

Talking Mats and Dementia: Training Programme for care staff

1...Introduction

Talking Mats® is a low-tech communication framework designed by Joan Murphy, a clinical and research speech and language therapist. The technique enables people with communication needs to express their views. It provides a method of helping people to organise their thoughts and express them using visual symbols, a simple scale and a mat for presentation. Talking Mats is now used widely in the UK with people who have a range of communication impairments and there is growing interest from abroad. The Talking Mats team is based in the AAC (Augmentative and Alternative Communication) Research Unit at Stirling University (www.talkingmats.com).

2...Background

In 2006-2007 the Joseph Rowntree Foundation(JRF) funded a research project to examine the potential benefits of using Talking Mats with people who have dementia. The main questions were:

1. Do Talking Mats help people with dementia communicate?
2. Are Talking Mats effective for all people with dementia, or do only those in the earlier stages of the illness benefit?

The project concluded that Talking Mats can be used by many people at all stages of dementia and that the framework improves their ability to communicate. It was found to be most effective for people with early and middle-stage dementia. Whilst people with late-stage dementia were generally less able to use Talking Mats effectively, the quality of their communication and interaction was still shown to be enhanced in terms of:

- Increased time spent "on-task"
- Increased engagement i.e. eye contact increased, distractibility decreased
- Increased conversation maintenance

Following publication of the research report by JRF in 2007 (Murphy, Gray and Cox¹), the JRF chose to invest further funds in developing a training programme. This training targeted care home staff with the aim of developing skills in the use of Talking Mats as a tool in care homes across the UK. Speech and language therapist, Jane Macer, led this project which had four main aims:

1. To develop a pack of materials which would enable staff to return to their care home and immediately begin using Talking Mats

¹ Communication and dementia: How Talking Mats can help people with dementia to express themselves. Joseph Rowntree Foundation publications 2007

- 2. To tailor Talking Mats training for front-line care staff working with older people**
- 3. To carry out Talking Mats training in four sites throughout the UK**
- 4. To record the reported impact of training and implications for practice in the longer term**

3...Project Design

Production of Talking Mats pack

The first phase of the project focused on producing a package of symbols and materials to support training for care home staff and other carers.

PCS™ symbols² have been selected to represent basic concepts associated with three key topics relating to personal life, interests and care i.e.

1. You – health and wellbeing
2. Your environment
3. Activities

Figure 1 - Insert picture of main topics

Consistent with the previous research project, the symbols are produced on a yellow background to aid visual perception, are matt finished and of a manageable size for ease of handling. The symbols pack includes a simple three point scale and blank cards for additional individual options.

The pack contains written documentation about Talking Mats, a dementia specific leaflet and a DVD produced by the Talking Mats Team showing the use of Talking Mats with three individuals who have dementia.

The pack was launched commercially at the UK Dementia Congress in Bournemouth in October 2008.

Recruitment for Training

Publicity information was circulated by the AAC department through appropriate publications and to care home providers nationally. Following confirmed expressions of interest, training was delivered to four geographic regions: Scotland (Stirling), SE England (London), N England (York) and Northern Ireland (Belfast). Each course was designed to cater for eight care homes (i.e. 16 individual care staff).

The original intention had been to offer training in Wales, but this did not prove possible, owing to a lack of response from Welsh care homes. Instead, a further course was delivered in England, in response to the evident interest

² The Picture Communication Symbols (PCS) are ©1981-2009 Mayer Johnson Co. and are used with permission - Mayer-Johnson Co., P.O. Box 1579, Solana Beach, CA 92075, USA

from northern England. One care home from Wales was accommodated within this course.

The training course, including the pack, was designed to meet the needs of front line care staff who deliver hands on daily care. Managers were approached by phone following the initial written introduction. They were asked to nominate two motivated members of staff to attend two free half-day sessions, subsidised by the JRF. It was felt that staff would be more confident to attend in pairs and that they would find mutual support from each other throughout the training process. A 'first come, first served' approach was adopted and, in the interests of equity, attempts were made to cover as wide a range of providers as possible. However, training was dominated by one national care home provider. To ensure attendance, a small fee was required to reserve places. Although a number of managers were keen to attend it was emphasised that the training was for care staff, with managers becoming involved in the implementation phase within the home. Despite this proviso, two managers attended training sessions in place of care staff.

