Posted

Increasing confidence

Training manual

Contents

1 About this training manual

This manual describes a training programme for parents, teachers and teaching assistants who are responsible for the daytime postural care needs of children with a physical disability. The training programme is intended to improve understanding and knowledge of postural care and confidence in providing such care.

Throughout this manual postural care is defined as:

"The constant promotion of good posture to enable children to participate in all activities, thus enabling them to fulfil their potential" (Hutton et al., 2009).

Such care is delivered in the form of postural management programmes:

"Postural management programmes are tailored specifically for each child and may include special seating, night-time support, standing supports, active exercise, orthotics, surgical interventions, and individual therapy sessions" (Gericke, 2006)

It is intended that the training programme described in this manual will be facilitated by occupational therapists and/or physiotherapists who have attended a train-the-trainer workshop. This manual is to be provided to therapists at the train-the-trainer workshop. It contains background information relating to the development of the training programme and describes the structure and content of the programme.

1.1 Research underpinning development of the training programme

Development of this training programme is underpinned by research and current understanding about the possible benefits of postural care for children with physical disabilities at home and at school.

- Good postural care may have benefits for the child's physical health, body structure and function, such as improved respiratory function and joint stability.
- In the school setting it is important to ensure that the child is comfortable in order to promote learning and functional ability. A comfortable seated position which accommodates any anatomical deformities can lead to improvement in range of movement, ability to attend and task performance.
- There is evidence to support the use of adaptive seating in schools to promote head control, visual tracking, reaching and grasping. Functional seating can help a child to achieve motor control required for participation in school based tasks.
- Motivation plays an important role in task performance and the sense of mastery children achieve. Children with disabilities need to be able to explore their environment and set their own challenges, postural care interventions should not restrict the child's ability to be as independent as possible or make them overly reliant on carers.
- Postural care should be provided as part of "a planned approach encompassing all activities and interventions which impact on an individual's posture and function" (Gericke, 2006).

1.2 General principles underpinning the training programme

The training programme described in this manual advocates a child-centred approach to providing postural care, with programmes built around what the individual child, their family and carers want to achieve. Therefore an important starting point in providing postural care is to define specific goals, based on the priorities of the children, their families and carers (Law et al., 1998).

To provide appropriate postural care, parents and teachers require an understanding of the principles of postural management, alongside knowledge of equipment and its use. Teachers and parents need to understand how to tailor care to meet the specific needs of an individual child and improve the child's functioning, health and well-being.

Building parents' and teachers' confidence is a prerequisite for developing and maintaining individual, child-centred postural management programmes.

Therapists need to understand the pathophysiology underlying postural dysfunction, but they also need to appreciate how this impacts on a child's individual goals and lifestyle.

Therapists need to be able to share this knowledge with parents and teachers, communicate this information in an understandable way, respond to questions and listen to concerns.

Summary of General Principles

- Define specific goals based on the priorities of the individual child, their family and carers
- Build parents' and teachers' understanding, knowledge and confidence
- Promote knowledge sharing and communication between therapists, parents and teachers

1.3 Useful models and frameworks that will be used in the training programme

The training programme utilises a number of conceptual models for enhancing understanding, knowledge and confidence in relation to postural care. These models help to frame the message we intend to communicate throughout the training programme and set postural care within a wider context.

1.3.1 International Classification of Functioning (ICF)

- Models of human function and disability describe the principles underlying postural management as well as the benefits for daily functioning and long-term health
- The International Classification of Functioning, Disability and Health (ICF: World Health Organisation, 2001) is particularly useful for explaining the complex interactions between the broad spectrum of impairments influencing postural control and everyday activities.
- The ICF offers a common language to professionals from education, health and social care involved in supporting postural management, providing concepts and terms for describing the functional consequences associated with physical disability.
- The ICF diagram on the following page illustrates that disability and functioning are shaped by interactions between health conditions (diseases, disorders and injuries) and contextual factors.

Based on the components of the ICF postural care interventions can be divided into three categories:

a. Interventions targeting impairment

b. Interventions carried out in the context of daily life, requiring the child's participation

c. Adaptation to the environment

- The focus of the postural management training you will be delivering focuses on altering the child's environment and interaction with the environment (categories b & c), in order to improve daily functioning and long-term health.

