

bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF
SPEECH & LANGUAGE THERAPISTS

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70
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**Complexities
of brain injury
rehabilitation**

**The value of a
sceptical approach
in speech and
language therapy**

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Steven Harulow

EDITORIAL



Bulletin thrives on your letters and emails. Write to the editor, RCSLT, 2 White Hart Yard, London SE1 1NX email: bulletin@rcslt.org Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum)



Summer reading

One of the things I look forward to each summer is having time to sit in the sun with something good to read. I know some of you take your Bulletin magazine with you on holiday (and I've got photographs to prove it), so I hope you will find the news and features in this month's issue of interest.

The cover feature this month (pages 12-14) examines the opportunities for SLTs as expert witnesses - a vital role in the justice system, providing opinion-based evidence to help parties settle litigation or to assist courts in reaching decisions. Nick Deal talks to two SLTs who have successfully undertaken expert witness work and spells out some of the finer points of the activities involved.

Elsewhere, on page 16, Philippa Clay discusses the challenges she faced on her student placement, in providing rehabilitation for a client with complex cognitive and mental health issues. On page 17, Mike Gould talks about how speech and language therapy has helped him with his personal struggle with progressive primary aphasia. Meanwhile, on page 18 Tom Bailey and his allied health professional colleagues at TreeHouse School write about their work with a top London restaurant to produce an autism-friendly dining experience.

Enjoy your summer break if you are having one. I look forward to catching up with you all in September.

Steven Harulow

Bulletin editor

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Your RCSLT

Jane Glover



I am a first year student at Leeds Beckett University and the RCSLT Bulletin is really useful for gaining an insight into speech and language therapy in practice. I really enjoy reading the features pages for the snapshot they provide into the huge range of possible directions that I could take when I graduate. I am also interested in the impact that

government policy and spending has on our future clients and future job prospects. The results of the recent General Election could really change the landscape of health and social care, and I like that the Bulletin keeps us informed on these issues.

Case selection comparison

Have you worked as a children's SLT for more than one year? Do you assess children referred to community clinics and make select and discharge decisions? If so, you are invited to participate in a case selection activity.

In Birmingham, the limited resource in the clinical commissioning group-commissioned NHS SLT service has resulted in us needing to restrict caseload size. To meet this challenge in a transparent and consistent manner, we devised a caseload profiling and selection system. This is now being evaluated as part of a funded research project - we want to compare case selection within Birmingham to that within other services. In other words, do SLTs across the UK make similar decisions about who to select for treatment?

Taking part would involve responding to questions about six case studies concerning children who might typically be referred for SLT assessment. We will collate individual participants' responses and these will not be identifiable. Benefits of taking part include receipt of a collated summary of findings and suggestions for CPD activity. This should facilitate reflection about how your case selection compares with decision making in Birmingham and nationally.

You may find you want to use these materials within your service as a baseline for an audit. To find out more, visit: www.smartsurvey.co.uk/s/SLTdecisionmaking or email: elizabeth.hesketh@bhamcommunity.nhs.uk

Elizabeth Hesketh, Clinical Lead SLT, Birmingham Community Healthcare NHS Trust

Multiple system atrophy project

Multiple system atrophy (MSA) is a rare progressive neurological condition that affects approximately five people out of every 100,000. The condition is commonly misdiagnosed as Parkinson's disease and clinicians will typically only encounter two or three patients throughout their entire career. As part of an MSA Trust-funded project, we are in the process of establishing a set of practical guidelines for SLTs to use as reference when working with this client group.

Due to the rarity of the condition and lack of research, I am appealing for anyone with experience or knowledge of working with MSA to come forward. We are interested in the use of current speech and language therapy interventions for communication and swallowing difficulties used with this client group.

We will also carry out a comparison between clinical work in the field and evidence from current research, to help inform future intervention and management of the disease. If you would like to share your experiences, please get in touch with me directly. Email: Lauren.Gray@glos-care.nhs.uk. To find out more about the condition and what resources are currently available, visit: www.msatrust.org.uk

Lauren Gray, Adult Speech and Language Therapist, Gloucestershire Care Services NHS Trust

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Money for AAC and SLTs in Wales

The Welsh Government has announced a new all-Wales service to provide augmentative and alternative communication (AAC) devices for people with severe speech and communication problems.

The new NHS Wales service has received £1.25m from the Welsh Government for equipment over two years, together with money for the permanent appointment of additional staff. Hosted by Cardiff and Vale University Health Board, it will have a single dedicated, ring-fenced budget to provide services across Wales.

The extra investment in staff means that the number of specialist SLTs will increase from 1.6 whole time equivalents to five. Three will work with adults (including a specialist in adults with a learning disability) and two will work with children and young people. This increase, according to a Government statement, will secure specific service provision for North Wales for the first time.

