

This article first appeared in the Winter 1997 issue of Speech & Language Therapy in Practice, pp.4-8. See [www.sonasapc.ie](http://www.sonasapc.ie) for up-to-date information.

## Activating Potential for Communication

***Confused, disorientated and socially deprived elderly people are often neglected as client groups. Sonas aPc is a packaged programme designed to meet their needs. Speech and language and occupational therapy staff of the Victoria Infirmary NHS Trust outline its implementation and benefits***

Sonas aPc was devised by Sister Mary Threadgold, a speech and language therapist in Dublin. Sonas is Gaelic for 'well-being' and aPc represents 'activating potential for communication'. The multisensory packaged programme on audio tape uses music, singing, touch, smell and taste to promote interaction and a sense of well-being amongst participants.

Training in the use of the programme was offered to a group of professions allied to medicine (PAMs) and nursing staff in Glasgow in 1996, in two half day workshops run six weeks apart. The programme provides for a group and a one-to-one approach.

We now have groups of approximately eight confused or socially isolated (often dysphasic) clients attending with two facilitators, in this case a speech and language therapist and occupational therapist. Each group lasts 45 minutes to 1 hour and groups are run at least weekly in four different care of the elderly units with the same clients attending. Some have continued for 18 months while others are recently formed. Some clients were known already to our departments having had therapy input and others were referred by nursing staff, family or self-referral. Clients are invited to attend and the choice is theirs. Twenty five per cent of patients in most of the continuing care wards attend.

### **Familiarity**

An audio tape takes the group smoothly through a 45 minute session, commencing with a signature tune and personal welcome by the facilitator. The groups rely on repetition, triggering memories and encouraging interaction. A group develops its own character as the weeks progress, and a feeling of shared experience and familiarity benefits therapist and client.

The same tape is used every week. We have not found this too repetitive either for clients or ourselves, but the second side of the tape provides a change in songs, cued speech and music, allowing variety when necessary.

The programme includes:

1. gentle exercise
2. singing
3. massage based on the simple 'metamorphic' technique taught during Sonas aPc training. Shoulders and upper arms are massaged gently by the facilitators moving round the group accompanied by music. "The skin is our first medium of communication" (Montague, in Sonas manual) and touch is therapeutic. Clients often remark how "nice" the experience is and notice other clients enjoying it too.
4. a rhythmical section
5. a taste and smell section. For the latter, the tape allows the facilitators time to rub some perfumed oil into each client's hand, followed by hand exercises and encouragement to smell the oil. At times, a passive or very confused client will offer a comment on the properties of the oil – "This is lovely", "It smells like lavender", "It reminds me of a good soap".
6. cued speech – completion of well-known proverbs.
7. a short poem allowing calming, listening time after more active sections
8. an opportunity for individual participation
9. a closing song.

### **Modification**

We can modify our approach to take account of individual needs although the taped programme is fixed. We ensure a hard of hearing client is seated near the tape recorder and provide some clients with Easi-comms for the session. We ask individuals if they want their shoulders massaged, as not everyone enjoys being touched. A blind man has all the approaches explained verbally as he is easily startled and a client with a hemiplegia is assisted with passive movements for the exercise sections. Those who are non-verbal are given the opportunity to use other channels of communication, for example humming or rhythmical tapping during the singing parts.

### **Participation**

As the clients become familiar with the programme, more positive participation is noted and a decrease in negative aspects is obvious. Some clients are participatory in all sections, offering to sing, dance and reminisce. Others are quiet and passive, but may enjoy one section in particular.

One lady is very anxious and uncommunicative until the exercises when she joins in vigorously, and then contributes to the 'rhythm' percussion section. By the end she appears relaxed and happy, smiling at the other group members.

Another lady has her eyes tightly closed for the early part of the session, but sings tunefully along with the tape in a small voice and will make good eye contact, smile and thank the facilitators at the end.

A client who is severely demented uses constant chatter and was initially unable to participate in any section. The chattering has lessened and she has improved turntaking, especially at the introduction of the rhythmical section. She appears to enjoy the experience of touch and taste. She maintains eye contact and smiles more often.

An emotionally labile CVA client cries during the early activities, but continues to participate and, on completion, says she has enjoyed the group.

### **One-to-one**

A second twenty minute audio tape is designed for use on a one-to-one basis with clients. It contains timed sections of music, song and poetry which lead the facilitator through gentle massage of the client's shoulders, back of neck, hands and head.