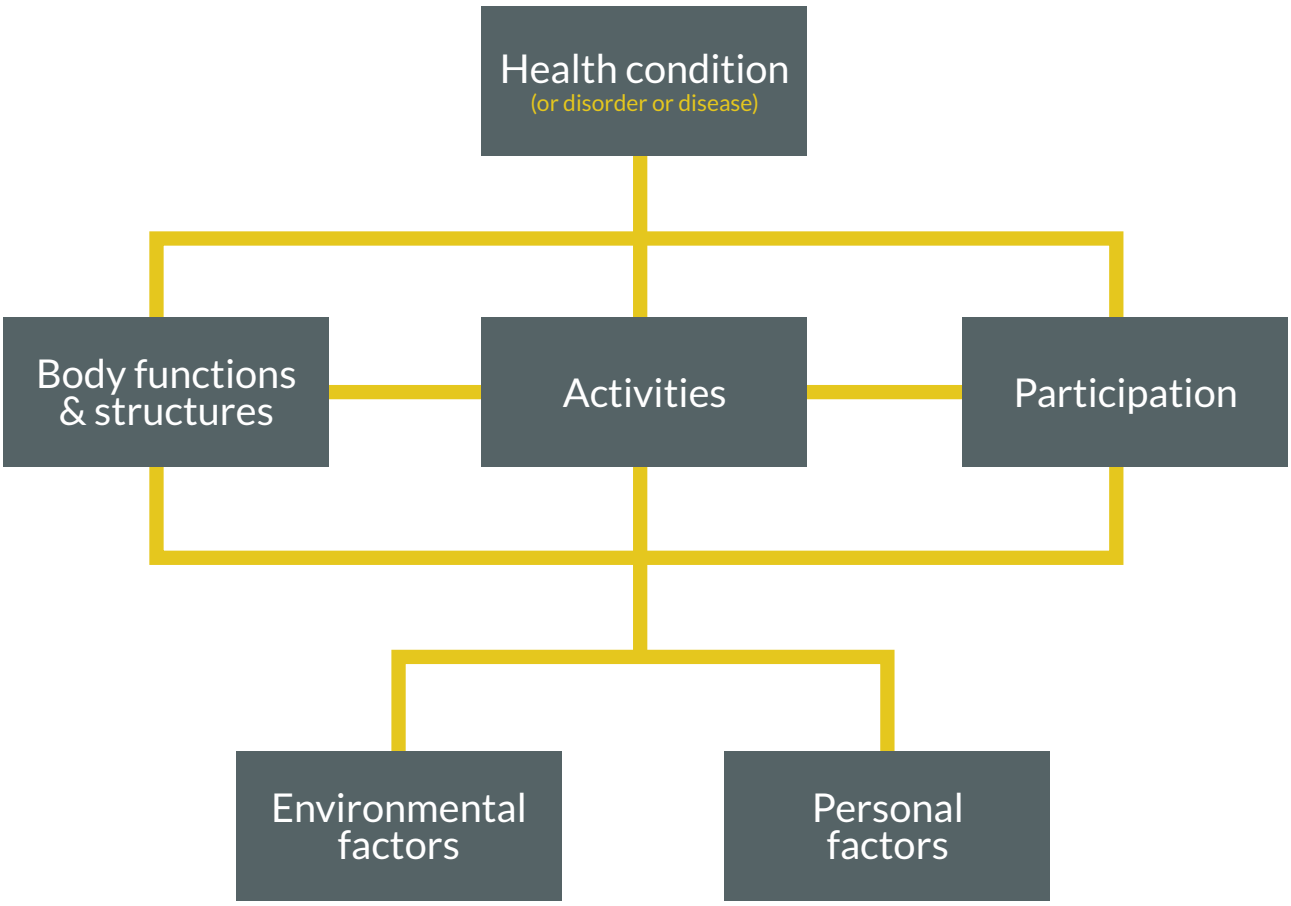
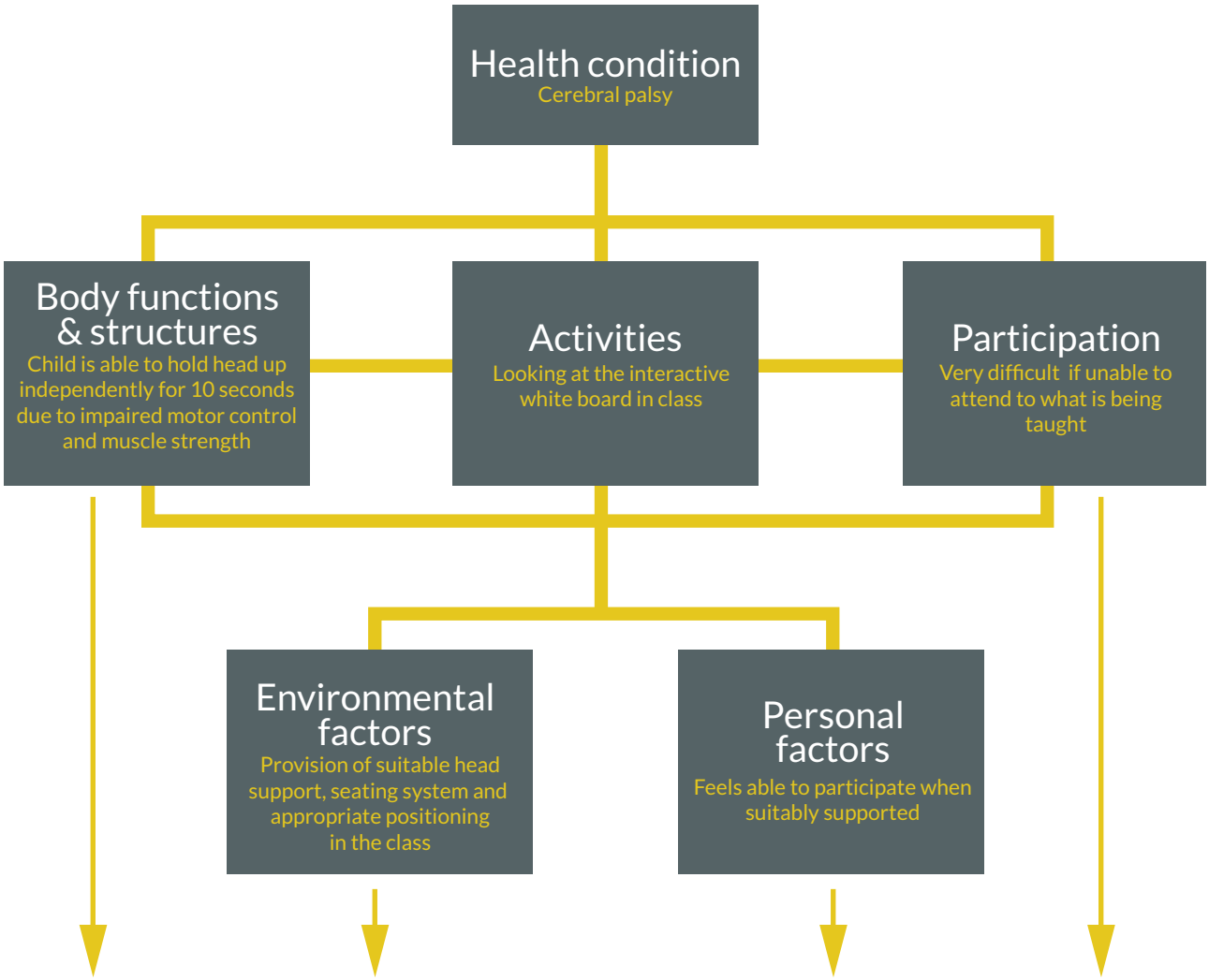


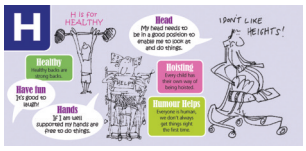
Figure 1: International Classification of Functioning, Disability and Health (ICF) model. Taken from: World Health Organization (WHO) (2001). International Classification of Functioning, Disability and Health. Geneva, Switzerland: WHO.