The All Wales Electronic and Assistive Technology Service, based at Cardiff's Rookwood Hospital, will provide a new central hub of



Stephen Hawking: "Everyone with MND should be able to access speech and language therapy and the range of communication equipment technology which is out there"

expertise. It will work with Wales' seven health boards, which will continue to be responsible for delivering the majority of care and services for people with less complex needs who do not require highly-specialised equipment. The health boards will make referrals to the hub and provide ongoing support.

HCPC renewal

The Health and Care Professions Council (HCPC) registration renewal period for SLTs runs until 30 September 2015.

To renew, registrants must complete a professional declaration and pay a renewal fee no later than midnight on 30 September. The easiest way to do this is via the online system. Visit: www.hcpc-uk.org/renew for more information.

The HCPC will select a random sample of the profession to submit a continuing professional development profile during this period. Those selected for audit will receive a separate letter after the renewal notices are sent out. Visit: www.hcpc-uk.org/registrants/cpd for more information, including sample profiles, activity types and video guides.

For the first time, the renewal process for SLTs includes a professional indemnity declaration. This follows new legislation requiring all professions to sign a declaration saying they are covered by professional indemnity. The registration fee paid on renewal is tax deductible, which means registrants paying the standard 20% tax rate can reclaim a 20% refund from HMRC.

Registrants can contact the HCPC Registration Department with any queries on renewal or the CPD audit process, Monday to Friday, 8am to 6pm on 0845 3004 472.

NEWS
IN BRIEF

Do you work with people with aphasia and/or have done so in the past five years? As part of her professional doctorate research project, Lynn Dangerfield is conducting a national survey of SLTs to scope opinions of aphasia care pathways. The University of Portsmouth is supporting the research and Berkshire B Research Ethics Committee has granted ethical approval.
📍 **Visit:** <https://www.survey.bris.ac.uk/portsmouth/aphasia>

Respiratory Care
The RCSLT has published the online Adult Respiratory Care Position Paper. Written by an expert panel, the paper discusses the role of the SLT in the respiratory field with chronic cough, vocal cord dysfunction and dysphagia. It also looks at workforce development and planning, training and competencies, and the benefits and risks of providing or not providing adult respiratory speech and language therapy services.
📍 **Visit:** <http://tinyurl.com/opxt6y9>

Impact factor:
Judy Clegg and Maggie Vance, co-editors of 'Child Language Teaching and Therapy' are delighted to announce that the journal's 2014 impact factor is 1.025, an 80% increase from the 2013 figure. "This is excellent news for the journal," Judy says, "many practitioners contribute to research published in the journal and so it seems important information to share."

Local integration of adult health and social care services is now underway across Scotland and SLTs need to know what their local area is doing – who is on your integrated joint board and how you can influence them. Why not share your experience of integration via the Team Scotland Hub? The RCSLT Scotland briefing on integration is available online and includes recommendations for local action.
📍 **Visit:** www.rcslt.org/governments/scotland (and open the Public Bodies Joint Working Act link)



Catherine Williams @SLTCWilliams
Really enjoying giving advice about how to help communicate with people with aphasia! #RecogniseAphasia #NottsSLTs

Jenny Hage @jennyhage17
Just read a great article in this month's @RCSLT Bulletin re. #SLT in the CJS. Risks must incorporate communication.

Investment needed to lessen the language skills gap

Poor children 'set up to fail' by poor language and communication skills before the age of five

England's poorest boys are hardest hit by a 'language skills gap' that sees up to a third of disadvantaged children arriving at school without the language skills they need to learn and read, according to new research.

Published by the 'Read On. Get On.' coalition of leading charities, teachers, parents and businesses, the research report shows disadvantaged children lag 15 months behind their peers by the age of five - which hampers their progress at school and lessens their life chances.

'Ready to Read' suggests that while poor children as a whole are falling behind on language, poor boys fare the worst. Forty two percent of boys on free

school meals do not have the language skills expected by age five. By contrast, less than a third of poor girls are behind on language skills at the same age. The report says that even better off boys are struggling, with a quarter falling behind, compared to just 15% of better off girls. The findings challenge the conventional wisdom that boys fall behind in the classroom by suggesting that the gender gap opens up before children even arrive at school.

'Read On. Get On.' warns that without investment in nursery quality to boost early language skills the government will be unable to tackle the attainment gap for the poorest children or



deliver on its election pledge to get all children reading well by the end of primary school. The coalition is calling for urgent investment to boost skills of nursery staff to improve language development.

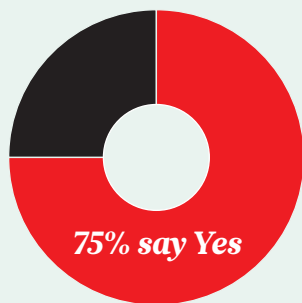
'Ready to Read' also reveals geographical inequalities, with the gap for the poorest children in the worst performing areas

14 times higher than in the best. Major cities like Manchester and London do well, with even Newham, the capital's poorest borough, seeing less than a 2% gap. However, in rural areas like Somerset and Herefordshire, the poorest children are more than 20% behind.

