

Jill Harrison:

Hi, this is Jill Harrison, Executive Director of the National Institute on Aging IMPACT Collaboratory at Brown University. Welcome to the IMPACT Collaboratory Grand Rounds podcast. We're here to give you some extra time with our speakers and ask them the interesting questions that you want to hear most. If you haven't already, we hope you'll watch the full Grand Rounds webinar recording to learn more. All of the companion Grand Rounds content can be found at IMPACTcollaboratory.org. Thanks for joining.

Hello everyone. I'm Jill Harrison, one of the Executive Directors at the NIA IMPACT Collaboratory. I'm joined today by Dr. Kristine Williams. She's a professor at the University of Kansas School of Nursing, and recently led a Grand Rounds discussion about her intervention CHATO. Dr. Williams, thank you so much for joining us for today's companion podcast.

Kristine Williams:

It's great to be here, thank you.

Jill Harrison:

Can you tell us a little bit more about this intervention, CHATO, Contact Changing Talk Online training? What is that?

Kristine Williams:

Well, what we have found through our early research is that older adults, we need to focus on communicating appropriately with them. We've studied a kind of communication called elderspeak that sounds a lot like baby talk to older adults. We've found that this kind of communication occurs because people recognize older adults as being older, and they have negative stereotypes about they're being less competent at communication. So we can measure how people actually change their communication when they talk to older adults. They simplify the grammar, vocabulary and the sentence complexity. They add different ways to clarify and stress things. They alter the pitch and the underlying messages of care, respect, and control.

We've looked at this in terms of older adults. Those older adults who are cognitively intact tell us that they don't like to be talked to like a baby. But for people with elderspeak, we've done some preliminary research and found that they tend to react with behavioral symptoms or withdraw more frequently when this type of elderspeak communication is used.

So our intervention really is to increase awareness of nursing home staff about the importance of communication, what strategies meet with person-centered communication, and this information about this elderspeak and why it provides a message of incompetence that can be negative for older adults. And we use a series of videos from an actual nursing home to illustrate the key points and also for participants in the training to watch. Then they have transcripts and they're able to critique those to pick out the not-so-effective communication, and instead substitute what would be more effective communication.

The training is three one-hour sessions, and we've most recently converted this from a traditional in-person in-service format to an online format that people do individually and we've added interactive activities, so it's engaging. And we're currently testing that in over 120 nursing homes nationwide. We're looking to see if this will have an impact on reducing behavioral symptoms and the need for psychoactive medications to control behavioral symptoms. Some of our preliminary research has suggested that this is possible effects.

Jill Harrison:

Wow. This is just, I think, such a terrific person-centered intervention for these long-term care communities. It struck me during your Grand Rounds, just thinking about daily lives and the words that residents might hear in these settings, either infantilized or baby talk, as you mentioned with "honey", "sweetie", et cetera. I'm sure there's a whole host of terms. Or sometimes dehumanized, right, referred to as their room number. For example, room 206 needs XYZ instead of Bob or Sally or whoever it is. So this is just fantastic. We had so much energy around this particular project and just a flurry of activity and questions came in. What's next for you? I know you've published some papers. Where does this project go next? And can you describe what the next scaling looks like for this particular project?

Kristine Williams:

We're currently in the middle of this trial, but one of our interests for the future that we're brainstorming about is trying to do a more targeted approach on nursing homes that have high proportions of minority residents or disadvantaged residents. Because we know that frequently those nursing homes may have poorer quality and fewer resources as far as education. We're thinking that we'd like to try our training in those types of nursing homes, but they may need additional implementation support or approaches to make it a good fit with them. So, that's kind of one of the next steps we're looking at pursuing.

Jill Harrison:

For these organizations that you've partnered with, is there a "words matter" type document that really breaks down for staff as part of the intervention, "Instead of saying this, say this instead." So for example, redirecting or reframing the elderspeak to more person-centered speech?

Kristine Williams:

Yes. This is actually included throughout these three training sessions where we actually go through actual communication encounters and identify what some of the not-so-good communication is, and what would be more appropriate communication. We have a lot of different supports and an implementation toolkit, and we have handouts that also go with the training to help reinforce this with staff.

Jill Harrison:

In terms of the complexities of communicating during COVID in an environment where staff are wearing personal protective equipment, I know you mentioned you have an administrative supplement. Can you describe that work and where that project stands and what you're trying to measure?

Kristine Williams:

During the pandemic, it became very stressful for nursing homes to participate in research. And it became apparent that because staff are required to wear masks, this presents an even bigger communication barrier, especially for people in nursing homes and people with dementia who might not really understand why people are wearing masks or not be able to recognize staff. So we did obtain an administrative supplement and we looked at the literature. There was limited evidence about what are best practices for communicating while wearing a mask, so we also did focus groups and interviews with residents, families, and staff to determine what challenges they encountered and also what has worked for them in facilitating communication while using PPE. We're using that, actually, to create a brief

module, it's like a 15 minute module. We're in the process of finalizing that, and then we'll be testing it with nursing home staff and really getting their input on what would work and what things that they gain from this short educational intervention.

Jill Harrison:

Fantastic. I'm just thinking about the complexities of factors of communicating with someone in personal protective equipment intersecting with things like hearing loss, for example, that can sometimes accrue in old age. So this is a very important and timely project.

Kristine Williams:

And with hearing loss, we tend to say, "Okay, we'll just talk louder." But then sometimes that comes across as being aggressive or angry, for example. So one of the best practices is to check in with the person if they're hearing you at the appropriate level, and maybe saying, "I'm talking loudly, not because I'm angry, but because I want to be sure you can hear." So sometimes you may have to convey those emotions with words rather than just your tone and volume.

Jill Harrison:

It occurs to me just how much this work really ... You have a foot in both worlds, so to speak. Traditionally, research can be siloed from everyday healthcare settings. Your work really is across both because I can see this building competencies in elderspeak, or reducing elderspeak, as really a hardwired staff training program that we would love to see a competency required of all staff members in healthcare systems. As well as building competencies in researchers to understand the importance of how this affects daily life and withdrawal and behavior symptoms, et cetera, as you mentioned, some of the measures that you're interested in. So really fantastic, important work.

For many of our podcast listeners, these are new investigators or junior investigators that really want to build their own competencies in conducting pragmatic research, particularly focused on dementia. So what would you recommend for our listeners who want to understand this type of science? What training and resources would you recommend to them?

Kristine Williams:

That's a great question. I would say that these people are probably coming with some training in conducting research, but trying to realize the importance of it being pragmatic and meaningful in a real world setting. So I would think it would be important to read a lot of the literature on studies and how they've been implemented, the level of "pragmatic-ness" that they have, and what kind of outcomes they are measuring. There are lots of trainings from the National Institute on Aging and also IMPACT Collaboratory has a lot of available resources, so I would say definitely take advantage of those. And also I think it's important to have some kind of a clinical connection so you're really connected to the people on the front lines providing care and the residents and families that are the recipients of care. And really integrate them in thinking about planning your research and what would make a difference.

Jill Harrison:

Well, Dr. Williams, thank you so much for joining us today. If listeners are wanting to learn more about your project and follow up on your work, they can check out your website at University of Kansas School of Nursing, and we also invite them to check out the IMPACT Collaboratory for resources and training. Thank you so much for your time today. Really fascinating work and we appreciate you sharing this with our IMPACT audience.

Kristine Williams:

Thank you.

Jill Harrison:

Thank you for listening to today's IMPACT Collaboratory Grand Rounds podcast. Please be on the lookout for our next Grand Rounds and podcast next month.