In order to participate in lessons a child needs to be able to view the interactive white board. The skill of looking requires the child to have their head in a good position and steady to enable them to visually scan the board. By carefully considering the classroom environment the teacher can ensure that the child is positioned in the optimum place to view the board and ensure they have the right amount of physical support to achieve this. With this type of careful planning and provision of support the child will be motivated to want to engage in the lesson. An *A to Z of Postural Care* provides prompts for those working with the child across the range of ICF dimensions.

Figure 2: Example of how the ICF model is relevant using the content of an A to Z of Postural Care.

Note: Lettered pages refer to the content of an A to Z of Postural Care.





See page letter **H**:
'My head needs to be in a good position to enable me to look at and do things'.

See page letter **E**:
'Think about how you can adapt the environment, not the child. Be prepared to be flexible'.

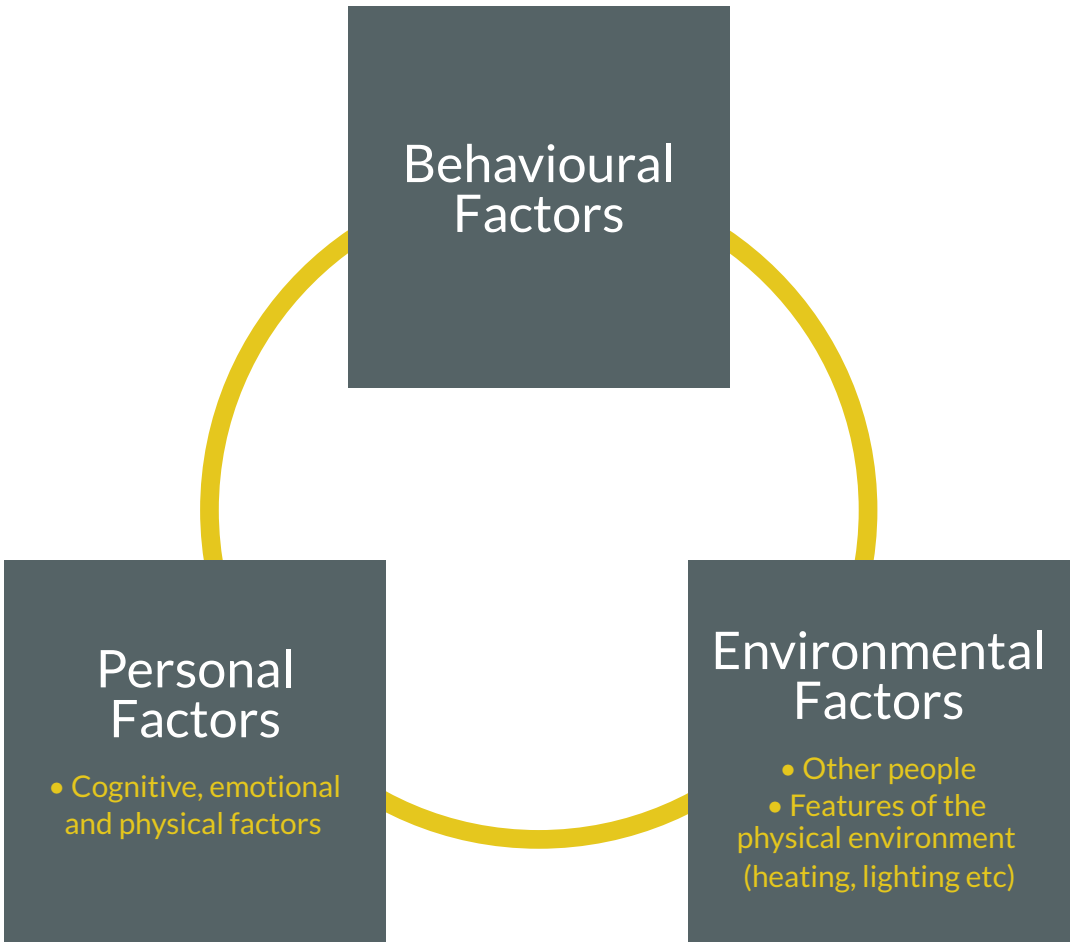
See page letter **C**:
'If I'm sitting well I can concentrate better'.

See page letter **I**:
'I need to be involved in what is happening'.

1.3.2 Social Cognitive Theory (SCT)

- Psychology theory can be used to explain determinants of behaviour and to guide development of health promotion and education efforts (Painter et al., 2008).
- For example, according to Social Cognitive Theory (SCT; Bandura, 1986) behaviour, environment and person factors are closely interrelated. Hence, we cannot understand behaviour without a consideration of both the context in which the behaviour takes place and the person performing the behaviour (see diagram below).

