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Communication Impairment and the Working Alliance in Stroke Rehabilitation

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Research Overview

Scoping Review	Stagg, K., Douglas, J., & Iacono, T. (2017). A scoping review of the working alliance in acquired brain injury rehabilitation. Disability and Rehabilitation, 1-9.
Study 1	Qualitative, grounded theory In-depth interviews with experienced allied health clinicians
Study 2	Qualitative, grounded theory Longitudinal study, in-depth interviews with people with communication impairment participating in stroke rehabilitation and their allied health therapists

The Working Alliance

- Collaboration between client and therapist
- Enhancing the working alliance may influence rehab. outcomes (Stagg, Douglas, & Iacono, 2017)
- Consider the role of communication and interpersonal interaction. What does this mean for our work with people with communication impairment?

Research Question

1. How do experienced allied health clinicians establish and maintain working alliances with people with communication impairment in stroke rehabilitation?

Participants

- 11 allied health clinicians from a large regional health service in Victoria
- Physiotherapy = 5 (2 male, 3 female)
- Occupational Therapy = 3 (1 male, 2 female)
- Speech-Language Pathology = 3 (female)

- 5-10 years experience = 5 participants
- >10 years experience = 6 participants

Study Design

- Qualitative approach
- Constructivist grounded theory (Charmaz, 2014)
- In-depth interviews - audio-recorded and transcribed
- Application of grounded theory techniques
  - Initial coding
  - Focused coding
  - Memo writing
  - Constant comparison
  - Identification of categories / themes

Results

The nature of the WA in stroke rehabilitation

Clinicians judgements of the strength of the alliance were linked to -

- Interpersonal connection
- Client progression within therapy

Results

Processes used to establish and maintain the working alliance

- Enabling interaction
- Being responsive
- Building relational capital
- Building credibility

Enabling interaction

- Being comfortable
- Using supportive strategies
- Working with family
- Sharing responsibility for communication (remaining engaged)

Enabling interaction

- **Sharing responsibility for communication / Remaining engaged**

"I'd turn up there and he'd have something he'd like to try and tell me, and sometimes it was plain hard, and I had no idea, he'd point a lot, he used his communication device, sometimes that didn't work and then he would end up ringing the person that helps him the most, and that mostly worked…

… so sometimes that was really hard, and I think we would have had a few times when we just didn't, and he would have went (gesture)." (P4)

Being responsive

- Acknowledging, adapting, shaping, modifying, ‘crafting’
- Seeing things from the person’s perspective
- Responding in line with the person’s wishes

Being responsive

- **Acting in line with the person's wishes**

"...he was able to communicate things and say "Look no, I don't want to do anything today and I want to go home, I'm not going to be able to do this, I'm not getting enough sleep, I'm not comfortable in this environment" and (we) were able to work around that." (P6)

Building relational capital

- Building rapport
- Getting to know
- Relating over humour and ordinary conversation
- Relational positioning

Building relational capital

- **Ordinary conversation**

"… there's a lot of grief, there's a lot of loss, there's a lot of adjustment and I think the chatter and the getting to be on the same level will mean they'll disclose some of that and to me that's so important" (P7)

Building relational capital

- **Using humour**

"…he'd get really frustrated, and then we'd kind of just, I guess using laughter and humour as almost a way of releasing tension I think". *(P8)*

"… and sometimes I would get it wrong and we'd laugh, or not get it at all, but yeah, no it was really enjoyable, for both me and for her…" (P10)

" … if the client starts teasing you appropriately, you know you've actually built up a nice rapport, because they feel safe to do so …" (P4)

Building credibility

- Being confident
- Demonstrating competence / Being skilled
- Having something to offer that matches the person's goals

Building credibility

“Getting to see that you’re skilled, they need to know that you can do the job” (P3)

“Being encouraging and being able to demonstrate what progress is being made and put it into context for them” (P2)

“Finding an in” (P1)

Building credibility

“Well, if you have a couple of wins, clients tend to, are more willing to let you influence them” (P4)

Some final comments …

Processes were complex and interrelated

Processes were influenced by a range of variables and factors

- Client related factors
- Therapist related factors
- Self efficacy and agency

Findings offer insights into the experience for clinicians and into processes that have the potential to enhance the WA

Limitations

- Retrospective reflections
- Clinicians perspectives only
- Limited information available on the client

Thank you

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