Training Programme

Training was delivered in two half-day units over a three week period. The decision to split the training into two half-day sessions, as opposed to offering a one-day course, was based on AAC team experience of delivering a range of training packages over the past 10 years. This has indicated that course participants learn more and demonstrate deeper insights from the opportunity to use Talking Mats between training sessions. Following session one, participants were asked to make a short DVD to demonstrate their use of Talking Mats. This aimed to increase confidence in the use and implementation of Talking Mats and provided the focus for self-reflection and constructive critical appraisal.

Content of first session:

- Introduction to Talking Mats principles
- Use of Talking Mats with people who have dementia
- DVDs of Talking Mats in use
- Practical demonstration and practice
- Description of how to proceed and produce a short DVD of Talking Mats being used by the trainee.

Content of second session:

- Review and feedback on process
- Peer review and feedback on DVDs
- Discussion and information supporting the use of Talking Mats within the care home environment
- Participants given a Dementia Training Package

Follow up

A small number of participants either did not complete a DVD or their DVD indicated they required further support and practice to use Talking Mats appropriately. These individuals were encouraged to produce a DVD subsequent to the second training session and send it to Stirling University for appraisal. Only one person did this.

Once trained, all participants were asked to give feedback to their managers and to collaborate in keeping a written log of Talking Mats activity for up to three months. This was required in order for the Talking Mats trainer to gain insight into the continued use and development of Talking Mats post training. In addition it offered the opportunity to gain an impression of how well Talking Mats was being embedded within the practice and processes of the care home and to show evidence of engagement between care staff and care home managers. Copies of written logs and a photographic sample of completed mats were requested verbally at the training and also subsequently by post and again by phone. Sixteen did this.

Once logs were received, 50% of care home managers were contacted for a final phone interview to hear their views on the staff training and the impact Talking Mats may have had on patients, staff and practice within the care home.

4... Findings

Recruitment and attendance

The recruitment process consumed considerable time, as initial interest from care home managers was not always followed through once the commitments in terms of time and resources were made explicit.

The initial response to publicity about the training was mixed, with further variation according to region. Whilst there were some applications of interest from small independent care homes, large providers were strongly represented, with one dominating requests for training. Once smaller establishments had been accommodated, additional places were allocated to large providers to fill the courses.

Initial expressions of interest were followed up by phone, to explain what was being offered as well as the required commitments from the care home manager. These commitments were:

- To identify two motivated care staff
- To ensure both staff attended both sessions
- To support staff with time and resources to make individual DVDs
- To ensure appropriate consent from residents/residents' families if films should involve people with dementia
- Managers to supervise completion of simple activity logs

- To return log forms with photographs of Mats
- The manager to co-operate with a short phone questionnaire about the impact of Talking Mats training

At this stage a number of care homes withdrew their interest for the following reasons:

- Staffing and time constraints
- Lack of camcorder facilities or technical knowledge

25 care homes sent staff to be trained.

Attendance was as follows:

Region	Places booked	Attendance at session one	Attendance at session two
Scotland	16	14	13
SE England	16	13	12
N Ireland	14	14	14
N England	16	12	7

Reasons cited for failure to attend were low staffing, annual leave or illness. In several cases absence was not explained.

Session one was delivered consistently by one trainer. Session two was delivered by two trainers in order to review DVDs in two small groups.

Training Issues

Some training sessions were more successful than others. The key factors influencing this were:

- Accessibility of venue. Late arrival of some trainees resulted in the need for repetition and reduced time to cover material.
- Trainees required time to talk and share experiences. This was very valuable but impacted on the timing of the sessions.
- Technological difficulties. Not all trainees received technical support to produce the DVDs or to access the required format.
- Maintaining a balance of practical experience and teaching to ensure a sound understanding of the underpinning concepts and confidence in using the technique. This presented a challenge, as staff required differing levels of support.

