

People with Parkinson's disease describe difficulties participating in everyday communication (Miller et al, 2006). However, SLTs report a lack of clinical tools targeting everyday interaction, as opposed to impairment, for these clients (Collis and Bloch, 2011). Research into everyday conversations has identified potential difficulties (eg Griffiths et al, 2012) and effective repair strategies (eg Saldert et al, 2014; Griffiths et al, 2015). Therapists could use this knowledge to advise families on the most efficient methods for enabling rewarding conversations.

A literature review suggested that SLTs and occupational therapists (OTs) jointly might be best placed to provide a new, conversation-focused intervention. The intervention would initially focus solely on relatives of individuals with communication difficulties associated with Parkinson's disease; eventually the focus will be on people with Parkinson's disease and relatives together.

Relatives support group

We developed a six-session, two-hour, weekly support group programme for relatives and recruited six women via the Parkinson's UK local branch. One participant had to withdraw due to her partner's health. The project had a favourable ethical opinion from the University of St Mark and St John ethics committee. An SLT led the sessions, with one involving an OT. In these sessions we encouraged group members to share strategies for managing everyday conversation difficulties as well as develop new strategies. The sessions involved:

- Discussions: eg 'What happens when you do not understand your partner?' and 'Encouraging participation in conversations'.
- Watching and discussing dramatised video clips of difficulties that can occur in conversation.
- Keeping diaries to record critical incidents in the week, as a basis for discussion.

We collated a summary of strategies generated

by the group for participants to take away as a record of their learning (<http://tinyurl.com/gnk5en8>). The theoretical approach was 'Solution-focused therapy' (de Shazer et al, 2007) involving a goal-directed approach to change. For example, we encouraged participants to search their life experiences for 'exceptions' or instances where a particular goal was at least partially achieved, and used these as a basis for co-constructing solutions.

Evaluation

We conducted a feasibility study; an essential phase of developing a complex healthcare intervention (Medical Research Council, 2008). This provided evidence that the intervention has potential for further investigation.

Participants took part in pre- and post-intervention data collection, one week prior to and one week following the intervention. Measures included:

- Communicative effectiveness survey (CES) (Yorkston et al, 1999) (self-report measure).
- Short general health questionnaire (GHQ-12) (Goldberg and Williams, 1988) (self-report measure).
- Goal attainment scale-Light (GAS-Light) (Turner-Stokes, no date): scored by participants.
- Audio recorded interview.

In the first interview, participants answered questions to establish their primary concerns regarding communication and expectations regarding the group. In the second, they gave their opinion on how practical it was for them to attend, what benefits (if any) they had derived from attending and what suggestions they had for



Enabling rewarding conversations

Sarah Griffiths and Katrina Bannigan discuss a conversation-focused support group for relatives of people with Parkinson's disease

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improving the group. The transcribed audio data was analysed using content analysis.

Findings

Table one shows the data collected from the participants. Four of the CES scores showed improvement and four GHQ-12 scores improved or maintained. The consensus was that the number and length of sessions was ideal. Table two shows the individual ‘GAS’ goals collaboratively constructed and shaped from the participants’ responses in the pre-group interview.

We have summarised the participants’ views post-group (the figures show the number of participants sharing each view):

- It was helpful to share ideas and sometimes this led to a change in behaviours (5).
- The group gave them an excuse to talk about communication with their partners; this had been too sensitive before (3).
- Some found the diaries helpful as a focus for discussion (3). Others found it too difficult to unpick complex critical incidents from memory (2).
- The dramatised video examples were helpful. All felt there would be benefits to discussing videos of their own conversations in therapy (5).
- The OT session was helpful in revealing strategies not previously considered (5).
- The strategies summary was valued (5).

Next steps

Participants received the sessions well, tolerated the battery of measures and noted positive changes with each outcome measure. This is encouraging in terms of conducting further research, but it is too early to suggest effectiveness. There are a number of possible biases, including

Table one: Summary of outcome measures

Outcome measure		Pre-group	Post-group
CES (%) High scores = client perceived as communicating very effectively in a variety of situations	P1	41	94
	P2	59	81
	P3	46	68
	P4	38	69
	P5	69	66
GHQ-12 High scores indicate psychological distress. More than 15 = cause for concern	P1	16	10
	P2	6	6
	P3	9	13
	P4	11	5
	P5	14	10
GAS-Light scores Five-point scale (-2 to +2). If expected goal attainment is achieved, post-intervention score is 0. More than expected outcomes scored at: +1 (a little more) or +2 (a lot more)	P1	-1	+1
	P2	-1	+1
	P3 (2 goals)	-1	+1
	P4	-1	+0.5
	P5	-1	+2

Table two: Participant goals, collaboratively constructed from the pre-group interviews

Participant	Goal/s
P1	‘My partner and I will be able to have proper in-depth conversations where he doesn’t give up/we don’t get frustrated.’
P2	‘I will have greater knowledge of strategies for helping communication, which may be helpful in the future.’
P3	Goal 1: ‘When I can’t understand my partner I will respond encouragingly.’ Goal 2: ‘I will give my partner more of a chance to speak.’
P4	‘I will be prompting/reminding/‘talking for’ my partner less.’
P5	‘I will make more of the time when I have my partner’s attention, so that communication feels worthwhile.’

gender. There was also no control group, so findings may be due to a source other than the intervention. The participants’ partners were receiving speech and language therapy, which may account for the outcomes. The next step is to conduct a full pilot study. ■

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