📍 **Visit: www.readongeton.org.uk**

RCSLT Web Poll
Have your say...

Should assisted suicide be available in the UK?



VISIT: WWW.RCSLT.ORG

More summer reading from the RCSLT

It's time to read the July-August *International Journal of Language and Communication Disorders*.

Featuring in the latest issue is a discussion around a bioecological framework to evaluate communicative participation outcomes for preschoolers receiving speech-language therapy interventions in Canada.

Two reviews look at approaches to measuring quality of life in children with speech and language difficulties, and the role of contextual variables in the rehabilitation of adolescent survivors of traumatic brain injury.

Among the IJLCD's research reports, there's an examination of the evidence for shared deficits in identifying emotions from faces and voices in autism spectrum disorders and specific language

impairment; discussion of quality of life after total laryngectomy, in terms of functioning, psychological wellbeing and self-efficacy; and an evaluation of the effect of number of presentations on listener transcriptions and reliability in assessment of speech intelligibility in children.

There's also a retrospective study of autism spectrum disorder, assessing early communication skills at 12 months; and a report on spoken language comprehension of phrases and active sentences in non-speaking children with severe cerebral palsy.

The summer issue also features work on the phonological and morphophonological effects on grammatical development in children with specific language impairment.

📍 **Visit: <http://tinyurl.com/rcslt-pubs> to access the entire IJLCD back catalogue**



Rachel Clare @RachelVClare

Great video by @RCSLT Dementia Video Series Chapter 1: Common signs of dementia and when to refer #dementia #nhs <http://youtu.be/cb-LOaQvgY>

Jacqueline Gaile @JacquelineGaile

Thanks @vjoffe @EmmaPagnamenta for great article on how #slpeeps can 'think global and act local' in @rslt_bulletin <http://ncepmaps.org/>



MARIA LUSCOMBE & KAMINI GADHOK

RCSLT North West Hub event: #SLTValueNW

The North West RCSLT Hub is hosting a full-day event at Manchester University on 14 October to spark our thinking in the region about what will influence the profession and delivery of local services.

We have invited NHS England AHP Lead for Public Health Linda Hindle to talk about the importance of the speech and language therapy role in public health. Also invited are two lead commissioners from boroughs in the north west who will share their perspectives on their own roles and what influences them when it comes to commissioning speech and language therapy. Attendees will have the opportunity to trial tools and resources that assist in planning services that are responsive to and resonant with local need.

We want to emphasise that this event is for all interested members and not only senior SLTs in the north

west. We think it is vital that in order to future-proof our profession, an understanding of the factors driving the development and commissioning of services is important, whichever sector you work in and at whatever level of experience.

We would like to use this event to give people the opportunity to describe what they do and the benefits that speech and language therapy provides, in ways that will influence commissioners and anyone who is in a position to be commissioning or buying SLT services now or in the future.

☉ The event will take place at the MU Innovation Centre. To book, visit: <http://tinyurl.com/qc8cg7g> Follow us at: @NWestRCSLTHub

Gail Mann, Louisa Reeves, Heulwen Sheldrick, RCSLT North West Hub Committee

WORKING BEHIND THE SCENES

The past few months have been a busy period, with a number of joint partnership activities and projects to raise the profile of the speech and language therapy profession and to engage RCSLT members in the development of key resources to support you in your work.

This includes engaging with Save the Children's 'Read on. Get on.' campaign at a UK-wide level. This work acknowledges the importance of communication development as critical to developing communication skills in young children and we are pleased to be able to support this. See facing page for further details.

We have also completed a project led by University College London, and funded by Health Education North Central and East London (HENCEL), using an innovative approach to inform workforce planning. While the project focused on London, we are aware of the opportunity to share the learning across England and the rest of the UK. To this end, the project leads have already been invited to present at the next meeting of the Allied Health Professions Health Education England Advisory Group.

Our funding from the Department for Education in England to deliver an online tool to measure outcomes for children with speech, language and communication needs is providing an opportunity to test out some of our profession-specific proposals on the development of outcome measures.

By the time this Bulletin reaches your letterboxes we hope that as many of you as possible will have engaged in the second

Communicating

Quality Live online workshop. In order to help influence national and local drivers, we need your help in articulating what you are doing and shining a light on the work of SLTs – to ensure the health, education and social care systems recognise the value of your work and identify the resources you need. There is still time to take part before the online workshop closes on 4 August. Visit: <http://tinyurl.com/communicatingquality> ■

“There is still time to take part in the second CQ Live online workshop”

Maria Luscombe, RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive.
Email: kamini.gadhok@rslt.org

Awards, awards...

