

Beyond speech alone:

*GUIDELINES for practitioners providing
counselling SERVICES to
CLIENTS WITH disabilities and
complex communication NEEDS*



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The Bridging Project

- A project being undertaken by Scope Specialist Services in collaboration with the Centre for Developmental Disability Health Victoria, Monash University.
- The Bridging Project has as its mission to progress the knowledge and resource base to ensure that individuals with complex communication and mental health needs have access to quality services.



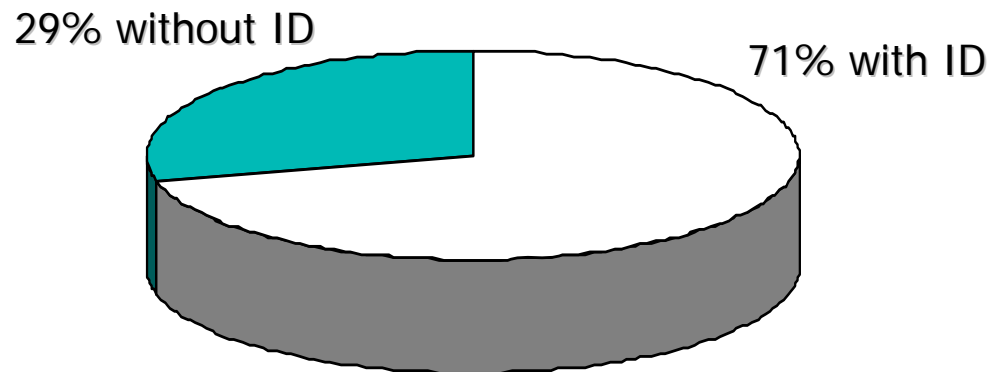
Complex communication needs (CCN)

- People with complex communication needs are unable to use speech to meet their daily communication needs.
- Severe communication impairment.
- Associated with developmental disabilities, acquired disabilities.
- 1 in 500 individuals in Victoria have complex communication needs (Perry, Reilly, Cotton, Bloomberg, & Johnson, 2004).
- People with complex communication needs will rely to various degrees on extant communication methods (e.g., speech approximations, vocalisations, gestures, facial expression) and/or augmentative and alternative communication systems.

Disability groups and subgroups

- Large porportion of people with comorbid CCN and ID
- Distinct and overlapping characteristics
- Focus of guidelines on people with CCN, with or without ID

People with CCN



(Bloomberg & Johnson, 1990; Johnson & Bloomberg, 1988)

Disability and counselling: a condensed history

- Historically, focus of psychological intervention for people with disabilities has been at the behavioural level.
- Over last two decades, increased focus on understanding the reasons and functions of behaviour.
- However, the need for emotional-based supports continues to be overlooked.