Care staff response to training/DVDs

Staff varied greatly in terms of the following characteristics which impacted on their response to training:

- Understanding of why they had been sent to the training
- Prior knowledge of Talking Mats
- Personal confidence and communication skills
- Confidence in the support they received from managers to fulfil training commitments

It was apparent that some attendees had not received any preparatory explanation before they came to the training session and were completely unaware of the requirements of the training: this negatively affected their confidence. However groups were invariably highly supportive of less confident members.

The two managers who attended in place of staff evidenced a clear understanding of Talking Mats and a vision for implementing the tool.

DVDs

Producing a DVD proved very challenging for staff. Some were provided with support from their manager or their company to produce high quality DVDs, whilst others relied on resources from friends and family. In terms of content, the DVDs varied widely. The DVDs gave evidence of trainees' competence in using Talking Mats and the majority of trainees required the further training opportunity provided by the second session. This reinforces the trainers' view that a split training with DVD is the optimal model, allowing for self reflection and consolidation based on practice.

5...Follow-up

Care staff feedback

Positive

- Could envisage many uses for Talking Mats
- Found Talking Mats to be a useful tool for getting to know someone/finding out likes and dislikes/engaging in conversation/calming and reducing confusion
- Enjoyed the opportunity to learn a new skill
- Surprised by positive responses from some residents who had dementia
- Surprised by lack of capacity in some apparently able residents with dementia
- Promoted collaboration with manager. When this occurred it was felt to be very supportive
- Valued concrete outcomes from a conversation
- Valued concrete evidence of the residents' views to share with families and others
- Thought whole work place training would be preferable

Negative

- Training not long enough
- Difficulty producing DVD
- Lack of support from manager
- Lack of time to use Talking Mats within the care home routine
- Other colleagues unappreciative of potential value of Talking Mats™ work – not viewed as “real work” in comparison with physical care and chores
- Some residents in the care home suffering from very severe dementia would not be able to access Talking Mats
- Didn't like the symbol for the central point in the visual scale (question mark)

Logs

Between one and three months post training, logs were requested in writing and a deadline given. Where necessary, the request was repeated by phone after the deadline.

53% of all care homes returned logs. The purpose of the logs was to evidence consolidated use of Talking Mats in the care homes post training and to give some idea of the outcomes and topics chosen. Most logs gave only two or three examples and provided insufficient evidence of regular or continuous use. The evidence from the logs did not always match with the amount of use reported by managers on interview, with managers generally reporting greater usage of Talking Mats than was indicated by the logs.

Managers' Feedback

At the end of the training and consolidation period, the original plan had been to contact each manager to complete a short telephone interview: this had been agreed when the care home registered for the training. This proved more difficult than anticipated, as some managers were unavailable to talk and did not return calls. This could reflect high work loads, low priority or lack of interest in Talking Mats training. Two managers had moved to other care homes.

Owing to these difficulties and lack of project time, only 50% of the managers were canvassed for their views by interview. This interview took the form of a structured informal conversation. Four open questions were formulated to gather managers' views on the impact of training on staff, residents, care home practice and future plans. This interview was carried out by the Talking Mats trainer. It is recognised that managers may have been reluctant to express negative opinions in this situation. However most managers gave a balanced response, identifying successes and barriers to progress.

Examples of Manager Feedback

Positive

- Helped staff get to know patients
- Yielded unexpected responses and new information
- Evidenced capacity or incapacity to share views. Sometimes the results were unexpected
- Useful to demonstrate to families
- Useful for resident feedback on services
- Gave staff and residents a focus for conversation
- Stimulated reminiscence
- Increased staff confidence

Negative

- Time consuming
- Not useful with residents who have advanced dementia

6...Researchers' Impressions

Management Involvement

From the outset, the response from managers was very varied.

- Some individuals had heard of Talking Mats and were already keen to explore the concept.
- Some were interested once it had been explained to them and quickly recognised that it might be a useful tool in challenging areas of consultation with people who have dementia.
- Some managers appeared to be responding primarily because of a directive from senior managers within their company.
- Others appeared to be seeking a free training opportunity for their staff but were not happy to invest their own resources i.e. to release staff for two days, pay travel or accommodation costs, produce a DVD, and monitor and record Talking Mats activity post training.
- Managers were specifically invited to nominate staff who they felt would be enthusiastic and well placed within their establishment to deliver Talking Mats. Some chose to send activity co-ordinators or senior care workers in whom they had confidence. Others selected staff who volunteered or on the basis of availability within the staffing rota.