Congratulations go to Jackie McRae, who has won the award for innovation and research at the Spinal Injuries Association annual awards 2015.

Jackie (pictured), an SLT at the London Spinal Cord Injury Centre, Royal National Orthopaedic Hospital,



has worked in the field of spinal cord injury for more than 10 years. She has presented internationally on the management of swallowing problems and communication in those with high spinal cord injury and is undertaking a PhD study to develop a swallow screening tool. Visit: www.daisyproject.info

Meanwhile, Claire Mitchell, SLT and National Institute for Health Research Doctoral Research Fellow at the University of Manchester, has

won the university's Postgraduate Summer Showcase Short Film Competition for the video she made of her research about dysarthria.

'Speech rehabilitation after stroke: How can we make it better?' looks at Claire's research

from the perspective of research adviser Annette Dancer. Claire says that making the video, "certainly helps you to explain your research to others, in an easy to understand way, focusing on what's important".

She adds, "It also reminds you, as the researcher, why you are doing what you are doing, which in the lonely life of a PhD student is no bad thing."

☉ Find out more and watch Claire's video: <http://tinyurl.com/osqhkgr>

Commissioning weekend therapy in stroke services

The provision of seven-day services in the NHS remains high on the current political agenda. For services keen to deliver speech and language therapy over a seven-day period, it would seem that now is an appropriate time to review their existing service provision and decide what model of care delivery is required to meet the needs of the population they serve.

One clinical area where therapy can be delivered over seven days is stroke rehabilitation – a recognised and essential part of stroke treatment. However, a review of London stroke services by the London Stroke Strategic Clinical Network (SCN) demonstrated that only 63% of hyper-acute stroke units, 38% of stroke units, 10% of early



supported discharge teams and no community stroke teams were delivering some therapy at weekends, and that weekend therapy provision varied greatly across London.

Led by Mark McGlinchey, clinical specialist physiotherapist at Guy's and St Thomas' NHS Foundation

Trust, the review also found stroke survivors felt that a lack of structured weekend therapy led to frustration about missed opportunities to practise rehabilitation tasks and difficulties in 'starting again' on the following Monday.

To facilitate the development of sustainable, high-quality

seven-day stroke therapy services, the London Stroke SCN has developed guidance for commissioners and providers outlining three different levels of weekend service delivery, and their respective benefits and costs, which could be implemented across the whole stroke pathway. While the commissioning guidance aims to increase access to weekend stroke therapy across London, its principles can be applied to other UK stroke services.

📍 **Read the guidance at <http://tinyurl.com/pbfbkvw>**

For more information, contact Helen Cutting, Senior Project Manager, Strategic Clinical Networks, NHS England (London Region). Email: hcutting@nhs.net

RCSLT online resource of the month

Policy and campaigns

If you are interested in the world of politics and campaigning, this section will show you how the RCSLT works on behalf of members and people who need speech and language therapy. Find out more about the RCSLT's dementia and criminal justice campaigns, our responses to consultations, the parliamentary briefings we prepare and much more.

📍 **Visit: <http://tinyurl.com/ngnbw8>**

Programme aims to prevent premature deaths in people with learning disabilities

Why do people with learning disabilities typically die prematurely? This is the question that NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol hope to answer over the next three years.

The National Learning Disability Mortality Review Programme will review – and ultimately aim to reduce – premature deaths of people with learning disabilities. It will explore why people with learning disabilities die much earlier than average and inform a strategy to reduce this inequality.

Led by the University of Bristol's Norah Fry Research Centre, the programme will seek to improve the quality of health and social care delivery for people with learning disabilities through a retrospective review

of their deaths. Case reviews will support health and social care professionals and others to identify and take action on the avoidable contributory factors leading to premature deaths in the learning disabilities population.

The 2010-2013 Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) found nearly a quarter of people with learning disabilities were younger than 50 years of age when they died.

Elsewhere, CIPOLD reported that up to a third of the deaths of people with learning disabilities were from causes of death that better healthcare provision could possibly have addressed. The establishment of a national mortality review programme for people with learning disabilities was one of its 18 key recommendations.

📍 **Visit: <http://tinyurl.com/q8faab>**



£1.25m

from the Welsh Government
for AAC equipment over
two years

50

years – the age by which a
quarter of people with learning
disabilities die



National honours for special people

Congratulations go to Gillian Kennedy, lead consultant SLT for neonates and paediatrics at University College London Hospitals, who received an Order of the British Empire in the Queen's Birthday Honours List 2015. Gillian's honour acknowledges her work in helping babies



Bryony Simpson receives her MBE in June

and their families establish feeding and promoting neuro-development. She is a national and international adviser and educator in the field.

