regarding possible difficulties need to be considered with reference to the child's broader development, case history, normative data, and any psychosocial impacts. At the community level, shared awareness between parents, health professionals and educators regarding indicators for referral and the timely and targeted delivery of services to children with multiple and/or persistent difficulties by age 3 can help afford each child the social, educational and personal benefits that arise from effective communication.

Reference: *BMJ*. 2015;350:h2318

[Abstract](#)



Conversational topics discussed by individuals with severe traumatic brain injury and their communication partners during sub-acute recovery

Authors: Brassel S et al.

Summary: This study examined the nature of short conversations between 22 individuals with severe traumatic brain injury (TBI) and their familiar communication partners, 3 and 6 months post injury. Using qualitative content analysis, the researchers identified three main conversational themes: connecting, re-engaging, and impacts of injury. Conversational topics at 3 months tended to focus on aspects of injury and recovery, with a shift to topics focused on re-engaging with family, friends and the community at 6 months. Conversation patterns, including participants' roles in introducing and maintaining topics, were broadly consistent across the two time points. The authors concluded that casual conversations provide an important context for individuals with TBI and their communication partners to discuss issues relevant to their injury and rehabilitation. Furthermore, the authors suggested that multidisciplinary conversation-focused interventions, aimed at supporting both individuals with TBI and their conversational partners, have the potential to maximise the benefits of these interactions.

Comment: In the midst of the social, emotional and physical upheaval commonly associated with severe TBI, it can be easy to forget the potential power of simply 'having a chat.' The findings of this study shed light on how casual conversations may help people come to terms with their experiences, and create contexts for reconnecting people with their loved-ones and their broader lives as part of the rehabilitation process. It is noteworthy that the partners in this study were parents, spouses, a sister and a daughter, which raises the question as to what extent casual conversations with less familiar people, including health professionals, may yield similar outcomes. Similarly, it is not clear from this study alone how the findings may translate to other populations in rehabilitation settings. Although further research will need to address these questions, the findings of this study provide a timely reminder that taking time to talk is one of the simplest, but likely a very important, component of any client-centred, positive, and future-focused rehabilitation program.

Reference: *Brain Inj.* 2016;30(11):1329-42
[Abstract](#)

Actionable nuggets: Knowledge translation tool for the needs of patients with spinal cord injury

Authors: McColl MA et al.

Summary: This pilot study examined the effectiveness of a strategy aimed at supporting family physicians to translate evidence into everyday practice for their patients with spinal cord injury (SCI). Based on a systematic review of the evidence, the researchers wrote and sent weekly 'actionable nuggets' postcards to 430 family physicians in Canada over a 20-week period. Each postcard provided evidence-based information regarding common health issues for individuals with SCI. Physicians' knowledge increased over the course of the study, based on pre-post assessment. Fifty three percent of physicians stated they had changed their practice and 79% indicated that they had found opportunities to apply the information in practice. Physicians rated the nuggets as highly useful and acceptable for knowledge translation.

Comment: Communication is essential to bridging the research-practice gap in health care. Easily digested actionable nuggets are a creative and apparently successful method for distilling and communicating evidence to practitioners. Each nugget is based on a clinically relevant problem, followed by an evidence-based and yet practical response. Thus, communication is built on a shared understanding of an agreed challenge. The approach is worthy of further research using a control group to determine whether or not the actionable nuggets are responsible for these changes. As the authors noted, involving patients in the process of identifying issues and possible solutions has the potential to increase relevance and impact. Could this approach be used to address health issues in other populations or workforces? Presumably so, but care must be taken not to underestimate the attention-grabbing capacity of these postcards, which currently stand out against the backdrop of electronic communication that dominates clinical practice.

Reference: *Can Fam Physician* 2015;61(5):e240-8
[Abstract](#)

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Introducing the individual Teamwork Observation and Feedback Tool (iTOFT): Development and description of a new interprofessional teamwork measure

Authors: Thistlethwaite J et al.