Impact

Overall the care staff involved in the training showed insight and enthusiasm for their work. This was not matched by confidence in their own capacity to learn and demonstrate their learning. The most confident staff appeared to be those with the most supportive management team and a clear sense of purpose.

Some staff expressed the view that they felt unsupported by their managers throughout the training process and a small minority felt that they might not be able to progress the use of Talking Mats due to pressure of other work and demands within the care home.

However, on interview, managers universally reported positively on the impact of Talking Mats within the care home

7...Conclusions

- Training is most effective when targeted at an identified need. Once people have identified a need they are more likely to commit to finding methods for meeting it.
- Staff who lack information and clear goals prior to attending training are likely to lack motivation and fail to follow through.
- Paying for training may focus the trainee and the institution on outcomes.
- Many care staff expressed an interest in work place training. This would ensure carry through and consistency.
- Manager insight, involvement and commitment to Talking Mats is necessary to develop the technique creatively at an institutional level
- Talking Mats is a simple but subtle tool. Talking Mats trainers must be aware that trainees may believe that they are using the principles appropriately when they are not.
- Trainees are not qualified to deliver training to others unless they have been additionally trained as an accredited trainer. This is made explicit to all trainees throughout their initial training. It is clear from this project that, despite it being emphasised that they were not qualified to train others, a high proportion of trainees return to their workplaces and do train others. This raises concerns about maintaining high quality practice. It also threatens the reliability of Talking Mats outcomes in terms of gathering truly objective and valid views from care home residents who have dementia.
- Staff value concrete communication outcomes in terms of information gained but tend not to recognise or value more general improvements in interaction with people who have dementia.

8...Final Summary

This project has highlighted the need for care staff training focused on dementia, communication and interaction strategies. It has raised issues associated with team working within care homes and the need for clear training objectives, shared between managers and care staff.

Many care staff lack confidence or experience when approaching training opportunities and it is important to take this into account when devising and delivering training. Practical training is best delivered with built in review and feedback to ensure knowledge transfer into practice.

Talking Mats is an appealing simple, low tech, cost effective tool but its effectiveness rests on skilled delivery. Without this, the validity of outcomes will be jeopardised. Ad hoc in-house transfer of skills within an inexperienced staff team will reduce the quality and effectiveness of practice. One method of overcoming this risk is to train the whole staff community and identify specific individuals who, in time, can go on to become accredited trainers within their care home. The majority of participants favoured this model.

Any lasting impact of Talking Mats training within a care home will be dependent on the vision and support of the manager. The aim of this project was to target care staff who have daily direct contact with people who have dementia and who are therefore the most significant carers beside the remaining family. The aim was to facilitate a "bottom up" approach to practice change within the care home, rather than a "top down" model which is the norm. It is apparent that the culture within many care homes is not receptive to this approach and that the ideal training model would be a combined approach involving senior staff and care staff.

Care staff reported surprise and pleasure at the amount of new information and insights gained from residents using Talking Mats. It also occasionally helped identify unexpected limitations in performance capacity in residents who they considered to be more able. Some staff demonstrated the creativity to extend and personalise the use of Talking Mats for residents. However it is anticipated that the majority of trainees will restrict their use of Talking Mats to the symbols sets incorporated within the package. The training did not cover mind mapping techniques or the selection of symbols for developing sub-mats: it was felt that this would lead to information overload at the cost of establishing basic principles.

Feedback on the training suggests that it was positively received at all levels. Residents, staff and managers appear to have been satisfied with the technique and the outcomes. However the logs did not yield sufficient information either quantitatively or qualitatively to judge how far-reaching the effects of the training will be on longer term practice.

It is suggested that the findings of this project may have broader implications for the planning and delivery of training to care staff in care home for the elderly with dementia.

Jane Macer -Talking Mats Skills and Development Officer
Joan Murphy - Clinical research Fellow

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