Meanwhile in June, Bryony Simpson, past RCSLT chair and deputy medical director and SLT at Northern Lincolnshire and Goole

NHS Foundation Trust, collected her MBE from His Royal Highness The Duke of Cambridge, Prince William. Bryony (pictured) received her honour in the 2015 New Year's Honours List for her services to speech and language.

In April, Professor Roelien Bastiaanse

became a Knight of the Order of the Netherlands Lion. The Dutch national honour recognises Roelien's contribution as professor of neurolinguistics and as an acclaimed researcher in the field of problems with verb tenses and grammatical disorders.

Hospitals must work harder to meet children's specific needs

Fewer than half of parents and carers of children with a physical disability, mental health needs or a learning disability feel hospital staff know how to care for their child's individual needs.

This is one of the findings of the Care Quality Commission's (CQC's) first national survey of children and young people who receive inpatient or day case care. It represents the experiences of almost 19,000 children in 137 acute NHS trusts in 2014.

The survey also found that only 45% of parents and carers of children with physical disabilities and 49% of parents and carers of children with mental health conditions or learning disabilities thought staff were aware of their child's medical

history before caring for or treating them. This compared with 59% for parents or carers of children without these conditions. Almost two thirds of parents and carers of children with a physical disability, and 68% of those with children with mental health needs or a learning disability, said hospital wards had appropriate equipment or adaptations suitable for their child, compared with 81% of parents and carers whose children did not have these needs.

The CQC says all trusts must also do more to ensure they meet the specific needs of children with physical disabilities, a mental health condition or those with a learning disability.

Visit: <http://tinyurl.com/p4nseap> to read the full report.

THE ROAD AHEAD

We have been thinking a lot about strategy recently, as we develop the RCSLT's strategic plan for the next three years.

We're mindful of the well-known Winston Churchill quote, "However beautiful the strategy, you should occasionally look at the results." But it's been useful to take stock and you'll be hearing more in the months ahead about quality services, leadership and resilience, and the other focus areas through to 2018.

If the strategic plan is the roadmap for the RCSLT and the profession, then we're all too aware of the potential roadblocks – the challenges for the period ahead. The biggest remains finance, with George Osborne's confirmation in the Budget that the NHS in England will be expected to make £22bn in 'efficiency savings' during the period of the Five Year Forward View (he also reaffirmed an additional £8bn by 2020). The 1% cap on public sector pay rises is likely to impact too on recruitment and career choices.

Talk of roadmaps and roadblocks takes us to drivers, and we've recently signed off two significant pieces of work regarding future drivers of the workforce – our annual evidence submission to Health Education England and a forthcoming study from University College London bringing together all the evidence we have on need and demand for speech and language therapy in the years ahead. Watch this space.

"If the strategic plan is the roadmap for the profession, then we're all too aware of the potential roadblocks"

Changing the narrative

We are starting to see the narrative change, with mention of allied health professions becoming more common – from the NHS England news release headed, 'The NHS is not just about doctors and nurses' to Health Secretary Jeremy Hunt's statement in the House of Commons that in addition to GPs it's about, "the very important role that allied health professionals have to play in out-of-hospital care". Meanwhile, the All Party Parliamentary Group on Speech and Language Difficulties has reconvened following the election and we are pleased to welcome Paul Maynard, Conservative MP for Blackpool North and Cleveleys, as a new office-bearer. ■

Derek Munn, RCSLT Director of Policy and Public Affairs
Email: derek.munn@rslt.org

Thesis reunited

RCSLT Heritage Working Group members Professor Jois Stansfield and Dr Linda Armstrong were delighted to reunite a former graduate with a copy of his 50-year-old EdB thesis in June.

George Sykes' thesis, 'The growth and development of speech therapy in Great Britain, 1894-1962', came to light while Linda was undertaking content analysis of the RCSLT Bulletin, from 1945 onwards. Some detective work revealed there was a copy of the thesis in the University of Dundee library and that George was living locally in Perth.

According to Linda, George's thesis proved invaluable during the development of the text of the forthcoming online history of speech and language therapy in the UK. In recognition of the



Professor Jois Stansfield presents the bound thesis to George Sykes

contribution his work has made to the understanding of the history of speech and language therapy, the Heritage Working Group arranged for a copy of the thesis to be bound for him – an action George, as a student in the early 1960s, had been unable to afford.

Take the dysphagia drinking challenge



In April, four SLTs from St Andrews Healthcare (Northampton) participated in a dysphagia awareness campaign, "the #thickenedliquidchallenge". Casey Stevens, Christian Boakye, Una Montgomery and Georgia Frith (pictured) set themselves a 12-hour challenge to drink thickened liquids only.

They were able to 'step into the shoes' of their patients and experience the challenges and emotions around having thickened fluids. Throughout the challenge, they tweeted to raise awareness of

dysphagia and thickened drinks, and blogged about the difficulties they faced and tips they discovered to make thickened drinks more appetising.