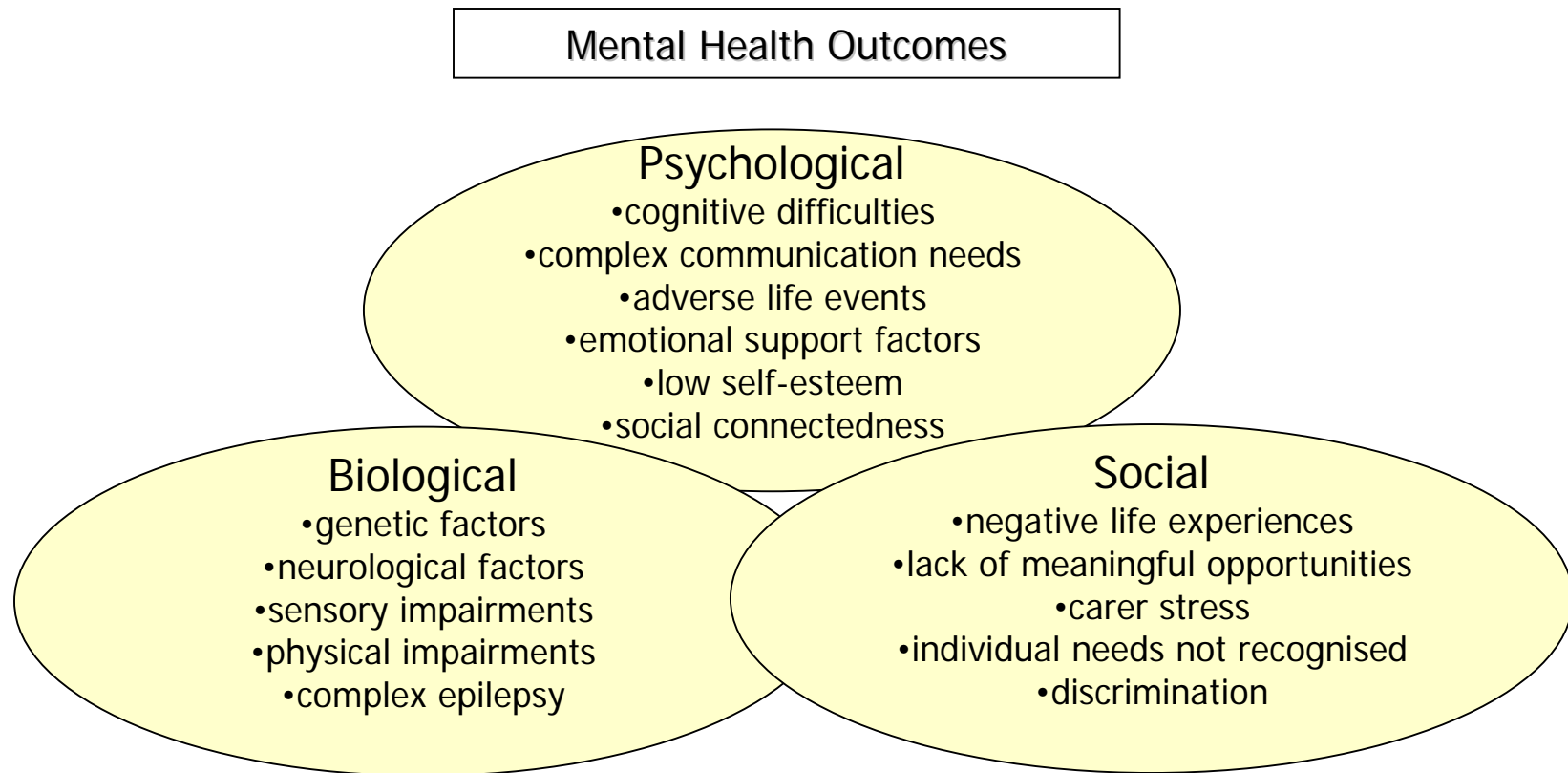
Disability and counselling: research progression

- Lack of published literature into the effectiveness of counselling for people with complex communication needs.
- Inferences from research on people with an intellectual disability.
- Although large body of literature for people with intellectual disability, largely methodologically flawed and few randomised controlled trials (Wilner, 2005).
- RCTs focuss on CBT and demonstrate it's effectiveness for the treatment of anger.
- The progression of research from anecdotal to more rigorous investigations.
- Criterion shift from "*is counselling relevant?*" to "*is counselling effective?*"
- Overall, evidence is patchy and intermittent, but suggests counselling is both relevant and effective.

Why focus on the counselling needs of people with CCN?

- People with complex communication needs may experience a quantitatively and qualitatively distinct cohort of psychosocial stressors. They are distinct not only in contrast to the general population, but may also be distinct from those experienced by people with intellectual disabilities.

Why focus on the counselling needs of people with CCN?



Adapted from Holland & Jacobson, 2001

Why focus on the counselling needs of people with CCN?

- People with complex communication needs have the same range of counselling needs as people who have functional speech.
- People with complex communication needs experience a similar spread of mental health disorders compared with people from the general population (Hagiliassis et al., 2005; Jenkins & Gulbenkoglou, 1998).
- There is an under-identification of mental health issues and poor early detection and intervention, as well as a range of attitudinal, educational and practical barriers to counselling, that apply particularly to this group.

