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## Understanding Communication Dynamics in Group Home Setting

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Understanding Communication Dynamics in Group Home Setting

By

Jacinta O. Anyanwu

A Thesis Submitted in partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

Clinical Psychology

Minnesota State University, Mankato

Mankato, Minnesota

(May 2020)

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Understanding Communication Dynamics in Group Home Setting

Jacinta O. Anyanwu

This thesis has been examined and approved by the following members of the student's committee.

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Advisor

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Committee Member

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# Understanding Communication Dynamics in Group Home Setting

Jacinta O. Anyanwu

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
Master of Art in Clinical Psychology

MINNESOTA STATE UNIVERSITY, MANKATO  
MANKATO, MINNESOTA

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## ABSTRACT

**Purpose:** Limited research has examined the communicative interaction patterns within group home settings between adults with developmental disabilities and their non-disabled direct care staff. There is evidence from studies that improving the communication pattern of caregivers will eventually lead to better interaction with residents. An approach that might clarify this issue is to have direct care staff who currently work in group homes describe their interaction with their residents. This study evaluated the communication pattern of direct care staff and their residents in group home settings by looking at the types of instructions that direct care staff use on a daily basis to get their residents to accomplish tasks and comply. **Design and Methods:** An online survey with open-ended questions was provided online to direct care staff (N = 14) who were working in group homes regarding to their daily tasks oriented interaction with residents, the type of command they used and the response they get from residents. Data was coded and analyzed in MAXQDA 2020 and compared to features of command and compliance. **Results:** Data indicated that direct care staff used more vague and ambiguous instructions (i.e., beta instructions), than clear and specific instructions (i.e., alpha instructions). Direct care staff reported that residents either refused or responded passively to instructions. In addition, instructions given during intimate or personal care activities were the mostly refused. Assistance with intimate care

was also the most occurring tasks daily. **Implications:** Training direct care staff in effective instruction method when seeking compliance from resident such as the usage of more alpha command type as well as appropriate attitude will improve interactions between direct care staff and residents in group homes. The implication of study outcomes is reviewed.

*Key Words:* communication, group home, direct care staff, command, compliance

## **INTRODUCTION**

An estimated 56.7 million people in the United States have some forms of disability (one in every five people), and it is approximated that between 4.6 to 7.7 million Americans live with intellectual and developmental disabilities (United State Census, Newsroom Archive, 2012). The supportive needs of these individuals are contingent upon the severity of the disability. Persons with severe to profound intellectual disability are likely to require extensive and pervasive supports for all forms of interactions such as skills to perform activities of daily living, skills for integration into community living, socialization, and communication skills (American Association on Mental Retardation, 2002). In order to facilitate services for individuals in the group home settings, there is the need for efficient communicative interactions between the residents and their direct care staff. The residents should be able to understand directives from direct care staff. Direct care staff on their part would need to be able to understand the nuances of the individuals they support.

Direct care staff are often charged with giving instructions that requires residents to obey. These instructions could be in the form of helping them with activities of daily living, learning appropriate social skills to enable them to integrate well into the community or keeping the rules and regulations of the group homes. As noted by Blunden (1988), individuals who require a high degree of assistance often benefit from a functional communication pattern. This is the ability of the direct care staff to understand the comprehension level of their residents in order to give them instructions that they can

understand and be able to follow. In fact, for direct care staff to form and maintain relationship with residents, there is the need for communicative competence.

Previous studies have established that communication difficulties are prevalent in individuals with varied forms of disabilities. For instance, Bott, Farmer and Rhode (1997), noted communication challenges in people with intellectual disabilities. Kuder and Bryen (1991) assessed the communicative performance of institutionalized individuals with developmental disabilities. Their findings indicated that staff and clients used conversational discouragers, for instance, direct orders twice as often as they made use of conversational encouragers such as social exchange. These forms of communication have been associated with frustration on the parts of the residents as well as their caregivers. In as much as this current study is not focusing specifically on individuals with intellectual or developmental disabilities, in a broader sense, there is the possibility of finding such individuals in group home settings. Group homes are settings in which many people with severe disabilities are likely to reside (DeSimone & Cascella, 2005). The current study focused on understanding the impact of different communication styles used by direct care on the compliance of residents in the group home setting.

### **NEED FOR EFFECTIVE COMMUNICATION PATTERN**

Communication between direct care staff and their residents has been linked with challenging behaviors in some residents. McConkey, Morris, and Purcell (1999) investigated communications between staff and adults with intellectual disabilities in



natural occurring settings. Their participants consisted of 43 staff-client dyads in small scale residential and day service settings. They utilized frequency count method to collect data on communicative acts between care givers and their clients. Each care giver was asked to choose a client as a partner to work with. The care staff and clients were instructed to interact as normally as possible. Their interactions were video-taped. The settings recorded included social chat, making tea, doing household chores, swimming, art and craft activity et cetera. Two experienced language therapists rated the communicative interaction in terms of appropriateness. Data was analyzed by counting the communicative acts performed by care giver and client. Care givers' communicative behaviors were rated as appropriate or inappropriate given the context of the interaction and the communicative competencies of the client. Their findings evidenced that clients were not presented with enough opportunities to engage as equal partners in the conversational interaction. Care givers relied exceedingly on verbal acts even amongst non-verbal clients. Some of the explanations the authors offered with regards to care givers' communication patterns were that care givers might have misjudged the communicative competencies of their clients, care givers might have overestimated the their client's comprehension levels in terms of understanding language, they also might have failed to identify non-verbal behavior of their clients as a way of communication. A similar result was found by Bradshaw (2001). In investigating the complexity of staff communication and reported level of understanding skills in adults with intellectual disability, the author reported that on an average of 45%, staff appeared unable to adapt their communication to the skills of the service users. And staff communicative acts were

outside the reported understanding skills of the residents. As informative as these studies might be, there is still the need to explore more on the communicative interactions between direct care staff and their residents.