The challenge also aimed to raise the profile of dysphagia locally within St Andrews by holding awareness stands. These gave other staff and patients the chance to learn more about dysphagia and to try thickened drinks for themselves. The stands were a huge success and the challenge also featured on BBC Radio Northampton.

The challenge was a fantastic experience to reflect on and the team would like to extend the #thickenedliquidchallenge to other SLTs.

📍 You can learn more about the challenge and links to the blog on the team Twitter account: @StandrewsSLT

Casey Stevens, SLT, St Andrews Healthcare

Apply for the Catherine Renfrew Memorial Award

This £500 award honours the memory of Catherine Renfrew, who died in 2002. Catherine worked as an ambassador to the profession by raising the profile of speech and language therapy around the world. Catherine's overseas travel meant a great deal to her and enabled her to forge many friendships and connections. This award can fund a visit to a course or conference outside the UK and gives an SLT the opportunity to follow in Catherine's footsteps. The deadline for applications for the Catherine Renfrew and RCSLT Minor Grant Awards is 16 September.

📍 Visit: <http://tinyurl.com/rcslt-grants>

Child Health Profiles 2015

Public Health England has published Child Health Profiles 2015, developed by the Child and Maternal Health Intelligence Network. These present a picture of child health and wellbeing for each local authority in England using 32 key health indicators that help local organisations work in partnership to improve health in their local area. They contain data on a wide range of issues about and affecting child health – from levels of childhood obesity, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

📍 Visit: www.chimat.org.uk/profiles

Rehabilitation is everyone's business

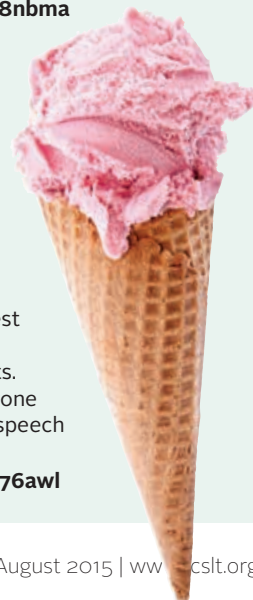
'Rehabilitation is everyone's business: Principles and expectations for good adult rehabilitation' is an informative document that describes what good rehabilitation looks like and offers a national consensus on what patients and their carers should expect. The NHS England Improving Rehabilitation Services programme developed this work with contributions from a wide range of stakeholders, including the RCSLT. Endorsed by the Wessex Rehabilitation Steering Group and Wessex Strategic Clinical Network, it can inform dialogue between commissioners, providers, clinicians and service users in examining current service delivery and whether this meets the needs of the local population.

📍 Visit: <http://tinyurl.com/ov8nbma>

Read the summer research newsletter

Looking forward to catching up on some summer reading? The July-August edition of the RCSLT Research Newsletter is now available online. Find out more about the latest research resources, updates on funding opportunities available, the latest consultations and surveys, and details of 2015's research events. This is essential reading for anyone with even a passing interest in speech and language therapy research.

📍 Visit: <http://tinyurl.com/ah76awl>





Clare Smith

Opinion

Clare Smith looks at the value of a sceptical approach in speech and language therapy

Healthy scepticism in clinical practice

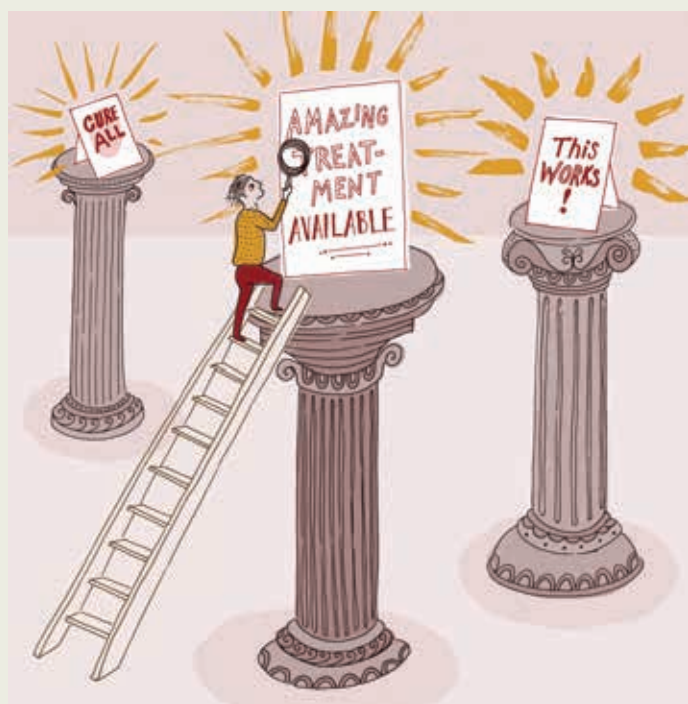


ILLUSTRATION Trina Dalziel

I'm a bit of a stargazer, so was excited to learn on Twitter recently that the International Space Station was passing over the UK. My family watched in wonder as what looked like a bright star passed majestically over our house. A couple of days later another tweet claimed we would experience some weightlessness due to an unusual planetary alignment in our solar system. Thanks to Astronomer Phil Plait (2014), this claim was debunked as completely false. This saved me the embarrassment of jumping up and down, yelling,

"Can you feel it?" for no reason. Aside from astronomy, Plait's blog caused me to reflect on healthy scepticism within our profession.

