Communication Partner Training: Intervention in Workplace Communication for Promoting the Work Adjustment of Persons with Higher Brain Dysfunction

（Research Report No.151）Summary

【Keywords】

Higher brain dysfunction, cognitive disability, acquired brain injury, workplace communication, communication partner training

[Points for Practical Purpose]

A newly developed communication partner training (CPT) is an effective intervention program for promoting workplace communication with persons with higher brain dysfunction (HBD). After participating in the program, those who work with persons with HBD, including supervisors, colleagues, and company assigned job coaches, improved their knowledge, confidence, and motivation for communicating with persons with HBD. Research Report No. 151 will supply helpful tips to vocational rehabilitation practitioners who support employers hiring persons with HBD. This report will be also utilized in companies improving workplace communication with persons with HBD.

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2. Research Period

FY 2018 to 2019

3. Composition of the research report

Chapter 1: Background and purpose of research

Chapter 2: Development of the CPT for workplace communication

Chapter 3: Investigation of the effects of the CPT for workplace communication

Chapter 4: Discussions and future directions

4. Background and purpose of research

HBD[1] causes a number of difficulties. Among such, aphasia and cognitive communication disorders occur in high frequency. Difficulties in communication by these disorders hinder persons with HBD from workplace adjustment; therefore, it is important to focus on the communication in the area of vocational rehabilitation.

Communication partner training (CPT) is an intervention not for a person with HBD but for those around the person. The CPT provides participants information and suggestions about how to communicate with persons with HBD and give them opportunities to practice the skills of communication. The CPT has demonstrated as an effective intervention program for promoting everyday life and social participation of persons with HBD in the area of community rehabilitation inside and outside Japan; however, the CPT dealing with in the area of vocational rehabilitation has not been developed yet.

Purpose of the present research was to develop a CPT program for promoting work adjustment of persons with HBD and to investigate its effect. The present study focused on the communication difficulties caused by aphasia as well as cognitive communication disorders. Eligible participants for the CPT were “workplace human environment”, such as supervisors or colleagues working with persons with HBD, company assigned job coaches, and vocational life consultants for persons with disabilities.

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[1] The term “higher brain dysfunction” is used in Japan, and it refers to cognitive sequelae of acquired brain injury such as traumatic brain injury, stroke, brain tumor, etc.

Underlying a theoretical hypothesis in that improvements of knowledge, skills, and attitude of the workplace human environment concerning communication with persons with HBD will promote the work adjustment for persons with HBD, the present research investigated whether the workplace human environment would be improved their knowledge, interest, confidence, and motivation for communication with persons with HBD by participation in the CPT.

5. Development of the CPT for workplace communication

There were several phases to develop the CPT for the workplace communication (Figure 1). A trial version of the CPT was constructed based on the past findings on the CPT as community rehabilitation. The trial version of the CPT was conducted on vocational rehabilitation practitioners. Comparing between intervention and wait conditions, the results demonstrated that the trial version of the CPT improved only participants' confidence. The program was modified on the basis of the findings and constructed a revised version. The revised version of the CPT was conducted on university students whose knowledge about HBD would be similar to that of general population. The results revealed that although participants in the intervention condition increased their knowledge about the communication skills comparing to those in the wait condition, both conditions were about the same on other variables such as confidence and motivation. After the second trial, company employees whose company employs persons with HBD were surveyed about everyday communication with persons with HBD. Along with the findings of the second trial and the survey, the CPT for workplace communication was finalized. The one-day program consists of lectures (130 minutes) and exercises (150 minutes). Figure 2 are excerption of actual slides used in the final version of the CPT. It illustrates "15 tips for skillful communication" that is the main object of the program. The lectures mostly occur in the morning followed by the several exercises in the afternoon in that participants are able to practice communication using the skills they learn in the morning through pair work activities.