Barriers to advancement in research and practice

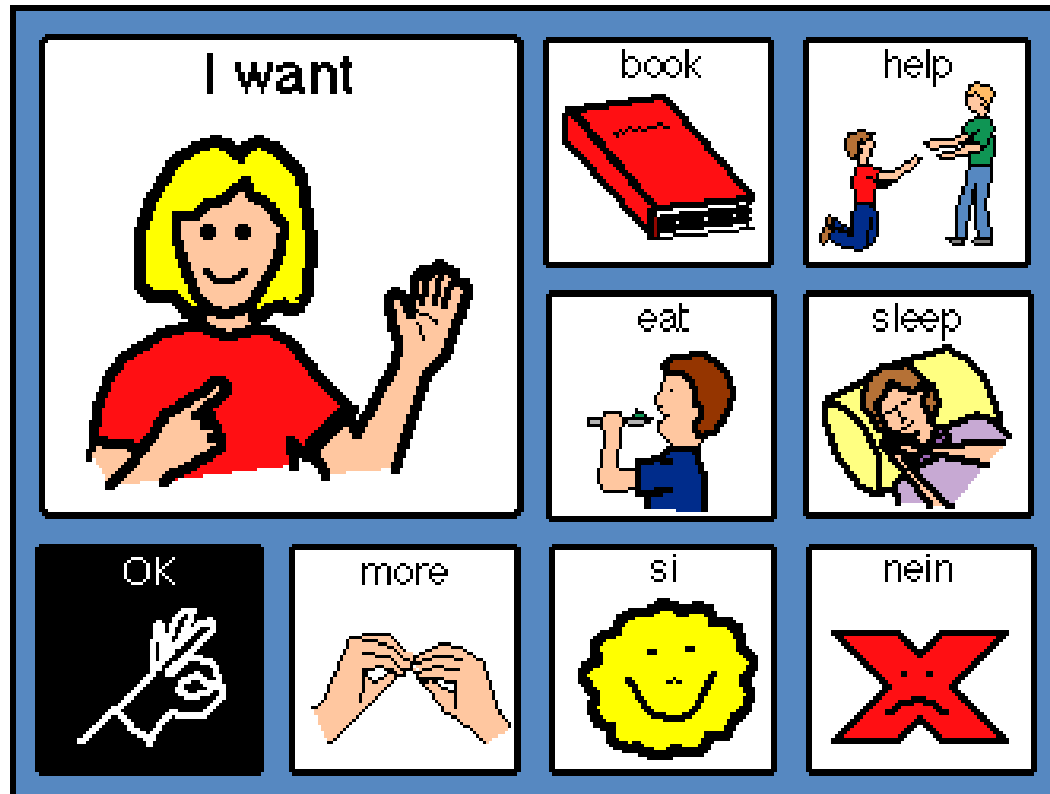
- Diagnostic overshadowing
- Behavioural overshadowing
- Challenge in diagnostic accuracy
- Perception that people with disability are 'protected' from mental ill health
- Financial barriers that limit access to counselling
- People with disabilities being less likely to self-refer
- Disdain or discomfort about working with this group
- Assumption that people with disabilities lack the capacity to benefit from counselling
- Limited assessment tools that are accessible to people with complex communication needs
- The need to modify or adapt counselling to make it accessible
- Lack of education and training
- Few clinicians with an interest in this field



Augmentative and Alternative Communication (AAC)

- Systems that augment or replace natural speech for communication.
- Unaided systems
 - formal gestures, signs, facial expressions and idiosyncratic body movements.
- Aided systems
 - communication boards, books and cards
 - simple technology (e.g., devices with a set number of messages that can be accessed through touch or switch)
 - complex technology (e.g., devices that allow the user to type out messages that are then expressed using synthesised speech)

Communication board



Simple technology



Complex technology



Counselling and CCN

While a range of techniques are utilised for the provision of counselling, most leading models of counselling are based on speech and listening processes.

It is speech that primarily guides a clinician's understanding of a person's thoughts, feelings and responses.

This can result in obvious challenges when providing counselling to people with complex communication needs, whose communication impairment may limit their ability to express needs, ask questions, convey information and participate in conversations.

Counselling people with CCN: what are the similarities?