Summary: This article introduces the Individual Teamwork Observation and Feedback Tool (iTOFT), designed to assist in providing feedback to students and health professionals engaged in inter-professional learning tasks. The iTOFT was developed by a consortium of seven universities across Australia, the United Kingdom and Canada. The team reviewed existing teamwork assessment tools and health profession accreditation requirements. They then conducted a Delphi consultation and field-testing for feasibility and acceptability. Two versions of the tool were developed. The first, for junior students, assessed 11 observable behaviours related to ‘shared decision making’ and ‘working as a team.’ The second, for senior students and junior health professionals, assessed 10 observable behaviours and included two additional concepts of ‘leadership’ and ‘patient safety.’ Further research is planned to evaluate validity and educational impact. Both versions of the tool and additional information are available [online](#).

Comment: Working effectively as part of a team is crucial in healthcare settings, and is now widely recognised by health professional accrediting bodies as a core competency. At the heart of effective teamwork is good communication, as reflected in this new tool. An important contribution of this tool is the focus on individual assessment. A team is comprised of multiple parts, and education institutions, workplace settings, and accrediting bodies need to be confident that each member of the team can contribute positively to the work of the collective. The tool focuses on formative assessment, which acknowledges that interprofessional practice is dynamic, varying according to the make-up of the team, the patient, context, and the responsibilities attributed to each member and also not necessarily a naturally occurring skill. Assessment tools that can be used by teams to build their responsiveness to an interdisciplinary environment will be helpful to rehabilitation practice.

Reference: *J Interprof Care* 2016;30(4):526-8
[Abstract](#)

Recognising the “forgotten man”: Fathers’ experiences in caring for a young child with autism spectrum disorder

Authors: Paynter J et al.

Summary: Children with Autism Spectrum Disorder (ASD) have social-communication difficulties that affect the way they relate to others and the world around them. This study explored the experiences of 18 fathers in raising their preschool aged children with ASD. Using questionnaires and interviews, the authors examined fathers’ mental health, involvement in caring for their children, the sources of support they accessed, and coping strategies they employed. The fathers’ demonstrated elevated levels of parental stress and depressive symptoms compared to the general population, which many participants linked to challenges associated with their children’s difficulties during the interviews. Fathers identified partners – where they existed – as primary sources of support, whereas formal support through services was perceived by some fathers as being inaccessible or geared towards the needs of mothers. Common coping strategies included ‘active avoidance’ which was generally viewed as unhelpful, compared to the perceived benefits of ‘positive reframing.’ The authors argued for the need for a multifaceted approach to supporting fathers in raising their children with ASD, through better access to more appropriate services and engagement in the rehabilitation process.

Comment: Social-communication difficulties can place substantial pressure on parents, leading to poor mental health and relationship breakdowns, which further jeopardise rehabilitation. The findings of this study are important in shedding light on fathers’ experiences. Fathers in this study placed significant importance on accessing emotional and practical support from partners, family, and close friends and colleagues. Communication skills are central, not only in relation to the children, but also to the ability of parents to maintain their own relationship and seek support from others. Some fathers felt disenfranchised and disconnected from formal supports, pointing to the need for services to cater to fathers, but also to provide more accessible information about their availability in the community.

Reference: *J Intellect & Develop Disab.* Feb 28 2017;[Epub ahead of print]
[Abstract](#)

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Communication partner training in aphasia: An updated systematic review

Authors: Simmons-Mackie N et al.

Summary: In 2010, a systematic review found that Communication Partner Training (CPT) was effective in supporting communication amongst people with chronic aphasia. In this current paper, the authors present an updated review of literature spanning 2008-2015, and with a focus on language, communication activity/participation, psychosocial adjustment, and quality of life for both people with acute and chronic aphasia. All 25 articles that met inclusion criteria reported positive outcomes for CPT. The authors noted that additional high quality research is still required regarding its use with those in the acute stages of aphasia, and in complex environments such as inpatient health settings.