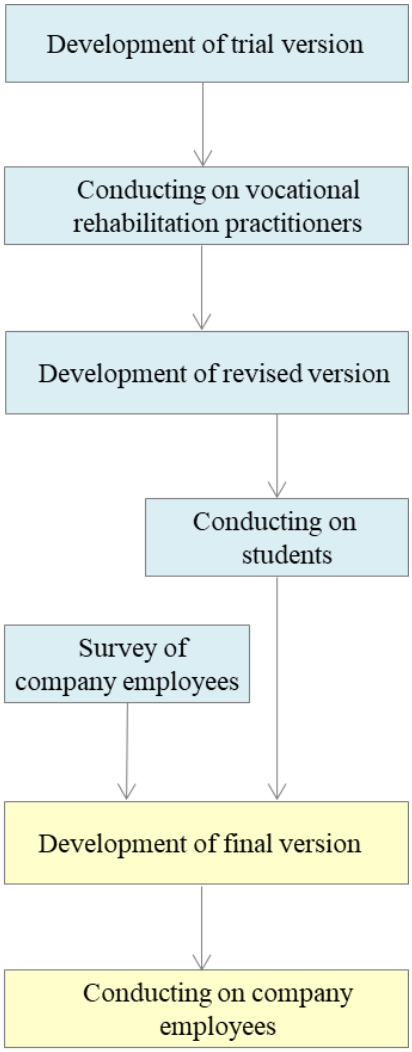


Figure 1 Development of the program

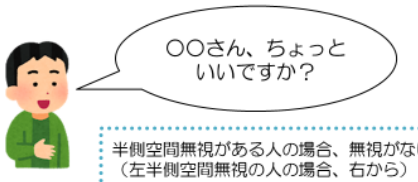
1．会話に集中できる環境作り・態度

- 静かで、気が散るものが少ない環境
- 落ち着いた雰囲気

会話に集中しにくい環境･態度とは？
- 周囲の音がうるさい
- 目の前がごちゃごちゃ
- 複数の人が無秩序に話す
- 何かをしながらの会話
- 何度も中断する
- 相手が忙しそう

2．話す前に相手の注意を引く

- 名前を呼ぶ
- お互いの顔が見える位置関係
- 自然なアイコンタクト
- 相手の注意が会話に向いていることを確認してから、本題に入る



半側空間無視がある人の場合、無視がない側から（左半側空間無視の人の場合、右から）

3．わかりやすい言葉を選ぶ

- その人にとって身近な言葉を使う
  - ×業界用語、一般的でない略語やカタカナ語
  - ×大人に対して幼児語→わかりやすくない
- 伝わらない時は、別の言葉に言い換えてみる

- 「あれ」「それ」「この前の」ではなく、具体的に言う

4．ゆっくり話す

- 自分のペースではなく、相手のペースで

- ワーキングメモリの容量が小さく／処理が遅くなっていたとしても、ゆっくりならついて行きやすい
- 相手も落ち着いて、ゆっくり話しやすい

5．簡潔な文で話す

- 一度に1つの内容にする
  - ×「私は昼に今朝母が作った弁当を食べた」
    →今朝母が弁当を作った。昼に私はその弁当を食べた。
- シンプルな文構造
  - ×「反対しないとも限らない」（二重否定）
    →反対するかも知れない
  - ×「ヘルメットの未着用は厳禁です」
    →ヘルメットを必ず着用すること

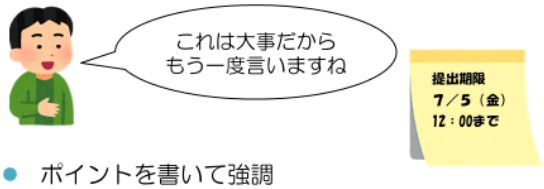
- 質問も一度に1つずつ
  - ×「大丈夫ですか？体調悪くないですか？病院に行かなくて大丈夫ですか？」

6．話す内容を整理する

- 順序立てて伝える
  （相手が頭の中で情報を並べ変えたり、更新したり、分類整理したりしなくて済むように話す）
  - ×「〇〇を△△する前に××しておいてください。××の前には□□しておく必要があります」
  - ×「〇〇でなくて△△してください。あ、違いました。やっぱり〇〇です。今日だけは××でもいいです」
  - ×「〇〇は××の一種で、△△は一種の□□です。□□の中には××も含まれます」
- 重要度が低い情報は省く
  大事な点や結論を先に伝え、枝葉の部分は様子を見ながら少しずつ伝えていくという方法も

7．大事なことは強調する

- 「これは大事なんです」と前置きする
  - ×「さっきのは大事です」
  - ×「前にも言ったんですけど･･･」
- 大事なことは何度も繰り返し伝える



- ポイントを書いて強調
  →目と耳の両方から情報が入る、後に残る

8．相手の様子をよく見る

- 伝えたことを理解できたか確認する
  「わかりましたか？」と質問されると、（あやふやでもつい）「はい」と答えてしまうことはあるため、表情や様子もよく見る
- 言葉以外の表出にも注意を払う
  （例：ジェスチャー、指さし、空書）
- 強く疲労していないかにも気をつける