- People with complex communication needs experience the same range of counselling needs as people without disabilities (Gulbenkoglu & Jenkins, 1998, Hagiliassis et al., 2005).
- The overall objectives of counselling: to facilitate client self-exploration and to increase a client's level of self-understanding in order for effective and desired changes in behaviour.
- The capacity for a clinician to achieve counselling attitudes and behaviours such as empathy, positive regard and genuineness.

Counselling people with CCN: what are the differences?

- Specific micro skills (e.g., listening, paraphrasing, summing, challenging, interpreting) can be impacted upon.
- Additional time often required for operation of AAC devices (Crawford, 1987).
- Clinicians are more active and directive, make interpretations at more concrete levels, have a greater reliance on secondary sources of information (Di Marco & Iacono, 2005; Hoyt et al., 1981).
- Counselling less fluid; characterised by a series of 'counselling moments' interrupted by breakdowns in communication.

The Guidelines

- Describe approaches for making counselling maximally accessible to people with complex communication needs, whilst maintaining the integrity of the counselling process.
- Targeted at psychologists working in community settings, with more clients with disabilities likely to be serviced in community settings.
- Not approached from the perspective of a specific theoretical orientation.
- Developed in collaboration with speech therapists.

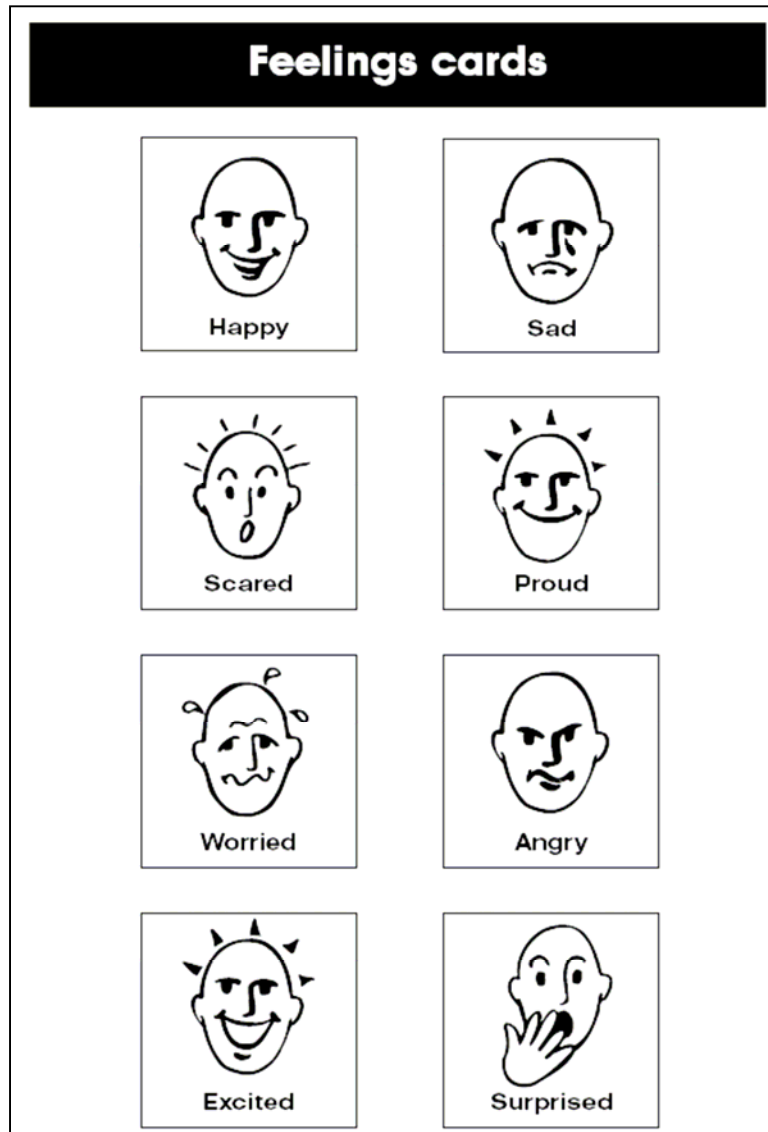
Technique	Barriers and Risks	Hallmark
Open questioning	<ul style="list-style-type: none">✦ Only Yes/No response✦ Access to limited messages✦ Slow communication exchange✦ Disrupted flow of communication✦ Reliance on closed questions	Self-directedness, Shared goals, Confidentiality and Rapport