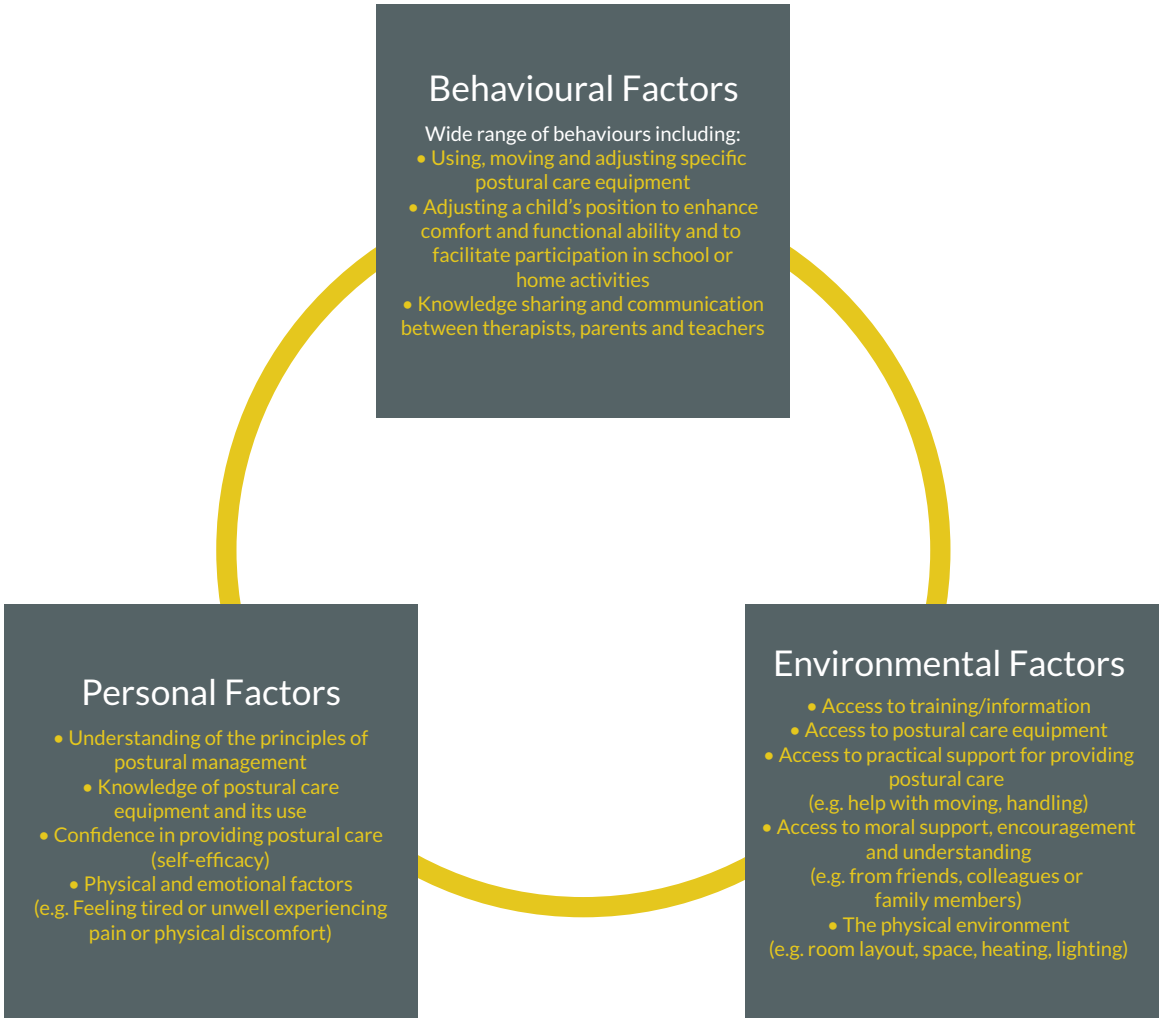
Figure 3: Model illustrating Social Cognitive Theory



- The concept of 'self-efficacy' is an important component of the person factor within SCT. Self-efficacy describes how confident an individual feels about their ability to perform a specific task, or group of tasks in a particular context.
- For example, in relation to postural care an individual may feel highly confident about using a piece of equipment in a familiar environment, but in an unfamiliar environment this level of confidence may be diminished
- Consistent with SCT, research has shown a relationship between confidence levels and adherence to care practices (Williams, Cullen, & Barlow, 2005).

- Research also supports relationships between confidence and knowledge/ understanding and demonstrates that confidence can be improved via training (Mackenzie & Peragine, 2003).
- This training programme has been designed to build parents' and teachers' self-efficacy across a range of contexts, while considering the person and environment factors that impact on provision of postural care (illustrated below).

Figure 4: Model illustrating training programme based on components of SCT.



1.3.3 Framework for collaboration

- Empowering parents and teachers, by increasing their knowledge and understanding of postural care, is a key part of this intervention.
- We believe that parents and teachers can be empowered by positive and constructive feedback from their therapists - feedback that will also promote confidence when providing postural care.
- Models such as the 'Recovery' model (Shepherd, Boardman & Slade, 2008) emphasise how user empowerment is vital to achieving good outcomes where there are long term or chronic health needs.
- Health and social care policy is increasingly focused on supporting and encouraging people to take control of their own health and well-being, with the aim of both improving the quality of their lives and providing more cost effective care. The principle of empowerment included in the 'expert patient' programme (http://www.expertpatients.co.uk/) and 'self-management for life' applies equally to parents and carers of children with disabilities who must learn to manage the needs of their child over the long term.
- Children want to be asked directly about their experiences. Doctors, therapists and professionals should talk directly to the child rather than through their parents or carers. (Parkinson, Rice, & Young, 2011)
- Interviews with children with disabilities attending mainstream schools highlight that they want to be included in decisions about how their participation at school can be improved.

2 Structure and content of the training programme

The structure of the training programme is described below:

1. Stage 1: Parents, teachers and teaching assistants are invited to attend a postural care training workshop facilitated by occupational therapists/physiotherapists.
2. Stage 2: Three to four weeks after the training workshop, participants receive a one-to-one home/school visit from a therapist.
3. Stage 3: Five to six weeks after the training workshop participants are offered the opportunity of a structured conversation to discuss progress. This could take the form of a telephone call or meeting.

Each of these stages of the training programme is described in more detail in the following sections.

Stage 1
Training workshop

2.1 Training workshop

In this section you will find information and practical advice on how to run the training workshop. The section is divided in to four parts:

1. Adult learning and teaching advice
2. Promoting confidence (self-efficacy)
3. Goals of the workshop
4. Problem solving

2.1.1 How to introduce the workshop

Below we have included an example script that you could use to introduce the training workshop. This is only meant as a guide, so please feel free to adapt to fit your style.

Welcome!

Thank you for attending the training workshop today, we hope this will be an opportunity for us to share some information with you about postural care.

We want to make this experience a positive one with the aim of providing some constructive advice and feedback that will help you with your confidence when providing postural care.

Some information to begin the workshop with:

1. Mobiles either off or on silent (recognise that parents/teachers may need to receive urgent phone calls).
2. Provide information on where toilets/refreshments are.
3. Brief overview on the structure of the two hour session
4. Emphasise that questions are always welcome - we may not be able to address questions about an individual child in the session as we would like to keep this part of the training as general as possible. However, the one-to-one visits and telephone calls will provide opportunities to discuss individual concerns/questions in more detail.

2.1.2 Adult learning and teaching advice

Model of adult learning

- Since this programme is concerned with training adults in the provision of postural care it is useful to consider the specific needs of adult learners.
- Race (2005) has identified five factors that underpin successful adult learning.

  1 **Want**: Enhance or initiate the want to learn

  2 **Need**: Clarify the need to learn, and help learners to take ownership of this need

  3 **Doing**: Cause learners to learn by doing - practice, trial and error, repetition and so on.

