

Bornman, J. (2001). *The development of a primary level communication intervention protocol for children with severe disabilities*. Unpublished doctoral dissertation, University of Pretoria, Pretoria, South Africa. Erna Alant (Advisor): 237 pages of text, 250 references, 21 appendices, 78 tables, and 12 figures.

Service delivery to children with severe disabilities (CSDs) in developing countries share common characteristics. These include inaccessible services due to the fact that the majority of services are located in a few large cities, that the focus of services is usually on school-age children (with few for pre-schoolers), that many services require specialized staff and high technology equipment which is not always available, and professionals who tend to work in isolation with minimal integration between services. A particularly vulnerable group within the sphere of CSDs is beginning communication because of their inability to articulate their needs, feelings, and rights. Programs to specifically address these communication needs by equipping them with the necessary skills to interact and participate in society are very limited.

Often the first contact that primary caregivers of CSDs have with professionals is with community health nurses who often remain the only professionals who provide continuous support and assistance to these caregivers. It is therefore clear that these nurses must be equipped with the necessary knowledge and skills to facilitate service delivery to this population. This can be accomplished by training these nurses (through multiskilling) to function as transdisciplinary professionals. Furthermore, a need for appropriate materials for service delivery to this population also exists. Consequently, the BCIP (Beginning Communication Intervention Protocol) was developed. The BCIP addresses four important communication domains including communication means (objects, photographs, manual signs, PCS symbols, and a four option digital speaker), functions (informative, e.g., requesting more, requesting help, etc., and social, e.g., greeting, drawing attention to self, etc.), partners (adults and peers), and the deliberate creation of communication opportunities (e.g., providing small portions, placing desired items out of reach, etc.). Care was taken to ensure cultural sensitivity and authenticity of the BCIP.

Twenty community health nurses were trained in the application of BCIP. Training used adult learning principles and was one week long followed by three follow-ups conducted in situ (at two weeks, six weeks, and five months post training). Multiple measurements were used to evaluate the knowledge and skills acquired after training, namely questionnaires, structured interviews, skill demonstrations (which were video recorded and rated by the researcher and an independent rater), and a focus group. Results indicated that the BCIP training can bring about a significant change in the targeted domains, namely knowledge and skills. Peripheral behaviors (namely attitudes, job satisfaction, and type of service delivery provided) were all rated high at the onset of the research and thus quantitative data failed to show improvement. On the other hand, qualitative data from the focus group suggested improvement.