### **COMMAND TYPES**

Command use by direct care staff in group home settings to get compliance from residents is another area that has not given adequate attention in research. A crucial question would be what types of commands are issued by direct care staff that avails them the optimal response or the prospect of getting optimal compliance from residents in group homes. Types of command were first identified by Peed, Roberts, and Forehand (1977) as used in preschool settings between teachers and pupils. Two types of command differentiated by Peed et al (1977) are *alpha* command and *beta* commands. Alpha command was defined as “an order, rule, suggestion, or question to which a motoric response is appropriate and feasible.” Beta command was defined as “commands in which the child is not given opportunity to demonstrate compliance (within a predetermined time), either due to vagueness or ambiguity, interruption, indirectness, or parental inferences such as carrying out the task for the child” (Christenson et al., 2011). The outcome of the investigation by Peed et al. (1977), indicated that several cases of noncompliance resulted from the usage of incorrect instructions. They also found that without training, parents tend to use more beta command as opposed alpha commands. A further investigation into command and compliance in communicative interaction by Bertsch, Houlihan, Lenz, & Patten, (2009) resulted in a further categorization of

commands based on form and specificity. This categorization clarified the looming confusion from previous command studies because of different forms of commands that were found. Bertsch et al. (2009), identified eight command types (e.g., questions, regular, indirect et cetera), which could be further classified according to specificity by the alpha/beta commands. They recommended that not just the alpha/beta command affects compliance, but the command forms do as well. So, they recommend considering both when investigating command and compliance.

Negative consequences that have been reported by studies on command and compliance with emphasis on cognitive impaired persons in long term care facilities. Such negative effects of using ineffective instructions include physical aggression and verbal agitations. Buchanan et al. (2018), examined the relationship between instruction specificity and resistiveness to care during activities of daily living in persons with dementia. The authors hypothesized that resistiveness to care (RTC) would likely occur more following the use of beta instructions by the certified nursing assistants (CNAs) when compared to alpha instructions. They also hypothesized that CNAs use of beta instruction in response to resistiveness to care would be correlated to increase with resistiveness to care in comparison to when alpha instruction is used. The participants in the study included 11 individuals diagnosed with dementia who live in a long-term care facility. The second group of participants were made of 11 CNAs. Data was collected in 3 different large settings that housed persons with dementia. Video recordings were utilized to record interactions between CNAs and their residents with dementia. Their result showed that

the use of beta command was preceded by physical aggression and verbal agitation when beta command is used. Beta instructions also occurred more frequently following physical aggression. They received mixed result for their second hypothesis. Beta instructions did precede verbal agitation in comparison to alpha instruction as they had anticipated. However, they found that physical aggression was followed by more frequent usage of beta instructions. They suggested the need for a communication training program for caregivers working with persons with dementia.

A similar result was found by Schwarzkopf, Houlihan, Kolb, Lewinsky, Buchanan, and Christenson (2008) who investigated the command types used in police encounters. They reported that police officers used more beta command during stressful situations for instance, when suspects exhibit aggressive behavior.

Another study by Christenson et al. (2011) on command use and compliance in staff communication with elderly residents of long-term care facilities, implicated command type and clarity in eliciting an appropriate response from residents. They further added that direct and clear command that is stated repeatedly in the exact form produce better compliance. Although it is tempting to generalize the findings of command and compliance in gerontology literature to group home settings population, there is insufficient evidence to support an assertion that there will be similar dynamics in all aspects to the direct care staff-resident model typically found in group home settings. Despite the attractions of enhancing communication through optimizing caregiver interactions, relatively little information is available on the relationship between the types

of instructions used and compliance in the context of interactions between direct care staff and group home population.

Group homes, also known as adult residential services, are licensed residential facilities that are located in community settings where adults with intellectual disabilities, developmental disabilities, and severe and persistent mental disabilities live. They came into existence between 1960s and 1970s in response to the deinstitutionalization movement. Group homes are less restrictive facilities that provide assistance with community integration, destigmatization, and help with the improvement of the quality of life of individuals with disabilities (American Association on Mental Retardation, 2002). Group homes provide residential services for individuals across the continuum of intellectual disability, developmental disability, severe and persistent mental health disorders (DeSimone & Cascella, 2005). Services provided by group homes to persons with disabilities include supervision, lodging, meal preparations, habilitative or rehabilitative services (Regulation of Health and Human Services Residential Facilities, 2018).

Direct care staff work on daily basis to assist individuals in group homes with learning daily living skills, self-care skills, assist them with transportation needs, and to keep them safe and healthy. They are responsible for everyday house-hold operations, takes lead role in program implementations, and typically spend more time with residents than any other paid personnel in group homes (Regulation of Health and Human Services Residential Facilities, 2018). Their interaction with residents' hinges on communicative

interaction. Communication opportunities in these environments may happen on many different levels (e.g., social communication during community outings, communication about basic needs getting met). Because of the noted increased difficulty in communicating with individuals with intellectual disability more than non-disabled individuals (Bott et al., 1997; McConkey et al., 1999), examining the command and compliance between direct care staff and their residents becomes a necessity.