脳損傷のある人は、周囲のペースについていくために、脳の健康な部分をフル回転させているため、疲れやすい。疲れると情報処理の効率はさらに低下し、悪循環に･･･。疲れすぎる前に適度な休憩を取れるよう配慮が望ましい

Figure 2 15 tips for skillful communication

9. 返事をゆっくり待つ

- 考えているとき、言おうとしているときは、さえぎらず、聴く姿勢で待つ

- 自力では表現することが難しそうなときは、質問の仕方を変えてみる
（→スキル11へ）

10. 視覚情報を活用する

- 会話の要点を文字でも伝える・メモを渡す
- 絵や図、写真、実物を見せて伝える

- 相手が言えないとき、指さしたり書いてもらう

※失語症の人→筆談が不自由なくできる訳ではないが、部分的に書けたり、絵で伝えられることがある。

11. 推測して確認する

相手が、伝えたいことをなかなか言葉にできないでいるとき（特に失語症の人の場合）

- 「はい」か「いいえ」で答えられる質問をする
（例：「〇〇に関係があることですか？」
× 「△△ではないんですね？」（答えにくい）
- 選択肢を呈示する
（例：「〇〇ですか？それとも〇〇ですか？」）
- 目盛りを呈示する（例：「今の体調は？」）

- 反応が曖昧なときは決めつけず、質問の仕方を変えてみる

12. わかったふりはしない

相手が伝えたいことをどうしても汲み取れないとき

- 「わかったふり」は、トラブルの元
- 「〇〇が△△というところまで、分かりました」と理解できた部分を伝える
- 時間をおいて、疲れていないときに、もう一度聞いてみる

13. 急に話題を変えない

- 話題が変わるときは、そのことがはっきり伝わるようにする

セットの転換の障害：心の「構え」が変えにくいこと。脳損傷者で広く見られる

14. 本質的でない誤りは指摘しない

- 何を伝えたかったのか十分推測できる場合は、言い誤りよりも、メッセージに応答する
- 指摘したからと言って、次のときに正しく言えるとは限らない（言葉を知らない訳ではない）
- 何を伝えたかったのかはっきりしないときは、確認を行う（「〇〇のことですか？」）

15. 相手を試す質問はしない

× 「～を覚えていますか？」
× 「～の時はどうするんでしたか？」
- 自分が正解を知っている質問をするのは失礼
（例外：先生と生徒、親と子、学力試験）
- 障害をつきつけることになり、ストレスになることも

- 伝えたことを相手が覚えているか心配なときは、試すよりも、もう一度、正しい情報を伝える

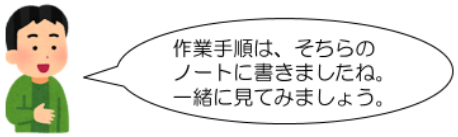


Figure 2 15 tips for skillful communication (continued)

6. Investigation of the effects of the CPT for workplace communication

(1) Method

Thirty-one individuals participated in the study. They were included supervisors, colleagues or team members of persons with HBD, company assigned job coaches, and vocational life consultants for persons with disabilities. The study design was non-randomized waiting-list control design, and participants were assigned to either intervention or wait condition (Figure 3).

Dependent variables were knowledge, interest, confidence, and motivation for communication with persons with HBD. There were two different videos depicting fictional conversations between a person with HBD and their supervisors. In the first video, an actor portrayed a person with HBD whose main symptoms were attention and memory disorders, whereas an actor in video 2 portrayed a different person with HBD whose main symptom was aphasia. The supervisor was the same in both videos. Participants watched each video and indicated inappropriate behaviors that the supervisor should change. Each correct behavior that the participants pointed out was counted as one-point on a coding list. Participants also indicated their interest, confidence, and motivation for communicating with persons with HBD on 11-point Likert scales. The assessment occurred twice, once before and once after participating in the program. Moreover, a follow-up survey was conducted one month after participation of the CPT, examining how the participants were using the skills learned in the program as well as what communication changes had been made in the workplace environment.