  'Doing' is a vital part of the training programme as it directly ties in with how self-efficacy (confidence) is promoted. More information is given about this below.

  4 **Sense**: Help learners to make sense of what they are learning, rather than just store information for later processing that may never happen

  5 **Feedback**: Provide learners feedback on what they do, and on what they think about what they have done.

  Providing feedback is another very important part of the training programme. Positive and constructive feedback from the therapist will help promote the participants confidence in being able to complete the task.
- The training programme aims to not only build knowledge, but also to build understanding of how this knowledge can be applied.

Race (2005) also highlights that:

- Adult learners bring with them a wealth of experience, so draw on it, and encourage learning from each other.
- This may require you to be flexible and not stick to your script when issues are raised. [If this does happen, we suggest that you highlight the need to cover key material in the session and ask participants' permission to return to the script at an appropriate point]
- They also bring anxieties as learners so reassure them. Encourage and acknowledge contributions, give praise and establish confidentiality.
- An icebreaker such as getting people to write down and contribute how they learnt a new skill, such as riding a bike, will help them identify how people learn and the techniques you are going to use.
- Adult learning is thought to work best when they are engaged through experiential learning so use lot of activities to explore issues.

2.1.3 Establishing rapport

- Learning can be most effective when participants are engaged on an emotional level - so questions such as “how did you feel when you were required to use a standing frame in your classroom?”, or, “how did you feel the first time a child was able to participate in something new when they were well positioned”?
- Use anecdotes that are relevant to the participants, supported by other materials - here an *A to Z of Postural Care* is really useful. Stories can be quite easy to absorb and recall and because participants may relax when they are listening to a story they are a useful way of building a rapport.
- Using an appropriate funny slide, (an *A to Z of Postural Care* cartoon) or an amusing anecdote can help restore flagging concentration levels. But follow it up with an important point.
- You are human, look at them, smile and respond positively to them they are more likely to engage.

2.1.4 Promoting confidence (self-efficacy)

Parents and educators can often feel overwhelmed by the demands caring for a child with a physical disability places on them. While information is important for improving understanding and knowledge, research in psychology indicates that information alone may not be sufficient to develop self-efficacy (confidence in one's ability to carry out specific tasks in a specific context; Bandura, 1986). In order to build self-efficacy it is necessary to provide opportunities to:

1. observe others performing tasks successfully
2. perform relevant tasks successfully (e.g. adjusting postural care equipment)
3. receive encouragement and supportive feedback, and
4. discuss worries and concerns

In the following sections we consider how these approaches can be used in the training programme.

1. Observe others performing tasks successfully

Observing others performing tasks successfully gives the individual an opportunity to see a 'best practice' approach. If an individual is given the opportunity to watch, learn and practise under the guidance of the therapists, they will then feel more confident about performing these tasks at home and in school.

How can this approach be built in to the training programme?

At the one-to-one visit a participant may highlight problems they have using a particular piece of equipment (e.g., hoist). At this point the therapist could demonstrate how to use the hoist, showing the participant step-by-step what the task entails. This 'modelling' of how to complete the task is one pathway to improving confidence, but also needs to be supported by the other three components of self-efficacy.

2. Perform relevant tasks successfully

Once an individual has had the chance to observe a task being performed successfully, the next step is to provide opportunities for the individual to also perform the task successfully.

If an individual has experienced repeated failed attempts at a task, this will over time impact on their ability to feel confident about performing this task; therefore, it is important to provide opportunities for success.

How can this approach be built in to the training programme?

As discussed above, at the one-to-one visit a participant may highlight problems they have using a particular piece of equipment (e.g., hoist). Once the therapist has spent time demonstrating how to use the hoist, the participant would have an opportunity to reproduce the actions modelled by the therapist and perform the task successfully. It is important to do this 'step-by-step' - providing opportunities for the participant to carry out a specific action and gain supportive feedback before moving onto the next action. Don't try to cover too much in one go.

As part of the training programme, we want individuals to have the opportunity to perform tasks in a protected environment - one in which they are given the chance to ask questions, discuss worries and concerns and practise the task to enable them to perform it successfully. This approach builds on the third pathway to promoting confidence: opportunities to receive encouragement and supportive feedback.

3. Receive encouragement and supportive feedback

This method of promoting confidence will be utilised in the one-to-one sessions and the structured phone calls. The therapist will provide positive, encouraging and constructive feedback in response to difficulties the participant may be encountering.

This is done through supportive feedback that validates concerns about providing postural care. It is important to not only give positive feedback but also accompany these statements with good reasons as to why these practices will be beneficial to the child.

How can this approach be built in to the training programme?

To build on the example used above, at the one-to-one visit the participant has now had opportunities to observe the therapist successfully use the hoist and had an opportunity to use the hoist themselves under the supervision of the therapist. While the participant is performing the task the therapist should be providing encouragement and supportive feedback to questions and queries raised by the participant.

This pathway to promoting confidence can also be utilised as part of the telephone call that will follow on from the one-to-one visit. During this call the therapist could enquire as to how the participant has found using the hoist since the visit. This again provides an opportunity for the therapists to provide supportive feedback in response to concerns raised.

It is important to develop an open, relaxed learning environment so individuals feel comfortable in acknowledging they have gaps in their knowledge about providing postural care .This is a collaborative project and emphasis should be placed on encouraging people to do what they can manage within their current circumstances.

4. Discuss worries and concerns

The final pathway to promoting confidence is providing participants an opportunity to discuss worries and concerns, which in turn will diminish any negative feelings participants have about providing postural care. In a stressful situation individuals can experience a range of worries and concerns about the task they are attempting to complete. How an individual manages and reacts to these concerns can affect their confidence.

For example, if someone is nervous about moving a child in a hoist and they do not feel confident in their abilities, these worries and concerns can be seen as a as a further sign of their own inability to perform the task.

However, if someone is nervous about moving a child but in contrast they feel confident in their abilities, the feeling of nervousness may be perceived as normal and unrelated to their ability to perform the task.

How can this approach be built in to the training programme?

Reducing worries and concerns is an important part of promoting confidence and the therapist should be open to discussing an individual's worries and concerns. It is important to accept that participants' concerns are genuine and work with the participant to develop a shared understanding of the difficulties they are facing with specific aspects of postural care. This approach will be used throughout the training programme - for both the one-to-one visits and conversations with participants.