#### CURRENT STUDY

The overarching goal of this study is to better understand the types of command used and compliance in the context of interaction between direct care staff and their residents in group home settings. Fewer studies of this nature have been conducted with individuals in group homes and their direct care staff. Moreover, despite the attractions of enhancing communication through optimizing caregiver interactions, relatively very little information is available on the communication pattern between direct care staff and their residents with a variety of disabilities who live in group home settings. An approach that might meet these criteria is to have direct care staff who currently work in group homes describe their interaction dynamics with residents. Direct care staff spend the most one-to-one time with residents than any other group home staff. Descriptive information about the common characteristics of direct care staff communication pattern would help inform the content of training courses for group home staff. Direct care staff reports are useful because they are time efficient, ecologically valid, and useful for the descriptions of peculiar communication dynamics often seen in this population (McLean et al., 1996). Due to limited research in this area, the current study will be focused on:

1. Understanding the daily activities of direct care staff in group homes
2. Understanding situations that call for issuing of command/instructions, and residents' compliance and,
3. Understanding strategies utilized by direct care staff to increase the compliance and response they get from residents.

## **METHODS**

The present study formed the first phase of a project aimed at devising training materials for use with direct care staff who provide services for individuals with varied disabilities who live in group homes.

### **Interview Development**

The interview questions were developed by two clinical psychology professors with doctorates in psychology and the author. The aim of the interview was to obtain information regarding the daily tasks of direct care staff in group home settings. Specifically, the questions explored command from staff and compliance from residents. Direct care staff were asked open-ended questions about the tasks that require them to give instructions to residents, how they framed the questions and the response received from residents. Five group home supervisors were recruited as subject matter experts (SMEs) who read and rated each interview question on clarity, understandability, and relevance toward understanding the jobs of direct care staff in group homes. All the questions were rated by the SMEs as necessary. The data was obtained either through in-person meeting or by phone. After feedback was received from the SMEs, the interview questions were revised. The format for the interview questions were open-ended questions. There were opportunities for the direct care staff to provide strategies used, and examples of exact tasks that required compliance during interactions with their residents. The questions asked include “describe the most common task you complete on a daily basis as part of your job,” “Name and describe the three most common situations



in your day-to-day work that require you to give instructions to residents or where you must request residents to complete a task?" (See Appendix 1).

### **Participant Demographics**

Participants were undergraduate students (N= 14) who were currently working as direct care staff in group home settings. Participants were currently enrolled in classes at a large Midwestern university who were age 18 or older. The participants were predominantly female and Caucasian. Eight participants indicated that they work for their current agency between 0-1 year (57.1%), three participants reported working for 3 years in their present job, and three participants reported 3 or more years in their current job. Of the fourteen participants, four identified as Direct Support Professionals (DSP), 3 as Certified Nursing Assistants (CNA), two as Personal Care Staff (PCA), and the remaining participants as youth care professional, general caretaker, group home staff, activities coordinator, or resident assistant. Eleven participants were female (78.6%) and three were male (21.4%). Their ages ranged between 18 and 23 with an average age of 20.5. All participants consented to the study before participation, and the Minnesota State university Institutional Review Board approved all procedures.

As a means of determining the sample size in this study, the principle of informational power was applied. Informational power suggests that the more information the sample holds that is relevant to the actual study, the lower the number of participants needed (Malterud, Siersma, & Guassora, 2015). The aim of the study is narrow, the interview questions were open-ended, clear, concise, and have high relevance to the research question. The participants working as direct care staff in group homes fit with the specific characteristics required for the study.

### **Procedure**

The respondents signed up online through SONA systems to participate in the study. After signing up through the SONA System, the participants were directed to Qualtrics through a link provided for the study. There is an age restriction of 18 years or older and a screening question that asked if the individual was currently working in a group home setting. Any participant that did not meet the criterion of working in a group home was directed to the end of the questionnaire. The interview questions consisted of six questions with probes to ensure detailed responses. The survey was online, which allowed individuals to participate at a time and place that was convenient for them using a computer, cell phone, or tablet. and lasted approximately 30 minutes. At the completion

of the study, participants were thanked for their participation and were awarded partial credit.

## **CODING**

The coding process involved a review of the data collected by the author trained in qualitative data methods. The codes were developed in MAXQDA 2020 using a mix of concept-driven and data-driven method (Schreier, 2012). The responses were coded into main codes and subcodes. The main codes were adapted to the research questions and are as follows: daily tasks, challenging situations, instructions given, response to instructions, best strategies for giving instruction, best strategies for compliance, training, and training background, respectively.

Daily tasks were defined as the tasks that direct care staff endorsed that they do on a daily basis as part of their job description. Challenging situations are the circumstances or events that direct care staff reported as the least likely for them to get residents to comply. Instruction given is defined as the command types that direct care staff uses when trying to get compliance from client (e.g., alpha command, beta command, elderspeak, directive-questions etc.). Response to instructions are examples provided by direct care staff as how a client responded to their instruction or command. Best

strategies for giving instruction are the strategies that direct care staff endorsed that they use most when giving instructions that requires residents to obey or comply. Best strategies for compliance are defined as the best strategies endorsed by direct care staff as most likely for clients to comply with instructions or commands. While training and training focus are reports from the participants, whether they have been trained in managing stressful interactions with residents and the skills that were most emphasized during their training.