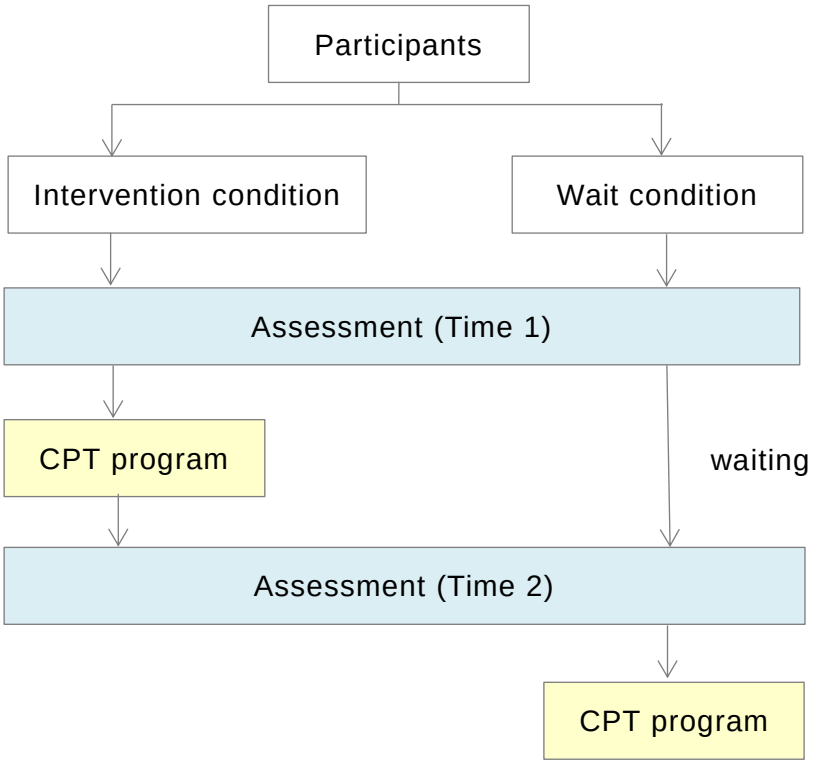


Figure 3 Study design

(2) Results

A total of 28 participants who completed the CPT program and both the first and second assessments were included in the analyses (16 in the intervention and 12 in the wait conditions). Analyses of variance revealed significant interactions between the time and conditions on all dependent variables, except the interest in that the intervention condition significantly increased scores from time 1 to time 2 ($p < .01$ for knowledge on video 1 and 2 and confidence, $p = .04$ for motivation [Figure 4 - 7]). The interest in the communication remained in a marginally significant interaction.

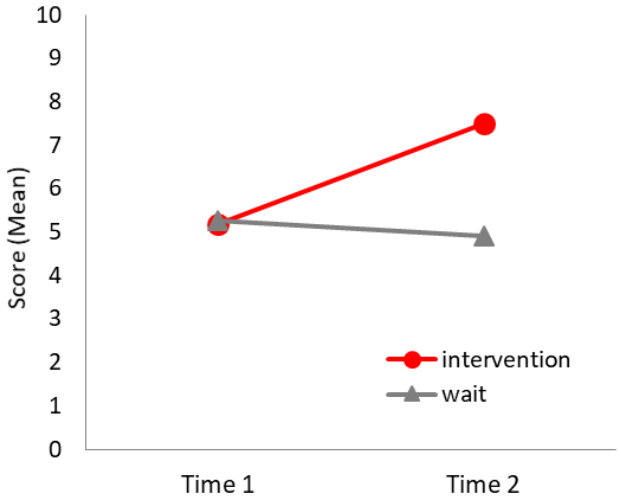


Figure 4 Knowledge (video 1)

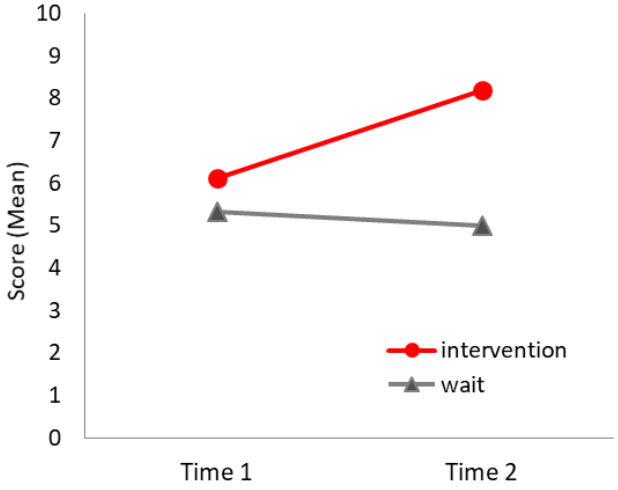


Figure 5 Knowledge (video 2)