This individual approach is very useful with severely demented or withdrawn clients or those with very disruptive behaviour who may not be able to attend group sessions. We have used it successfully to reduce agitation in a severely confused client. Typically clients become visibly more relaxed during the massage and spontaneously chat to the facilitator, perhaps prompted by familiar tunes and memories invoked by the music or poetry.

### **Outcomes**

Benefits to clients and facilitators are listed in Appendices 1 and 2. Through time, clients demonstrate improved well being, self-confidence, self-esteem and trust.

The behavioural signs of well-being are discussed by Kitwood (1996) and are observable following repeated Sonas group attendance:

- a. demonstrating pleasure
- b. bodily relaxation
- c. assertiveness
- d. expression of a range of emotions
- e. sensitivity to the emotional needs of others
- f. humour
- g. creative self expression (such as singing and dancing)
- h. helpfulness
- i. affection
- j. self respect (such as concern about appearance)
- k. acceptance of others who also have a dementing illness, or other disability.

Although difficult to monitor objectively, care staff and relatives have noticed generally improved alertness, happiness and relaxation following the group in some individuals and quality of life is improved at the time of the group. The programme can "manage" behaviour in some noisy, distracted, disruptive or sleepy clients. Clients have demonstrated their trust by their continued free choice attendance over a long period of time. Individuality in responses is allowed. Dysphasic clients have benefited from the social and communicative aspect of the group and all have tolerated the mixed memory abilities and physical limitations of other clients.

The programme's implementation has highlighted potential for enjoyment through well-being activities for the more confused patients. Other such options include privately arranged aromatherapy, art therapy (in two units), social activities and outings run by occupational therapists, music in hospital, relaxation, Therapet service and reminiscence.

### **Developments**

We are continuing with our groups and more staff are being offered Sonas training workshops to allow further groups to start. The Sonas aPc training is suitable for all carers including nurses, volunteers and day centre staff. Running the groups requires commitment and consideration (Appendix 3) but the rewards keep us motivated, as do interdisciplinary meetings and contact with Sonas aPc trainers.

We are keen to maximise the potential for staff involvement and carryover. To this end, we exchange information on clients' strengths at the end of the group, attempt to provide a written report on client attendance approximately every 10 weeks, display a client list in the ward with group aims boldly presented and disseminate information at social rounds with ward staff. We are developing record sheets and a Sonas diary, summarising the aims of the group and attendance details, to involve carers and relatives – particularly useful for the latter when they can only visit in the evening or at weekends. Some relatives or friends, including a local minister, have sat in on a group but this has to be handled with care. Some of the evaluation forms we have developed are shown in appendices 4 and 5: the speech and language therapy record sheet (4) and the occupational therapy record sheet (5).

This holistic programme is providing a worthy tool for use by PAMs with confused, disorientated and socially deprived elderly people. As therapists we feel we have skills in observation, interaction, running groups, communication and diagnosis which allow us to implement it very effectively. For us, Sonas aPc is a quick and effective way of creating rapport and giving a greater insight into an individual's needs and potential. It allows us to respond to these needs and to have informed and realistic exchanges with nursing staff, relatives and other disciplines.

*Lois Brown is a Speech and Language Therapist, Pauline Dunsmuir and Julie Loudon Occupational Therapists and Rhona Montgomery a Speech and Language Therapy Assistant with Victoria Infirmary NHS Trust in Glasgow.*

*A version of this article has been submitted to the British Journal of Occupational Therapy.*

### **References**

Kitwood, T. (1996) Not Them and Us – Simply Us Training Pack. Dementia Services Development Centre, University of Stirling, Stirling FK9 4LA, tel. 01786 467740.  
Threadgold, Sister M. (1995) Sonas aPc manual. Dublin.

### **Further information about Sonas aPc is available from**

Rosemary Hamill (MRCSLT, Dip. ACS, CMH), Training Development Officer, Sonas aPc, Belvedere Place, Dublin 1, Tel/ansa/fax 00 353 1 8366874.

### **Questions**

- What are the benefits of a repetitive programme for elderly confused people?
- How is Sonas aPc improving speech and language therapy provision?
- Are developments taking place as a result of the programme's implementation?