This approach will also be used in the training workshop - participants will have opportunities to discuss worries and concerns and receive supportive feedback. The distinction between the training workshop and follow-up support is that the training workshop will focus on general worries and concerns held by the group as a whole, while the follow-up support can be tailored to the individual's specific worries and concerns. Unfortunately it is not possible to include the other self-efficacy approaches (discussed above) during the training workshop because we cannot guarantee that postural care equipment will be available in all the training sites.

2.1.5 Goals of the training workshop

1. Understanding the concept of postural care.
2. Understanding the importance of postural management for children with a physical disability and what the benefits are to the child.
3. Understanding the potential of managing and providing postural care to promote inclusion of children in home and school activities.
4. Recognising difficulties in providing postural care and devising strategies to cope with these.
5. Commitment to providing postural care in the school and home environment.
6. Bringing together teachers and parents to build collaborative partnerships and exchange knowledge and experiences.

2.1.6 Potential problems that may arise in the training workshop

What to do if you can't answer a question

As noted above, it is important that you allow people to raise concerns and provide supportive feedback. However, participants may raise questions that you are not able to answer immediately. If this is the case we thought it helpful to offer some advice:

- If it's a question that your participants don't actually need to know an answer to, say so. Acknowledge the question, but move on.
- If it is a valuable question give yourself time to think.
- Acknowledge the questions and repeat it to the group so they all hear it.
- You may want to see if someone in the group can use their experience to answer it.
- Start by responding to one of the bits where you do have something to say.
- If you are not able to answer at all then say so and agree to provide and answer later.
- Remember you are human and no one knows all the answers - people appreciate that you are taking their question seriously and will get back to them after further consideration.

The one-to-one visits and telephone calls will also provide an opportunity to address additional concerns.

Talking too much

- Remind yourself that most learning happens by doing, rather than listening. Again this is vital to promoting confidence so it is important to introduce and utilise the practical elements of the training workshop.
- Don't allow yourself to be tempted into filling every silence. What seems to you like a long silence seems much shorter to people who are busily thinking. Let them think, and then help them to put their thoughts into words.
- Only say some of the things you think. Although you are an expert, you don't have to reveal all of your knowledge.
- Don't let them let you talk too much! It's easier for group members to sit and listen to you than to get on with their own thinking.
- Use hand-outs to input information to the group - People can read much faster than you can speak, and they can read a handout again.

2.1.7 What happens at the end of the training workshop?

- Each participant will be asked to complete a contact form detailing their availability and contact details.
- This information will be collected by the therapists and used to schedule the one-to-one visits. A phone call should be made to arrange the one-to-one visit within a week of attending the training workshop.
- We recommend that you arrange a time for a follow up conversation with individual participants - this could take the form of a telephone call or face to face meeting.
- The A-Z of postural Care is freely available as a digital download.
- Encourage participants to keep the handouts from the training session to use as a memory aid for follow up visits and conversations. Participants may wish to highlight points on the handouts that they would like to discuss further in the follow-up sessions.

Providing support to participants after the training workshop:

Stage 2
One-to-one visits

2.2 One-to-one visits

2.2.1 General Background

- AIM: To reinforce the learning and provide an opportunity for the therapist to address concerns on an individual basis.
- The visit will also provide an opportunity to work with the individual on a practical level.
- The one-to-one sessions are key parts of the training programme and should have a clear purpose. It is important that this visit has a structure to it that reinforces the principles of the self-efficacy model (i.e., to promote confidence and reduce concerns when providing postural care).
- If you remember back to the sections on self-efficacy - confidence can be promoted by four pathways. All four of these pathways can be utilised at the one-to-one visit to promote confidence by offering opportunities to:
    1. Perform relevant tasks successfully (e.g. using a hoist)
    2. Observe others performing tasks successfully
    3. Provide encouragement and supportive feedback to the participants
    4. Discuss worries and concerns

2.2.2 Structure of one-to-one visits

- On arrival, discuss the aims of the visit with the participant.
- Enquire about how they found the training workshop. Was the content useful to them?
- Refer to the handouts from the training workshop - is there anything the participant would like to discuss further? Is there anything they have found difficult to apply outside the workshop (e.g. using specific equipment, moving the child into a more comfortable position)? Is there anything that has come up since the workshop that they would like to focus on (e.g. changes in equipment)?
- Don't try to answer all of these questions at the start, but note down a list of questions the participant would like to focus on in the one-to-one visit. If it is a long list, ask what is most important to them - you can address these points first and then move onto the other points if there is sufficient time.

2.2.3 How to promote confidence at the one-to-one visit

- The one-to-one visit will provide the therapist an ideal opportunity to model some of the general principles of postural care.
- By modelling, it is hoped the participant will be able to learn from the therapist and go on to practise the skills being demonstrated, thereby mastering the required skills.
- To illustrate how modelling could be introduced as part of the one-to-one visit we have given some example scenarios below.
- These scenarios will also highlight how the remaining three pathways: opportunities to perform task successfully, providing encouragement and support and discussing worries and concerns, can also be introduced in to the one-to-one visit.

2.2.4 Example script: One-to-one visit with a parent in their own home

Therapist (T): Hello Jane. Thanks for inviting me to your home. It's nice to see you again. We only have 30 minutes today, so I'd like to make sure we can use the time most effectively. I'd just like to talk briefly about the purpose of this home visit before we begin if that's OK. Then I'd like to find out what you would like to get out of the visit. Does that sound reasonable?

Participant (P): That's fine by me.

T: Great. It's useful if you have your slides from the workshop to hand as well - do you have them?

P: Yes, let me just get them from the other room...OK, got them!

T: OK, so the main purpose of the visit today is to follow up on what we discussed in the training workshop a couple of weeks ago. I know you received lots of information about postural care, so I'd like to find out how useful this information was for you and how you have got on since the workshop. There are two things I can offer today - I can answer any questions you have about postural care and I can help in a practical way by demonstrating how to use or adjust specific equipment (although the actual settings the equipment is on should be discussed with your therapist). It is up to you to decide what will be most helpful.

P: Actually, I was hoping you might be able to help me with this hoist - I'm not sure I'm using it properly.