Strategy

- ✦ Become familiar with the person's communication method.
- ✦ Support the person to use the system that is familiar to him or her.
- ✦ Involve a communication assistant.
- ✦ Be aware of and address any comprehension issues; for example, visual strategies, concrete aids, short statements, Talking Mats.
- ✦ Start from the more general and become more specific, having the client lead.
- ✦ Allow sufficient time.

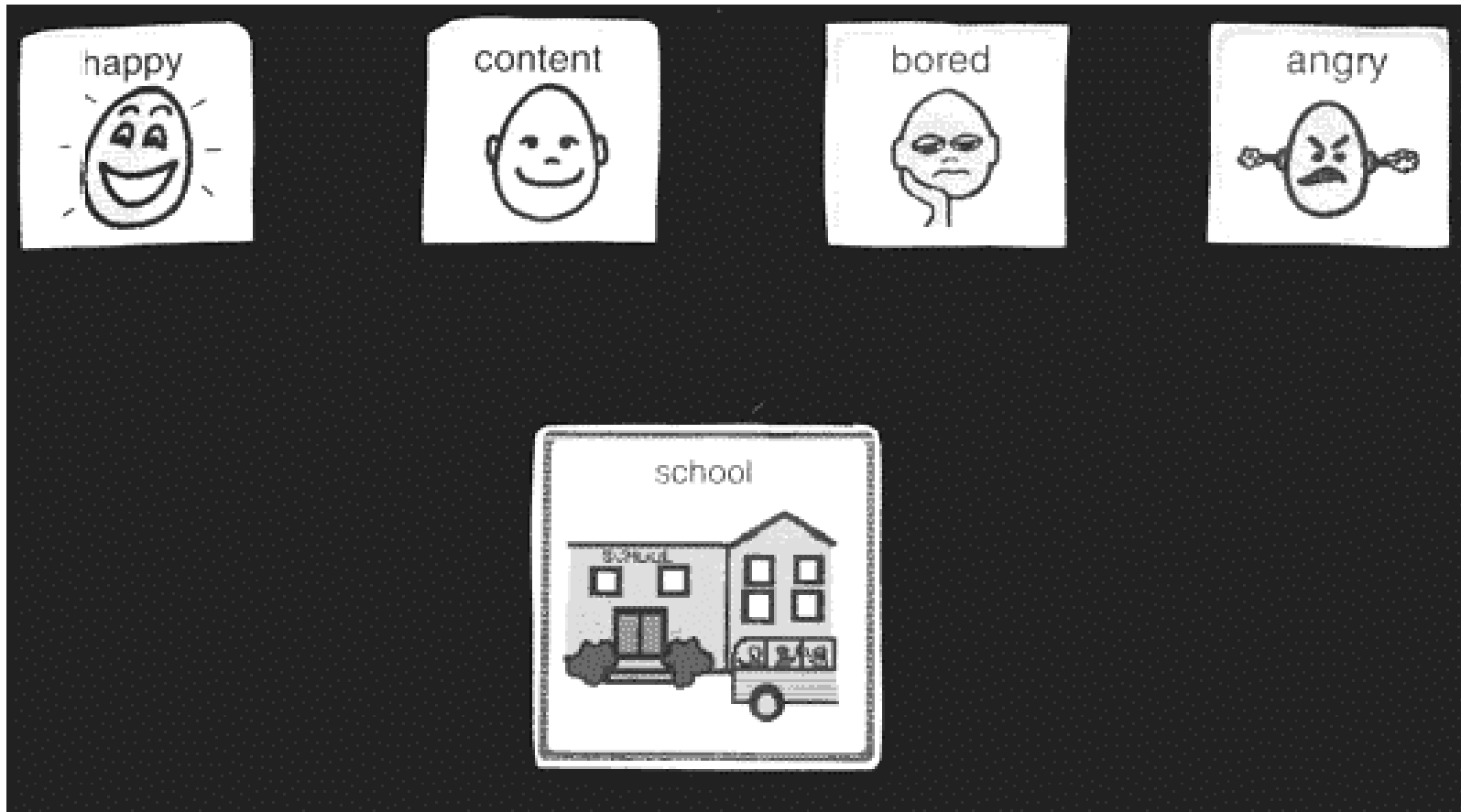
- ✦ Use "closed question openers"; for example, "Is there anything else that's worrying you?"
- ✦ Have access to vocabulary resources relevant to the discussion topic.
- ✦ Be lead by the client's values.
- ✦ Be aware of your own values and beliefs.
- ✦ Be aware of the impact of other people's values and interpretations and how they may lead the client.
- ✦ Be aware of confidentiality issues; share only what must be shared.
- ✦ Be aware of the range of action strategies available to client.