What is scepticism?

A sceptic questions the truth of a claim, endeavors to base answers on the accumulation of evidence and modifies beliefs in the light of new findings. It is not the same as intelligence. Indeed, Plait noted that intelligent people can be taken in by false beliefs. This is especially true if the beliefs are widely held or championed by

an authority figure.

In this article, I argue that a sceptical approach in our profession is needed more than ever for three reasons:

■ **Professional integrity:** A huge amount of information is now available on the internet. For example, a Google search using the term 'speech therapy' yields more than 18.5 million returns. Not only is this quantity overwhelming, clients may find a vast array of 'quackery' surrounding their needs.

As a protected profession, we are trusted and our message should be reliable. New trends emerge regularly that claim efficacy but are not underpinned by evidence. We need to be aware of the grounds on which such claims are made and be honest with clients about the level of evidence underpinning our own approaches. This may result in the statement 'we don't know', but that is better than a false statement of knowing.

■ **Myths and legends:** We may be tempted to believe we are no longer subject to myths and legends as in times past. However, the need to create dramatic headlines, particularly in the press, may result in exaggerations of research findings. The NHS 'Behind the Headlines' campaign attempts to address this by communicating the science behind news headlines objectively. Speech and language therapists could also critically appraise such stories to better inform our clients.

■ **Conflicts of interest:** Financial or other conflicts of interest may result in biased reporting of evidence. An example of this is publication of positive findings only. Evidence indicating that interventions are not effective may go unreported. As Ben Goldacre (2014) highlights, this results in harm being done to patients through ineffective treatments being given unwittingly

when alternative treatments are available. We need to be aware of bias to ensure we do not perpetuate practice of ineffective interventions in our own profession.

Exercising healthy scepticism

We can apply healthy scepticism to all aspects of practice, from assessment to discharge. Clinical supervision is an opportunity for sceptical thinking. Use clinical researchers and research champions; they should be aware of guidelines to inform critical appraisal of research. A number of online tools now support evidence-based decision-making, including What Works, SpeechBite and the RCSLT's Evidence-based Clinical Decision-making Tool.

Scepticism can be seen as negative, but if harnessed collectively it can help us to grow as a profession. As we experience more commissioning of services, a team that enables open and constructive scepticism supports staff in developing robust services they are proud to deliver. ■

Clare Smith, Speech and Language Developmental Therapist and Research Student (PhD).

Email: c.smith@surrey.ac.uk



References & resources

Goldacre B. 2014. Bad Science: Ben Goldacre at 'Imagining the Future of Medicine'. YouTube. <http://tinyurl.com/oua4hqf>

Plait P. 2014. No, a planetary alignment on 4th January 2015 won't decrease gravity. Bad Astronomy [Online]. <http://tinyurl.com/mlca5ma>

Online resources:

What Works: www.thecommunicationtrust.org.uk/whatworks

SpeechBite: <http://speechbite.com>

Evidence-based decision-making tool <http://tinyurl.com/njfyqqg>

NHS Behind the headlines: www.nhs.uk/news/Pages/NewsIndex.aspx



Expert witnesses play a vital role in the justice system, providing opinion-based evidence to help parties settle litigation or to assist courts in reaching decisions. They do this in the form of written reports and may be called on to give oral evidence based on their reports. The vast majority of cases settle without going to court, often on the basis of the expert's opinion. Expert witnesses have specialist knowledge over and above that of a lay person and help the court understand issues outside of its expertise.

Why write a report?

Speech and language therapists may be called on when a party seeks compensation in personal injury cases, for example where a brain injury has been sustained following a road traffic accident or in medical negligence claims, where a child has been left with injuries caused during birth.

The claimant's solicitor will instruct an expert to prepare a report assessing the impact of the injury on the claimant, their quality of life, abilities, earning potential and the amount of therapy that may be required to assist them. The report will be a significant factor in deciding the quantum of damages or amount of money that must be paid by the defendant party, if they are found to have been responsible for causing the injury sustained.