T: Yes, that's exactly the sort of thing I'm here to help with. I'll just make a note of that for now and ask some questions about what else I can help with if that's OK?

P: Sure.

T: I see you have made some notes on the slides there - are these things you would like to discuss further?

P: Erm, I can't remember now - I'll take a look. Oh, yes, I did put a note against this bit - it was to do with my back. It's really difficult lifting when my back is hurting. You can't always lift the way you're supposed to - sometimes there's not enough space around you and you just have to sort of lean over like this. Some days my back is killing me by the time I go to bed.

T: Yes, your health and safety is really important too. Perhaps it would be useful to talk about this today then?

P: Yes please - I need to do something to stop my back hurting all the time.

T: OK, so I have made a note of that. Is there anything else you wanted to discuss today?

P: Erm, I don't think so, I think I've worked out how to do most things as I have gone along. If you can just show me how to use the hoist properly that would be really helpful.

T: Yes, of course. Let's take a look at it now then. Could you tell me a bit more about your experiences in using the hoist - what have you found particularly difficult?

[Jane guides the therapist through her particular difficulties with using the hoist. The therapist provides encouraging feedback - acknowledging Jane's concerns and reassuring her that many people experience similar difficulties. The therapist notes each of Jane's concerns down as she describes them and then addresses each point in turn, checking with Jane that her concern has been addressed adequately before moving on to the next point. Throughout the process, the therapist alternates between demonstrating how to use the equipment and allowing Jane to try these actions for herself. The therapist provides encouragement and supportive feedback throughout and enables Jane to continue practicing until she feels confident to use the equipment without the therapist demonstrating].

P: Thanks so much for your help today, it can be really tough trying to work all this stuff out on your own - I was getting quite frustrated with this hoist.

T: That's no problem at all - I'm glad I could be of help. Don't forget we have a telephone follow-up as well, so if anything else comes up between now and then, just make a note of it and we can focus on this in the telephone session.

P: OK, thanks - when is that?

2.2.5 Example script: One-to-one visit with teacher/teaching assistant at the school

The purpose of this visit is to discuss the training session and provide any additional general information about postural care for all. In addition if the participant would like assistance with a piece of equipment then the therapist can take this opportunity to demonstrate the how the task can be performed.

Therapist (T): Hello Mark. It's nice to see you again - thanks for inviting me. We only have 30 minutes today, so I'd like to make sure we can use the time most effectively. I'd just like to talk briefly about the purpose of this visit before we begin if that's OK. Then I'd like to find out what you would like to get out of the visit. Does that sound reasonable?

Participant (P): Sure - sounds good.

T: OK, so the main purpose of the visit today is to follow up on what we discussed in the training workshop a couple of weeks ago. I know you received lots of information about postural care, so I'd like to find out how useful this information was for you and how you have got on since the workshop. There are two things I can offer today - I can answer any questions you have about postural care and I can help in a practical way by demonstrating how to use or adjust specific equipment. It is up to you to decide what will be most helpful.

P: Thanks - I would like the opportunity to discuss a couple of things I'm having difficulties with.

T: OK, if you can let me know what you would like to focus on, I'll take a note of these for now and then we can look at each in turn.

P: Sure, well, I think the main issue I'm having at the moment is integrating the postural care equipment in to the art room. We are often the last in the room and the table is in the corner against the wall so I have to lean across to get anything that the child needs. Also, there is nowhere for me to sit down near the child and since attending the training session I've been very aware of how much looking up/round or to the side the child has to do to see me. It made me realise why her bottom slides forward by the end of the lesson! So I would like some advice on how to deal with these problems.

T: Yes, of course, I can offer some ideas about how to solve these problems. Is there anything else that you would like to focus on today?

P: No, not really - nothing urgent.

T: OK, well if anything else comes up after today we can talk about it in when we have our telephone follow-up in a couple of weeks. For today then we can think about using postural care equipment in the art room.

[Therapist makes some practical suggestions for the layout of the room - e.g. moving the tables around, putting materials in reach of the child in the supportive chair, putting a small wheeled stool or additional chair under the table so the teacher/TA can sit at the same level as the child. The therapist and teacher try out these changes to see how well they might work in practice and make adjustments as they go along. The therapist checks regularly with the teacher to see how the advice is being received and whether concerns have been adequately addressed. Throughout the process the therapist provides supportive feedback, acknowledging that the physical environment can sometimes raise challenges and there is not always an immediate obvious solution. The therapist provides encouragement for seeking further advice and support when the teacher has worries/ concerns about postural care. The teacher's active approach to problem solving and 'can do' attitude is also reinforced].

Providing support to participants after the training workshop:

Stage 3
Structured conversation

2.3 Structured conversation

2.3.1 General Background

- AIM: To reinforce the learning and to follow-up on progress since one-to-one visit.
- The structured conversation will provide the therapist an opportunity to promote confidence through providing support feedback and encouragement in response to questions raised by the participant.
- This is done through supportive feedback that validates concerns about providing postural care.
- This structured conversation will also provide an opportunity for the participant to discuss any worries or concerns they may have about providing postural care.
- If you remember back to the sections on self-efficacy - confidence can be promoted by four pathways. Two of these pathways can be utilised as part of the structured conversation to promote confidence by providing opportunities to:

  1. Give encouragement and supportive feedback to participants.

  2. Discuss any worries and concerns the participant may have.

2.3.2 Structure of conversation

- Book a convenient time for the conversation at the end of the one-to-one session. Start of the conversation by discussing with the participant the aims of the visit.
- Be specific -

  “Let’s discuss how you are getting on with the points we talked about last time we met”.
- As before, make a list of points the participant would like to focus on and agree to address the most important point first.
- Notes from this should be written up and included in the child’s file.

2.3.3 How to promote confidence through a structured conversation

- This conversation will provide the therapist an ideal opportunity to offer some verbal advice and support.
- Confidence can be promoted at this session by providing supportive feedback and encouragement and by being open to discuss any worries and concerns the participant may have.
- The scenario below [is based on a conversation during a telephone call] and highlights how providing encouragement and discussing worries and concerns can be introduced in to the telephone call.