**CODES AND FREQUENCY OF OCCURENCE**

| <b>CODES</b>               | <b>SUBCODES</b>         | <b>NUMBER OF OCCURENCE</b> |
|----------------------------|-------------------------|----------------------------|
| DAILY TASKS                | Intimate Care           | 13                         |
|                            | House Chores            | 11                         |
|                            | Meal Preparation/Eating | 10                         |
|                            | Medication Management   | 6                          |
|                            | Transportation          | 4                          |
|                            | Paperwork               | 3                          |
|                            | Recreational Activities | 3                          |
| CHALLENGING SITUATIONS     | Intimate Care           | 5                          |
|                            | House Chores            | 4                          |
|                            | Recreational Activities | 2                          |
|                            | Meal Preparation/Eating | 1                          |
|                            | Medication Management   | 1                          |
| INSTRUCTIONS/COMMAND TYPES | Alpha                   | 4                          |
|                            | Beta                    | 5                          |

| CODES   | SUBCODES              | NUMBER OF OCCURENCE |
|---|-----------------------|---------------------|
|   | Unknown               | 4                   |
| RESPONSE  | Complied              | 10*                 |
|   | Refused               | 5                   |
|   | Passive               | 6                   |
|   | Verbal Agitation      | 2                   |
| MOST USEFUL STRATEGIES TO REQUEST COMPLIANCE        | Calm Approach         | 8                   |
|   | Incentive             | 7                   |
|   | Education/Explanation | 7                   |
|   | Persistent            | 4                   |
|   | Listen to Residents   | 3                   |
| MOST USEFUL STRATEGIES TO REQUEST COMPLIANCE CONTD. | Compromise            | 3                   |
|   | Redirection           | 2                   |

| CODES  | SUBCODES               | NUMBER OF OCCURENCE |
|--|------------------------|---------------------|
|  | Friendly Reminder      | 1                   |
|  | “white lies”           | 1                   |
| <p>MOST USEFUL STRATEGIES FOR OBTAINING COMPLIANCE</p> | Calm Approach          | 8                   |
|  | Listening to Residents | 5                   |
|  | Compromise             | 4                   |
|  | Giving extra time      | 3                   |
|  | Incentives             | 3                   |
|  | Persistent             | 2                   |
|  | Threatening            | 2                   |
| <p>TRAINING BACKGROUND</p>                             | Calm Approach          | 9                   |
|  | Restraining/Self       | 3                   |
|  | Protection             |                     |
|  | Redirection            | 2                   |
|  | Assertive              | 1                   |

| <b>CODES</b>               | <b>SUBCODES</b>            | <b>NUMBER OF OCCURENCE</b> |
|----------------------------|----------------------------|----------------------------|
| TRAINING BACKGROUND CONTD. | Seek help from other staff | 1                          |

**Table 1.** This table illustrates the codes, subcodes and their frequency of occurrence

\*. Depicts requests that were resolved after some form of intervention either through calling a second staff, threat or persistent from direct care staff.



## **RESULTS**

The results are presented in two sections. The first section highlights the frequency of response to each interview question. The general information on the most endorsed response from participants are given. The second section is comprised of a detailed analysis of the interrelationship between the codes; the interrelations between the questions being asked and the responses. For example, the relationship between the type of command used and the type of response received from the residents as reported by participants.