Examples of visual strategies and concrete aids



From
Gulbenkoglu, H. & Hagiliassis, N. (2006). An
Anger Management Training Package for
Individuals with Disabilities, Jessica Kingsley
Publishers, London.

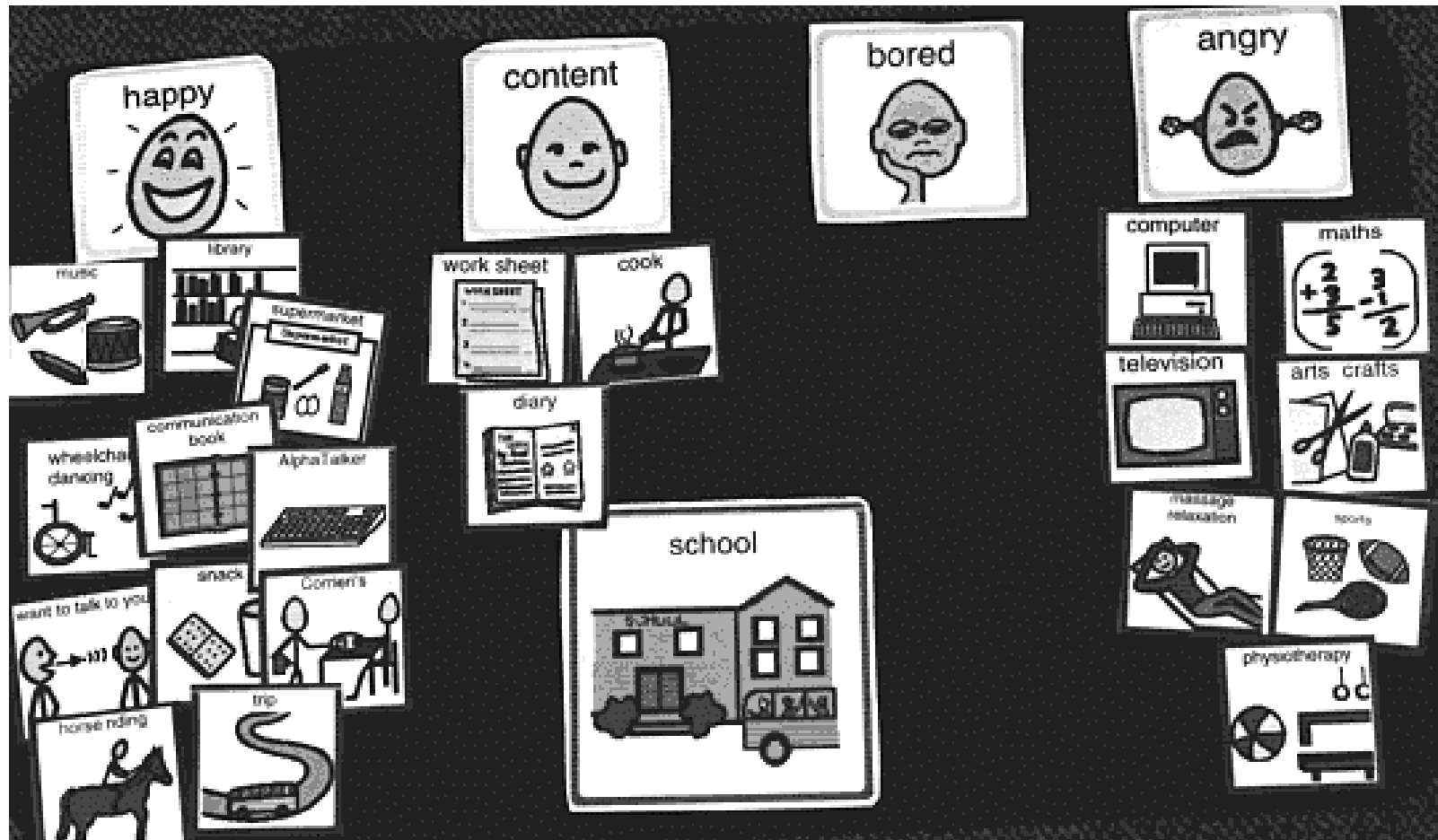
Examples of visual strategies and concrete aids