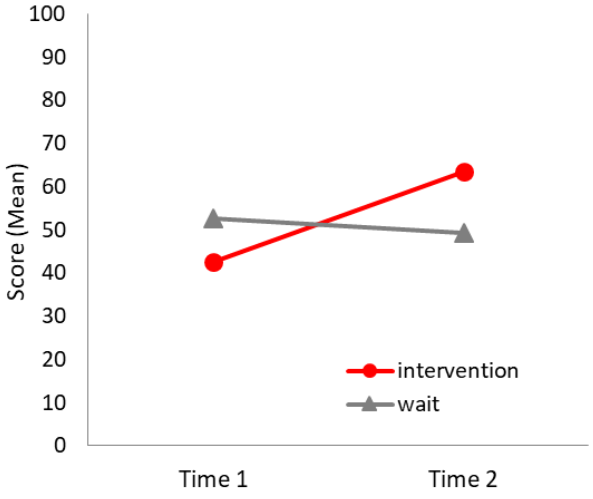


Figure 6 Confidence

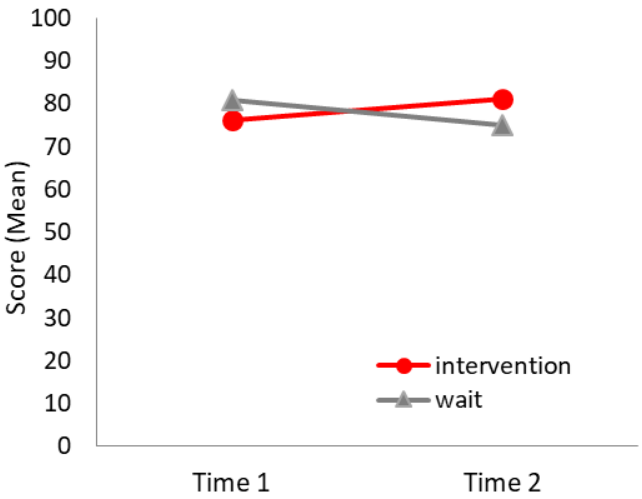


Figure 7 Motivation

In the follow-up survey, a number of participants indicated that they took advantage of the skills learned in the program at their workplace. Many of them reported that the program was beneficial; however, some others mentioned that exercising the skills became a burden at a busy workplace or that the skills brought unwanted outcomes. Moreover, some participants

indicated that they would like to know how to deal with issues regarding social behavior disorders such as aggression.

7. Discussions and future directions

(1) Discussions

The present research demonstrated that the CPT improved the knowledge, confidence, and motivation within the workplace environment for communication with persons with HBD. The CPT also improved participants' interest in communicating with persons with HBD. Given that characteristics of participants in the three studies were different from each other, including vocational rehabilitation practitioners, university students, and company employees, the results of the three studies cannot be compared directly. However, it can be concluded that the final version of the CPT would be improved significantly through testing after each revision.

A limitation of the present research is that the effects of the CPT were measured only by the increment of knowledge and attitude of participants. Although it can be inferred by a few statements on the follow-up survey that the CPT helped to improve work adjustment of persons with HBD, these statements are only from the view of the program participants. To confirm the effectiveness of the CPT for promoting work adjustment of persons with HBD, it would be necessary to examine actual levels of work adjustment for persons with HBD themselves (e.g., work satisfaction or stress at workplace) before and after other employees in their workplace participate in the CPT program.

(2) Future directions for the CPT

It would be necessary to refine the program based on the needs and comments raised by participants. However, there are limitations to what topics can be discussed in a group; therefore, an alternative communication method, such as providing information about a consultation service, should be prepared.

(3) Issues for implementation of the CPT

To implement the CPT in an area of vocational rehabilitation, the program must be conducted efficiently for employees who are often busy. For example, the program can be divided into two sections, a basic and advanced class, so that the length of each program becomes shorter than the current program.