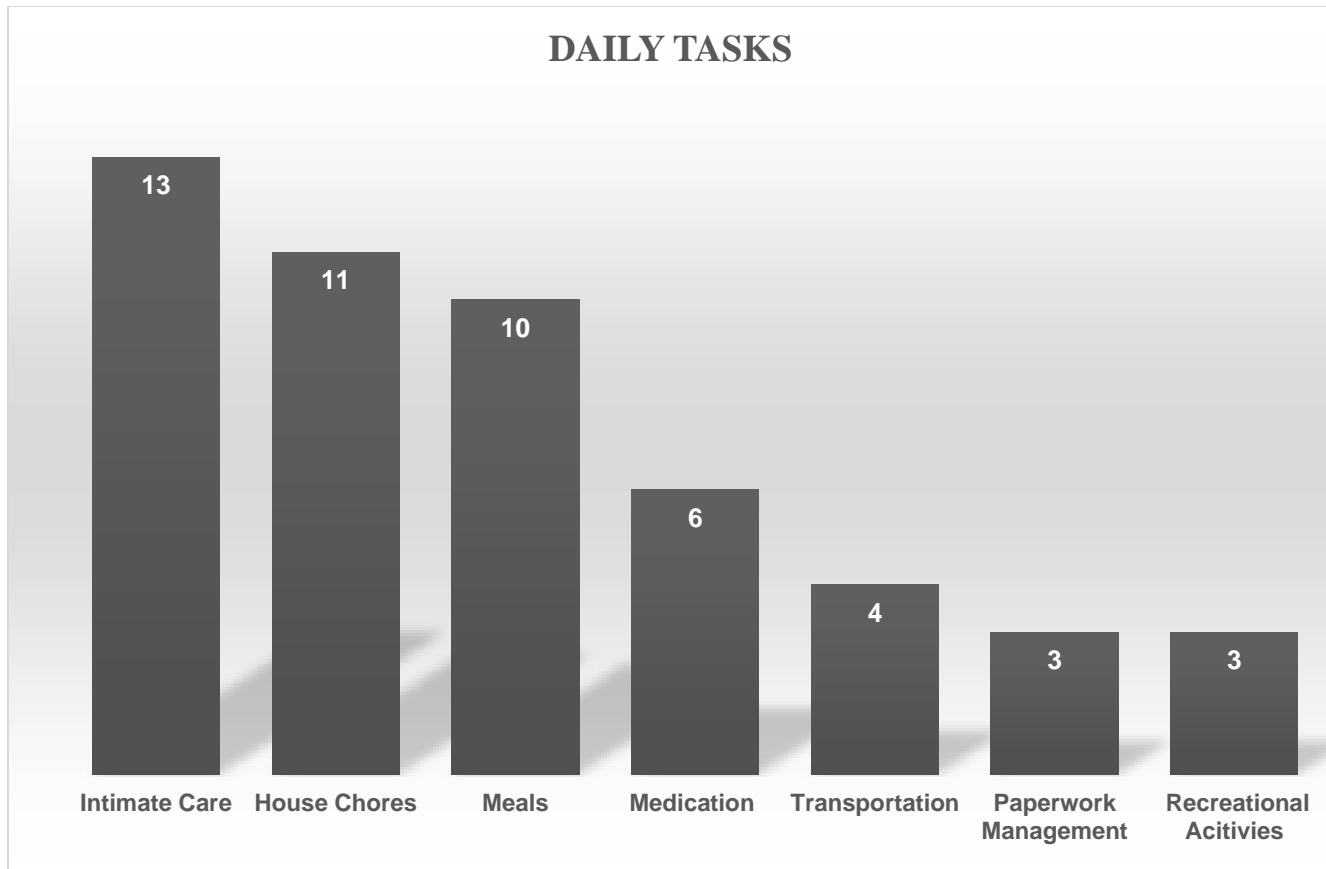
### **Data Analysis**

All data analysis was carried out using MAXQDA 2020. The “compare cases and group” function was used to generate the frequency and percentage of each coded item. To determine the relationship between code, the “code relations browser” was utilized. The code relations browser was used to determine the intercept of two or more codes.

### **Response to Interview Questions**

*Daily tasks.* A variety of tasks were reported by participants as to what they do on a daily basis per their job descriptions. The most commonly reported daily task is intimate care

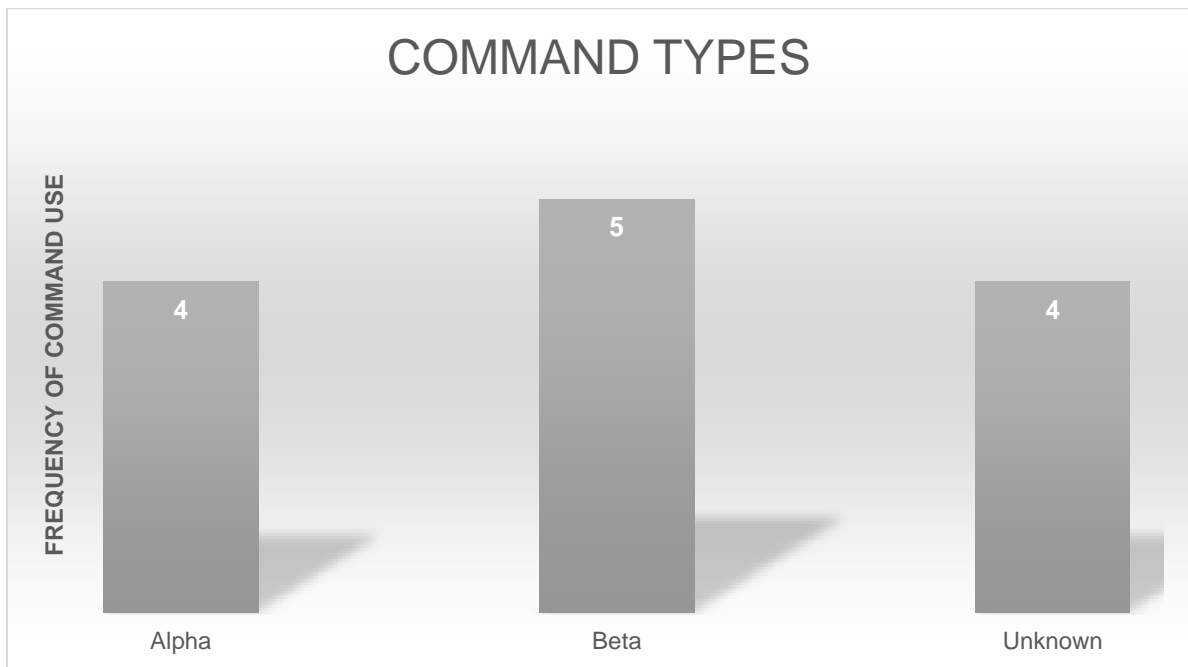
(92.86%). Examples include, “help residents use the bathroom, change their pad, brush their teeth etc.” “assist with bathing, toileting and dressing”. Eleven out of the fourteen participants reported doing house chores and maintenance as part of their daily tasks (78.3%), such as “help with cleaning personal area,” “household tasks,” and “keep patient’s house sanitary and clean.” Meal preparation and assistance with eating was the third most reported daily tasks (71.43%) of the participants. For instance, “help resident to get dinner and eat if needed”, “cook meals”, “taking them to lunch in the dining room”. Medication management was reported (42.86%), while assistance with transportation to appointments such as medical and grocery shopping was reported (28.57%). The least reported daily tasks by participants include assistance with completing paperwork and helping them to engage in recreational activities (21.43%).