From

Murphy, J. Talking Mats: speech and language research in practice Retrieved August 2006 from <http://www.speechmag.com/archives/joanmurphy2.html>

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Yes-No questions in counselling

OTHER WAYS OF COMMUNICATING IT

Is it on your communication board or communication aid?

Can someone else tell me what it is?

GENERAL

Do you want to tell me something?

Do you want to ask me something?

Do you want to know what I think?

Do you want me to do something?

Is it something you want?

Is it something you are feeling?

WHO

Is it about you?

Is it about someone else?

Is it about someone in your family?

Someone at home?

Someone who works at your house?

A friend?

Someone at work?

Someone in the community?

Someone you used to know?

Are they still alive?

Yes-No questions in counselling

LOCATION

- Is it about home?
- Is it about work?
- Is it about another place?

TIME

- Is it about something that has happened...
 - Today?
 - Yesterday?
 - Last night?
 - Last week?
 - On the weekend?
 - A long time ago?
- Is it something that is going to happen?
 - Is it something that might happen?
 - Today?
 - Tomorrow?
 - Next week?
 - On the weekend?
 - Soon?
 - A long time away?

Example of Yes-No counselling sequence

- Is there something you want to talk about? (General) YES
- Is it about something at home? (Location) NO
- Is it about you? (Who) NO
- Is it about someone else? (Who) YES
- Is it about someone at home? (Who) NO
- Is it about someone at work? (Who) NO
- Is it about someone in your family? (Who) YES
- Is it about your Parents? (Who) YES
- Is it something that has happened recently? (Time) YES

Technique	Barriers and Risks	Hallmark
<p>Attending & Listening</p>	<ul style="list-style-type: none"> ✦ Problems in understanding the client because of poor speech intelligibility ✦ Client's possible feelings of frustration when not understood ✦ Difficulties reading the client's body language ✦ Lack of familiarity with the client's AAC system ✦ Maintaining attention for the time it takes the client to express a message ✦ The client's poor posture and/or eye contact ✦ The client's potential to fatigue easily 	<p>Empathy and Rapport</p>

Strategy

- ✦ Ensure optimal body posture and eye contact.
- ✦ Become familiar with the person's body language and AAC system.
- ✦ Be aware of session scheduling: for example, choose a time of day when the client is rested.
- ✦ Be open and honest about the difficulties of understanding communication.
- ✦ Use writing and note taking to track sequence of communications.

Technique	Barriers and Risks	Hallmark
Summarising and paraphrasing	<ul style="list-style-type: none">✦ Limited information to base paraphrasing upon✦ In attempting to 'fill in the gaps', risking putting words into the client's mouth✦ Directing the client down a particular path	Self-directedness, Shared goals, and Rapport

Strategy

- ✦ Check regularly that you understood the client.
- ✦ Provide opportunities for the client to correct the clinician.
- ✦ Use visual aids for summarising and paraphrasing.
- ✦ Use a client's own words when summarising and paraphrasing.
- ✦ When filling in the gaps, employ general and/or intuitive knowledge.
- ✦ Be aware of your own values and beliefs.