Comment: CPT is an environmental intervention in which partners are taught how to identify and use creative opportunities for people with aphasia to improve their communication as part of meaningful life activities. Importantly, this approach acknowledges that effective communication is a two-way process, meaning that the actions of one person can positively (or negatively) influence the capacity of the other to participate. The fact that this approach has been shown to be meritorious is perhaps not surprising, but is rarely attended to in traditional rehabilitation programs. Strategies commonly used in CPT programs, such as reflecting on roles, ensuring equal turns, interpreting both verbal and non-verbal communication, are skills taught widely in society. What is compelling about this training is that 56 well-designed studies have consistently reported positive findings for people with aphasia and their communication partners. The relevance of this training to other populations and contexts means that it has the potential to become a universally accepted intervention within the rehabilitation and disability service system. It has the potential to assist people with disability to foster positive participation in health care settings, but also to maintain supportive social relationships. Such a program would not replace the need for individualised speech therapy interventions, but could create a strong foundation on which further gains can be built.

Reference: *Arch Phys Med Rehabil.* 2016;97(12):2202-21
[Abstract](#)

Clinical Practice Guideline for the Management of Communication and Swallowing Disorders following Paediatric Traumatic Brain Injury

Authors: Morgan A et al.

Summary: This clinical practice guideline provides recommendations for the management of speech, language and swallowing disorders for children up to 18 years of age within 12 months of TBI. The guideline includes evidence-based recommendations based on a systematic review of the research evidence and consensus-based recommendations based on a Delphi survey completed by the multidisciplinary guideline development committee. The recommendations highlight the need for early assessment and treatment for speech, language and swallowing disorders, which are particularly common in children with moderate-to-severe TBI. They also make clear the essential role that speech pathologists and medical specialists and staff play in the management of communication and swallowing disorders, and the importance of ensuring parents, caregivers, and educators receive timely and appropriate information to support children's recovery. The complete set of recommendations, and supporting evidence, are freely available in the guideline [online](#).

Comment: TBI is a common cause of childhood disability, placing children at substantial risk for communication and swallowing disorders. This guideline is aimed at helping to ensure that all children receive consistent, evidence- and consensus-based assessment and intervention in a timely fashion in order to maximise their individual outcomes. Addressing clinical questions spanning aetiology, diagnosis, prognosis and intervention outcomes, it is intended for use by qualified hospital and community-based healthcare professionals responsible for the acute care and rehabilitation of communication and swallowing disorders in young people with TBI. Guidelines are an important way of communicating evidence to practitioners, but they must be prepared in a systematic and rigorous manner, through broad consultation with stakeholders. These authors have addressed all development requirements, leading to its endorsement by the National Health and Medical Research Council. It is noteworthy that the guideline has the potential to not only influence clinical practice, but also to identify clinical-research priorities in the field of paediatric TBI.

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Independent commentary by Professor Elizabeth Kendall.

Elizabeth Kendall is a Research Professor at the Menzies Health Institute Queensland, Griffith University which is home to an extensive collaborative of multi-disciplinary and cross-sectoral researchers focusing on disability, resilience, recovery, and rehabilitation. The research collaborative includes partners from Queensland Health and Department of Communities along with large non-government organisations, private companies and local authorities. She completed her PhD in 1997 on the topic of adjustment following traumatic brain injury, for which she won the Dean's Commendation for Outstanding PhD Thesis at University of Queensland. She has attracted over \$40 million in research grants and consultancies and has over 200 publications. She has been an active advocate in the field of disability for her entire working life.



Independent commentary by Dr David Trembath.

David is a Speech Pathologist, Senior Lecturer and NHMRC Early Career Research Fellow. He is also Research Director (Paediatric Rehabilitation and Developmental Disability) of The Hopkins Centre, which sits within the Menzies Health Institute Queensland, Griffith University. David is a Certified Practising Speech Pathologist who teaches and researches in the School of Allied Health Sciences at Griffith University.



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