**Figure 1.** This figure illustrates the frequency of indicated daily tasks.

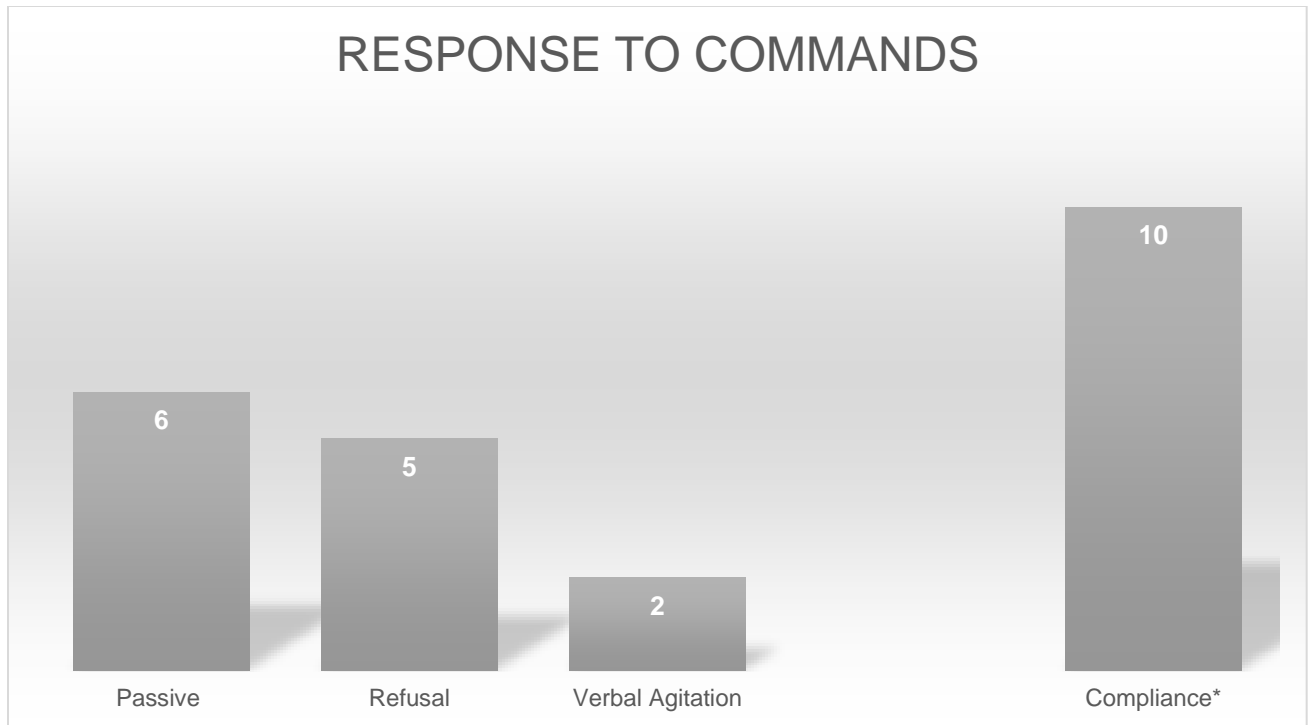
*Challenging situations.* Participants reported assistance with intimate care as the most challenging tasks that they encounter on a daily basis (38.71%), followed by house chores (28.57%), and recreation activities (11.29%). Medication management and assistance with meal preparation and eating were endorsed by participants as the least challenging tasks that they get residents to comply.

*Instruction given/types of command.* When asked to state exactly how participants framed their requests to residents, five participants used beta commands (38.46%). This is the type of command that is vague and not clear to understand. For example, one of the participants reported exactly this statement “Hello, so-and-so, let’s go for a walk to the bike and then afterwards we do your stretches are you up for that, or at least do 2 of them”. Alpha command (i.e., specific, concise that are easy to understand and follow) statements were used by 4 participants (30.76%). An example is “please, stand up in the tub so that you can get dried off”. Four participants reported not remembering the precise way they interacted with residents: unknown, (30.76%).



**Figure 2.** This figure illustrates the frequency of the use of alpha or beta commands.

*Response to instructions.* When asked about the response that participants get from residents when they give them instructions or commands that requires compliance, six participants reported passivity as the response they get from residents (46.15%). For example, “I’m not sure I can do that, I am just a big blob,” “Ignored me.” Some participants reported refusal from residents (38.71%). For instance, “No, and then refused to put on a seat belt,” “I don’t have to,” “I don’t want to.” Verbal agitation such as “screamed no and profanity to me,” “screamed it is already cleaned!” was endorsed by 2 participants (15.38%). Ten participants reported that their residents later complied to the instruction. However, the residents responded positively after the direct care staff did either of the following: “talking to the manager”, “use stern voice”, “being persistent with the request”, or “waiting patiently”. Three participants indicated that the situation that warranted their request was not resolved because residents declined to carry out the instruction.



**Figure 3.** This figure illustrates the frequency of responses from residents following instructions from direct care staff.

\*. This is compliance after instructions were forced (e.g., getting assistance from another staff, being persistent with request or use of threats et cetera).

*Most useful strategies to request compliance.* Eight out of fourteen participants reported that they use calm approach when giving instructions that requires compliance from residents (57.42%). Fifty percent of the participants mentioned using incentives, education, and further explanation about the importance or benefit of their requests from residents. Persistent and repeated prompting was indicated by four participants (28.57%), while listening and understanding residents' feelings, and compromise were endorsed by

three participants (21.43%), respectively. Least mentioned approach to request compliance from residents include redirection, friendly reminders and using “white lies” (15.4%).

*Most useful strategies for obtaining compliance.* The most endorsed method of getting compliance from residents was using calm approach (50%). The second most reported methods were indicated by five participants were listening to residents; providing further clarification to the benefits of the command; and seeking assistance from other staff member (33.3%). Four participants endorsed use of compromise. Three participants reported that they used giving extra time, and incentives (25%). Two participants indicated asking assistance from other staff, being persistent with their requests and use of threats as their means of getting compliance (16.7%).

*Training background.* When participants were asked questions on training regarding stressful interaction with residents, nine out of fourteen (64.29%) participants reported that using calm voice and approach while interacting with client was focused most in their training. Five participants reported communication and understanding of residents’ feelings as the main focus of their training in handling stressful situations (35.71%).

Fifteen percent of the participants endorsed restraining, while self-protection, and

redirection were indicated by two participants. seeking assistance from other members of the staff and the use of ultimatum were reported (7.1%) of the time.