2.3.4 Example script of telephone call

Start the conversation by clearly setting out the aim of this telephone follow-up call

T: Hi Jane, good to speak with you again. The purpose of this phone call is to discuss how you are getting along since we last met. I'd like to start by noting down any points you would like to focus on today and then we can talk through them one-by-one. Is that OK?

P: Yes, I've been getting on OK I think. I have had the chance to practise using the techniques you shared with me and I found your advice useful. I do feel more confident about using the hoist at home - thank you for providing me the opportunity to practise with your supervision, I found this really useful.

T: It's good to hear you have been getting on well with using the hoist - you certainly seemed to be getting the hang of it when we last met. I know it can take a while to feel confident with new equipment. How is your back now? Did you find the information about manual handling useful?

P: Yes, thanks so much for that. It was really helpful. I had some information on lifting, but it was so rigid - like you had to have the right space and equipment all the time. It's not always like that. Talking it through with you was much more helpful for working out what I can do in different circumstances. My back is still not great really. I think some of the damage is done now and it will always be a bit sore.

T: OK, so maybe today it would be useful to talk about what else you could do to help with your back pain. Does that sound like it would be helpful?

P: Yes, please - I think it will help with my sleep too if my back's not so sore. Maybe there's something I can do to improve it a little bit.

T: Yes there are things you can do to help support your back - let's focus on that for today then.

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4 Appendix

4.1 Instructions for practical activities

4.1.1 Demonstration – Key point of postural control

Aim of the demonstration

To highlight key points of postural support, the feet, the pelvis, thoracic area, and the head. To allow participants to experience what it feels like to be well supported and inadequately supported in these areas when adopting an unstable position.

Time allocated

10-15 mins

Material/resources required

Large therapy ball

Medicine ball or 2/3 bags of sugar

Volunteer participants

Instructions

- Two therapists highlight to the participants the key points of postural support.
- Start with the feet; explain to participants the importance to stability of having our feet in contact with the ground. With one therapist sitting on the ball and the other standing behind the therapists sitting lifts her feet off the floor – highlight how this immediately destabilises the sitter.
- Ask participants to try this themselves sitting in their chairs lift their feet off the floor ask them to describe what happens.
- Next move to the pelvic area. The therapist places her hands firmly round the hips of the therapist sitting on the ball and demonstrates the impact this has on sitting posture.
- Next move to the thoracic area. The therapist places her hands firmly round the thorax demonstrating the impact this has on sitting posture.
- Next move to the head – Ask the participants how heavy they think the adult head is and then ask them to feel the weight of the sugar or medicine ball. Explain that spinal and postural muscles must bear the weight of this – hence the term 'heavy head'. Hence where posture is compromised it is often important that we provide support for the head. Ask participants to put their hands behind their heads and hold their heads and describe what this feels like.
- If possible encourage participants to try out the various areas of support while they adopt an unstable position – provide the support and then remove it so they can experience the difference.

4.1.2 Practical Activities 1 Reading a timetable

Aim of activity

Give participants the opportunity to experience the challenges of being able to focus and read and interpret information while unstable

Time allocated

5mins

Materials required

Therapy ball and or wobble board

Bus/train timetable, graph or similar reading material

Instructions

- Work in twos or threes
- One person adopts an unstable posture
- This can be achieved either by using equipment such as a therapy ball or wobble board or if these are not available then asking the participant to stand on one leg, sit in a chair and lean to one side, or slide down into the chair with head tilted backwards.
- Give the participant a specific instruction for example
- “You want to travel between Faversham railway station and Bysing Wood on a Wednesday during school term time. You need to arrive at Bysing Wood for 8 am and want to return at 4pm the same day. Which Route number will you need to take and what time is the bus you need to catch?
- Ask the participant to discuss what it felt like to try to complete these instructions.

4.1.3 Practical activity – Eating and drinking

Aim of activity

Give participants the opportunity to experience what it is like to eat and drink while unstable.

Time allocated

5mins

Materials required

Plastic cups

Water

Therapy ball

Wobble board

Instructions

- Work in twos or threes
- One person adopts an unstable posture
- This can be achieved either by using equipment such as a therapy ball or wobble board or if these are not available then asking the participant to stand on one leg, sit in a chair and lean to one side, or slide down into the chair with head tilted backwards.
- Give the participant a specific instruction for example
- Try drinking from a paper cup
- Ask participants to discuss what it feels like to try to complete these instructions in an unstable position.

4.1.4 Practical activity - Co-ordination

Aim of activity

Give participants the opportunity to experience what it is like to carry out fine motor tasks involving the skilled use of both hands while unstable.

Time allocated

5mins

Materials required

Therapy ball or wobble board

Scissors and paper or chop sticks bowls and cheese twirls or pen and paper and clip board.

Instructions

- Work in twos or threes
- One person adopts an unstable posture
- This can be achieved either by using equipment such as a therapy ball or wobble board or if these are not available then asking the participant to stand on one leg, sit in a chair and lean to one side, or slide down into the chair with head tilted backwards.
- Give the participant a specific instruction for example
- Using the scissors cut out a circle or using chop sticks try to pick up the cheese twirls in the bowl or write out the ten times table.
- Ask participants to discuss what it feels like to try to complete these instructions.

4.1.5 Practical activity – Learning

Aim of activity

Give participants the opportunity to experience what it is like to concentrate and learn unfamiliar information while unstable.

Time allocated

5mins

Instructions

- Work in twos or threes
- One person adopts an unstable posture
- This can be achieved either by using equipment such as a therapy ball or wobble board or if these are not available then asking the participant to stand on one leg, sit in a chair and lean to one side, or slide down into the chair with head tilted backwards.
- Give the participant a specific instruction for example
- Ask participants to remember the bones in the wrist

  A. Scaphoid (2)

  B. Lunate (2)

  C. Triquetral (2)

  D. Pisiform (2)

  E. Trapezium (2)

  F. Trapezoid (2)

  G. Capitate (2)

  H. Hamate (2)

Or show them a picture of the vertebral column and as them to remember the different sections of the spinal column.

Notes

Notes

Notes

Posted
Increasing confidence

Disclaimer

This Training Manual results from independent research commissioned by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0110-21045). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

CHSS University of Kent

East Kent Hospitals University NHS
NHS Foundation Trust

Canterbury Christ Church University