## Answers

- Familiarity for this client group builds confidence, reduces tension, leads to positive participation and triggers memories.
- A natural setting allows more accurate assessment of individual needs while therapeutic skills in assessment, diagnosis and interaction enhance the benefits of the set programme for the clients.
- As well as highlighting the benefits of 'well being' activities for this client group, opportunities for involving relatives and carers are being followed up.

### Appendix 1 - Benefits to clients

1. A relaxed, informal atmosphere to encourage freedom of expression.
2. Time to share enjoyable experiences in a safe, empathetic environment.
3. Freedom of choice to attend, with no expectations of performance.
4. The opportunity for group members to develop and build relationships through time.
5. Freedom to use any communication channel – verbal or non-verbal, touch, gesture, facial expression or eye contact.
6. Therapists' observation of the individual's preferred sensory channel and reinforcement of its use in activities of daily living.
7. A routine and predictable sequence of events allowing severely confused clients to become familiar with the material and the other members.
8. Reduction in tension and increase in confidence and self-esteem.
9. Acknowledgement of personal integrity in confused people.

### Appendix 2 – Benefits to facilitators

1. A ready made, portable programme effective for this neglected client group and which can be repeated over a long period of time for improved response.
2. A flexible programme allowing careful modification for individual client needs, developing and enriching their experience.
3. A model for continued functional assessment, observation and re-evaluation over time in a natural environment without the need for formal assessment procedures, which can cause alarm and anxiety for confused clients.
4. Improved and shared working relations with the multidisciplinary team.
5. A forum for discussion with other therapists/nurses in the same field; this has enabled us to form an interest group meeting every six months.
6. By using a functional observational form we can trace an individual's responses within the group over time.

### Appendix 3 – Considerations

1. Illness and disability in the group can cause inconsistent numbers, or disruption of client mix.
2. Appropriate accommodation is important; a quiet room, large enough to have a circle of up to 10 people, some in wheelchairs, with facilitators moving around to assist in exercise and perform shoulder/arm massage. One of our clients likes to dance during the music programme and space within the circle for this to be done safely was necessary.
3. Avoid interruptions during the group.
4. Staff shortages can interrupt continuity.
5. Time is needed to prepare and transport clients to the Sonas room.

**Appendix 4 - Speech & Language Therapy Record Sheet**

Sonas aPC									
name	diagnosis								
ward	communication								
	mental state								
<b>date</b>									
<b>observations of positive participation</b>									
<b>eye contact</b>									
<b>smiling</b>									
<b>vocalising</b>									
<b>talking</b>									
<b>touching</b>									
<b>exercising</b>									
<b>singing</b>									
<b>rhythmical movement</b>									
<b>nonverbal initiation of communication</b>									
<b>verbal initiation of communication</b>									
<b>observations of negative participation</b>									
<b>sleeping</b>									
<b>shouting</b>									
<b>hitting out</b>									
<b>crying/moaning</b>									
<b>purposeless movement</b>									
<b>closed eyes</b>									
<b>codes</b>									
<u>participation</u>					<u>mood/communication</u>				
0 did not participate in activity					P passive/little or no spontaneous communication				
1 required assistance/prompting to participate in activity					B bright/chatty				
2 responded spontaneously					A agitated/verbally aggressive				

**Appendix 5 - Occupational Therapy Record Sheet**

Sonas aPC									
name									
ward	diagnosis								
	communication								
	mental state								
<b>date</b>									
<b>RESPONDED TO SIGNATURE TUNES</b>									
<b>PARTICIPATED IN INTRO SONG</b>									
<b>PARTICIPATED IN EXERCISES</b>									
<b>PARTICIPATED IN SING ALONG (1)</b>									
<b>ENJOYED MASSAGE AND DRINK</b>									
<b>PARTICIPATED WITH INSTRUMENTS</b>									
<b>ANSWERED PROVERBS</b>									
<b>OFFERED PARTY PIECE</b>									
<b>PARTICIPATED IN SING ALONG (2)</b>									
<b>PARTICIPATED IN CLOSING SONG</b>									
<b>RESPONSE TO SESSION (+VE OR -VE)</b>									
<b>MOOD/COMMUNICATION</b>									

  

codes	
<u>participation</u> 0 did not participate in activity 1 required assistance/prompting to participate in activity 2 responded spontaneously	<u>mood/communication</u> P passive/little or no spontaneous communication B bright/chatty A agitated/verbally aggressive