### **Code Relations/Communication Interrelations**

*Challenging Situations; Command Types verses Response:* The result indicated that intimate care (i.e., assistance with dressing and undressing, toileting, bathing) was more frequently reported as the most challenging task. The most frequent command used is Beta command and the most frequent response received by participants was refusal followed by passivity. This instruction pattern was mostly observed in participants with 0-1yr experience as direct care staff. The second most identified challenging task to get compliance is completing house chores, it was also mostly related to the use of beta command and the response is more refusal followed by passive response.

*Most useful strategies for request verses response/compliance:* The use of calm approach (most endorsed useful strategy for requesting compliance) was compared to response, the result showed that calm approach was related to less refusal and verbal agitation.

However, it was also related to passive response. Offering incentives and educating residents more about the need for them to comply was associated more with refusal.

Persistent and repeated promptings also was associated with moderate refusal. Similar



results were found between most useful strategies for getting compliance and the response from residents.

*Training verses Types of Command:* When the training emphasis endorsed by participants was compared to types of command used, the result indicated that participants who reported restraining and self-protection during training used more Beta command and less of alpha command. Being assertive during conflicting interaction with residents, was associated with the use of only alpha command. Furthermore, those who endorsed calm approach engaged in more beta command and fewer alpha commands. While those who indicated ultimatum used only Beta command, and those who emphasized redirection used beta and alpha commands equally.

## **DISCUSSION**

The purpose of this study was to examine the nature of communication between direct care staff and residents in the group home settings. It went further to assess the daily tasks that direct care staff do that requires them to give instructions to residents, the type of command they used and the compliance they get from residents. A majority of the direct care staff used beta command while requesting residents to complete a task. Data

also indicate that residents responded to the beta command either by refusing or being passive. The tasks that direct care staff engaged in on a daily basis involved meal preparations and assisting residents with eating as needed. The second most reported daily tasks are house chores and house maintenance followed by medication management. Direct care staff most frequently got less compliance when the tasks involved intimate care such as assistance with dressing and undressing, bathing et cetera. Findings in this study is consistent with previous research findings (Christenson et al., 2011; Peed et al., 1977). It is consistent in showing that alpha commands result in a higher frequency of compliance from the residents while beta command results in lower compliance. In this study, the data showed that the use of beta command resulted more in refusal or passive response than when alpha command was used. Requesting resident to comply with intimate care related tasks such as dressing, and undressing was met with the most resistance and beta command was used frequently. A plausible explanation for this finding is that beta instructions are more difficult to understand, especially for individual with intellectual disability (Bradshaw, 2001). Because some of the individuals within this population usually has limited communication and comprehension skills (DeSimone & Cascella, 2005; McConkey et al., 1999), using beta command will appear confusing to them and consequently led to refusal or being passive, which is evident in

this study. Although, this interpretation should be used with cautious since this study did not gather information about the residents' communication and comprehension skills.

Compliance obtained by participants were all forced. The residents carried out the instructions only when there was some sort of increased effort from the direct care staff such as being persistent with the request, giving them extra time, calling the manager or asking another staff member. One direct care staff reported that they got compliance by "threatening" to call the nurse to come and "lecture" the resident before they complied.

This finding calls for the need to look into the combination of commands as previous studies on command and compliance suggested and have done (Christenson et al., 2011; Bertsch, Houlihan, Lenz, & Patten, 2009). Current study focused on the command specificity (i.e., alpha/beta command) and not on the forms as identified by Bertsch et al. (2009). Examining the combination of both command specificity and forms could have shed light on the reason for the compliance types that is seen in this result.

When examining the interaction between the indicated most useful strategies for request and compliance, use of a calm approach yielded less refusal and verbal agitation. It was also associated with high passive response. Existing research on communication pattern in group homes has shown that staff have difficulty understanding the comprehensive

level of their residents (Bradshaw, 2001; McConkey et al., 1999). What this could imply for this result is that even though staff use calm approach when issuing commands, the type of command used could affect the ability of residents understanding what is required of them. Another explanation could be that the task is challenging and, regardless of command, residents would struggle. Although attitude was not measured in this study, response from direct care staff indicated that their attitude such as being calm and polite, positively affects the compliance they get from residents. This confirms findings of Ferguson (1994), that direct care staff attitude affects residents' response and the dynamics of the communication in general. This could be an indicator that using clear and concise instruction (alpha command), using a calm approach, and understanding the comprehensive level of the resident might be another key to facilitating efficient communication between direct care staff and residents in group home settings.

Concerning training background and types of command used by participants, the participants that reported that they were trained to apply restraining or self-protection strategy during stressful interaction with residents, used more beta command. This outcome goes on to support the importance of training direct care staff in the appropriate communication pattern that will meet the intellectual ability of their residents. Another interesting finding in this study is that the participants that stressed calm approach as

most emphasized during training used more beta command. One would have expected that alpha command would have been used more. However, it is arguable that calm approach such as “using calm voice, deep breathing, de-escalation, and calming the client down” as reported by the direct care staff, without knowing or being conscious of how to frame the next statement or instruction might not yield the desired effect.

It is also noteworthy to mention that the tasks that direct care staff reported that occurs mostly on daily basis (i.e., assistance with intimate care), is also the most challenging task as indicated by the finding in this study. This outcome suggests that direct care staff requires more training focusing on how to frame instructions that are related to intrusive personal demands such as completing personal cares. If the most task carried out daily is the most challenging to get compliance from residents, there is the possibility of both direct care staff and residents experiencing some level of frustration and friction daily. It is safe to say that such environment might limit the job satisfaction for direct care staff and probably, limit living satisfaction for residents as well, at least to some degree.