Technique	Barriers and Risks	Hallmark
Use of silence	<ul style="list-style-type: none">• Frequent and long silences• Feelings of discomfort associated with silences	Rapport

Strategy

- Be comfortable with silence.
- Acknowledge the role of silence as a therapeutic tool.

Technique	Barriers and Risks	Hallmark
Eliciting & Probing	<ul style="list-style-type: none">✦ Difficulties achieving deeper levels of insight (particularly for clients with comprehension difficulties)✦ Communication systems that lack the words needed for exploration of an issue✦ Reasoning blocks for someone with cognitive limitations✦ Probing in a tangential or circuitous way	Shared goals, Self-directedness, Confidentiality and Rapport

Strategy

- ✦ Extend beyond the concrete by exploring creative options and their consequences for the client and others; for example, “What would happen if you did X?”
 - ✦ Develop visual templates to explore issues at progressively deeper levels.
 - ✦ Employ flexible communication approaches lead by counselling themes rather than vice versa.
 - ✦ Allow time for confronting ‘reasoning blocks’.
- ✦ Work from where the client is in his or her reasoning; adopt an educative approach; use concrete examples to gently challenge reasoning blocks.
 - ✦ Be aware of a client’s responses as possible indicators of emotional state; for example, teariness or changes in physical state.

Technique	Barriers and Risks	Hallmark
Challenging (incorporating congruence)	<ul style="list-style-type: none">✦ Tendency to ask 'safe questions'✦ Lack of contextual information about the client's situation✦ Greater potential for incongruence between what the client says and what the client does✦ Difficulties in determining sources of incongruencies✦ The client's difficulties in recognising and identifying faulty thinking	Confidentiality and Rapport

Strategy

- ✦ Be aware of the therapeutic role of safe questions.
 - ✦ Avoid using safe questions as the basis of counselling; ask questions that directly address the issue.
 - ✦ Gather as much information about the client to give you the 'best available context'; for example, "is there anybody else that can tell us more about this?", "do you want me to talk to this person about this?"
 - ✦ Collect additional information from other sources to resolve incongruencies.
- ✦ Employ sensitivity and openness in discussing issues of incongruence.
 - ✦ Develop visual templates that reflect common irrational thoughts.
 - ✦ Where appropriate, involve others in supporting clients with homework activities.

Technique	Barriers and Risks	Hallmark
Clarifying	<ul style="list-style-type: none"><li data-bbox="604 574 1283 623">+ A greater need for clarification<li data-bbox="604 639 1325 753">+ Putting an incorrect slant on the clarification<li data-bbox="604 769 1058 818">+ Client acquiescence	Empathy, Shared goals, Self-directedness and Rapport

Strategy

- ✦ Check-in with the client; for example, “Am I heading down the right track?”, “Am I missing anything”, “Feel free to tell me if I’ve got it right”.
- ✦ Encourage client to indicate if he or she does not confer with the clinician.
- ✦ Echo key-words when clarifying to facilitate meaningfulness, relevance and confirmation.

General guidelines

- Utilise strategies to assist turn taking
 - Slowing down by use of pauses
 - Overtly asking
- Signal changes in topics
- Regularly ask for clarification if you have misunderstood
- Use and accept all means of communication
- Provide feedback regularly either verbally or non-verbally
- Ensure physical setting is appropriate
- Ask if the client wants you to anticipate the message they are creating
- Don't look at the communication device all the time
- Stay focussed on the client when they are composing the message
- Be prepared for technological breakdown.

Future directions

- Policies that focus on strengthening access to generic services in communities for people with disabilities (e.g., Victorian State Disability Plan 2002-2012).
- Removing barriers that, ultimately, impede access to counselling services by people with disabilities e.g., financial, attitudinal, training.
- Further research into the types of psychosocial stressors experienced by people with physical disabilities and complex communication needs, and the impact of these stressors on mental health outcomes.
- Development of assessment and intervention tools that are accessible to people with complex communication needs and that reflect the range of needs of people with disabilities.
- Bridging the divide between generic and specialist health services, while acknowledging value and contribution from each.



Contact

- Further information:

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