## **LIMITATIONS**

Some limitations are inherent in this study. The sample in this study was predominantly female and Caucasian and fifty-seven percent of them indicated working experience of not more than one year. Even though this study could boast of information power

(Malterud et al., 2015), future research that includes larger, more diverse, and more experienced sample will be necessary to capture the communication dynamics and ensure the results of the study generalize to the larger population of direct care staff and group home residents.

Additionally, direct care staff report may not always be practical if they have not worked at their job long enough. And if they have not acquired enough experience to be able to interact with residents effectively especially during conflicting times. In as much as the participants are reporting from experience, it does not guarantee that communication skills are actualized during daily routines. Eight out of the 14 direct care staff indicated that they had a year or less professional experience as direct care staff.

A good number of the participants could not recollect the exact ways/words they used to demand compliance. An in-person interview that would allow for direct follow-up for specific examples could have yielded detailed outcomes. Alternatively, direct observation either in person or on video could also be helpful.

## **IMPLICATIONS AND FUTURE DIRECTIONS**

Few studies have been devoted to understanding communication dynamics in group homes occupied by individuals with varied forms of disability, especially with reference to command and compliance. One strength of this study is its ecological validity because of the use of direct care staff. The participants were direct care staff who actually works in the group homes and have first-hand experience to the daily activities that requires instruction giving and getting compliance. These interactions, particularly during completion of intimate cares are met with great refusal by residents, which hinders or delays the completion of tasks. This can be stressful for both direct care staff and residents.

Furthermore, the results of the current study suggest the need for communication-training program for direct care staff. Such training program should include simple and common examples of command types such as alpha and beta instructions, comparing the effectiveness and the ineffectiveness of each, creating scenarios, role-playing examples, use of videotaped examples to practice the effective command types.

The coding system developed for this study could serve as a framework for better understanding the daily tasks that direct care staff do and the ones that are most challenging to get residents to obey, as well as the instruction types they use most often.

It could also provide detailed information that could be used in creating scenarios of tasks, the best approaches of requesting compliance and the best approach for getting compliance. There is the possibility based on this study and command literature that training direct care staff to use more effective commands by using more of alpha and less of beta may result in higher compliance from residents, assist with understanding residents communication idiosyncrasies, reduce stress for both staff and residents.

The second phase of this study is to use the data collected to develop training instrument for direct care staff in group homes and similar settings. The data collected on the challenging situations that direct care staff encounter while giving instructions to residents will be a valuable asset for this second step. The circumstance that direct care staff endorsed as most difficult to get residents to comply will be used to create scenarios for the training instrument. In formatting the training instrument, open-ended questions will be paired with close-ended ones to help with getting feedback from direct care staff in their own words as this approach will be useful to assess their understanding of each question as well as addressing quantitative data.



Additionally, enhancing staff communication pattern could impact job satisfaction, improve the communication supports provided for individuals with severe disabilities and therefore improve the quality of their lives.

## **CONCLUSION**

This study investigated the tasks that direct-care staff do on a daily basis that requires giving commands, the types of instructions they use and the compliance they get from residents in group homes. Results revealed that direct care staff gets the most noncompliance from residents in the most endorsed activity they perform on daily basis (intimate care e.g., bathing dressing, toileting). Furthermore, they were more likely to use beta command than alpha and the response they get are more of refusal and passive than verbal agitation.

More broadly, this study provided a framework for better understanding of communication pattern in group homes from the direct care staff perspectives. It also provided valuable insight about the relationship between types of instruction and compliance in a group home setting. Future research should incorporate direct care staff perceptions of their role and the people they are serving, the questionnaire and coding

structure implemented in this study may have underestimated the extent to which direct care staff were working towards other outcomes such as behavioral control and task completion as opposed to the effectiveness of the instruction type they use. Future research is needed to replicate the findings and explore more on the command specificity in combination with command forms to determine the interaction of both and their effect in getting compliance from residents in group home settings. Since the participants were predominantly female, and results showed more of refusal and passivity from residents when command was given irrespective of type, a future study could examine gender differences in giving command and getting appropriate response from residents. This could also inform on the areas of training programs that could be developed for direct care staff in group homes and similar facilities. The need for a new training program for direct care staff is recommended.

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Appendix I

**Interview Questions**

**Introduction:**

We want to better understand what your job here looks like and what you do on a day-to-day basis. I am going to ask you some questions about your experiences providing care to residents here in the group home. First, I would like to get some basic demographic information from you and then we will start the interview.

**Demographic Information:**

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

How long have you worked as a care provider in group home settings: \_\_\_\_\_ years

Number of residents that live in the group home: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Screen Question:**

Do you currently work in a group home?

## Interview Questions

1. Describe the most common tasks you complete on a daily basis as part of your job.
  
2. Name and describe the three most common situations in your day-to-day work that require you to give instructions to residents or where you must request residents to complete a task? (*if necessary, provide examples such as requesting residents to take medications, clean rooms, or get dressed*).
  - a. Of these three situations, which ones are residents least likely to comply with?
  
3. Describe a specific example of a situation where you requested that a resident complete a task, but he/she would not complete the task. Provide as much detail as you can.
  - a. What task did you ask the resident to complete?
  - b. Do you recall exactly how you phrased your initial instruction or request?
  - c. How did the resident respond to your initial instruction/request (what did they do or say)?
  - d. When they refused to comply with the instruction/request, how did you respond?
  - e. How was the situation resolved?



4. Describe three strategies you find the most useful when you need to get a resident to comply with an instruction or request?
5. Describe three strategies you find most useful when responding to a resident that refuses to comply with an instruction or request.
6. Have you had training about how to handle stressful interactions with resident?
  - a. What strategies were emphasized the most in this training?