An expert has an absolute duty to write an honest and unbiased report, and their duty is to the court, not the party instructing them. However, this does not stop parties from seeking out an expert who supports their views. The defendant, who will often be an insurance company in the case of a car crash and the NHS Litigation Authority in medical negligence cases, may also instruct their own expert, though with

Show your expertise

Nick Deal looks at the opportunities for, and responsibilities of, SLTs as expert witnesses

ILLUSTRATION BY Jackdaw @ Debut art

efforts to rein in legal costs it is becoming more common for a single joint expert to be appointed. Where this happens it is even less likely that the matter will end up in court.

How to write a report

Speech and Language Therapist Jo Frost has been writing expert reports since 1999 and has never had to go to court. She explains that the journey begins with a letter of instruction from a solicitor. The instruction should ask the expert to address specific questions. Jo says, "Ensure that you understand exactly what is required of you or speak to the solicitor to seek clarification.

"In addition, you will be sent a bundle of information to read and help form your understanding of the case. This may be a couple of lever arch files or may run into boxes of information," she adds,

without wanting to put anyone off.

"This bundle will enable you to identify which assessments you will carry out."

The documents received from the solicitor, Jo explains, will be the information you refer to in the report and, she says, "it is important to keep meticulous notes and reference the information".

If your research indicates that a type of assessment is indicated that the solicitor has not asked for, Jo advises that it is essential to discuss this with the lawyer and confirm whether they want you to carry out additional assessments before going ahead with them.

An assessment will take place, usually in the client's home. This is likely to be a lengthy process as you may be assessing more than one thing at the appointment. Keep your notes very carefully, says Jo and remember, "Everything is disclosable". [When an expert makes notes, they should be aware that they are disclosable to both sides.]

Report structure

Another independent SLT, Jo Gallagher, reiterates the importance of keeping to the brief and answering the specific questions asked by the solicitor.

"Don't go off piste, make sweeping judgments or comment on irrelevant matters or matters outside of your expertise," she says.

The expert's duty is wholly to the court, not to the instructing solicitor or the client, »

"The vast majority of cases settle without going to court, often on the basis of the expert's opinion"

and Jo stresses the report must be written with “integrity and honesty”. Reports should be clear and well structured, clearly explaining the conclusions, but Jo says, “you have to find a way that works for you”. Templates are available from training providers, including Bond Solon.

“Despite the fact that most cases do not go to court, when you write a report you must be prepared to stand up in court and be prepared to defend its contents and conclusions, so you must be happy with it,” she adds.

Report content

Every report must contain a brief biography, detailing the expert’s qualifications and experience. It should also include a summary of the case, a contents page and a list of all the sources of information relied on by the expert in writing the report.

Jo Frost comments that in particular, notes must include details of the instruction, background information gathered from the bundle of information, details of the expert’s investigation of the facts and details of their assessment and examination of the client.

The crucial part, according to Jo Gallagher, is you need to form an opinion, including prognosis and recommendations, which may be long term, for example if a child has continuing needs to adulthood. Bond Solon, she adds, suggests putting a summary of the conclusions at the start to guide the reader in the direction of the conclusion.

In addition, experts may be asked to provide quantum information about how much intervention a person is likely to need and the cost of this. At the end of the report, experts must make legal declarations that they have complied with Part 35 of the Civil Procedure Rules, governing the instruction of experts, and that they have told the truth and are not conflicted in the provision of the report. The report



can include appendices to add details of assessments and other explanatory material.

Report style

Experts should write reports in the first person. They are not scientific papers and should be written clearly in accessible, non-technical and jargon-free language. Where specialist terminology is used, a glossary should explain the meaning.

Jo Gallagher advises experts not to exaggerate and to avoid vague strengthening adjectives like ‘very’ and ‘extremely’.

“You can be cross-examined on them and what one person thinks is ‘very’ something another person may feel is only ‘slightly’,” she explains.

Expert witness training

As well as having the relevant qualifications and expertise in your professional field, instructing parties now regarded it as essential that experts, however experienced, undertake recognised expert witness training.

Changes to both the Civil and Family Procedure Rules and the Supreme Court’s decision to abolish expert witnesses’ immunity from suit has resulted in solicitors being more careful than ever when assessing the suitability of an expert. Training is a key way to demonstrate competence and credibility and to set yourself apart from the crowd. Aside from giving an expert greater confidence and skills, training ensures reports are compliant and that experts are aware of their responsibilities.

So, what’s holding you back – show your expertise and just do it. ■

Nick Deal, Barrister and Head of Expert Witness Training at Bond Solon

Visit: www.bondsolon.com/expert-witness/courses.aspx

**Do you work as an expert witness?
Tell us about your experiences.
Email: bulletin@rcslt.org**

“Training is a key way to demonstrate competence and credibility and to set yourself apart from the crowd”

This month's resources
reviewed and rated by
Bulletin's reviewers

Reviews

BOOK

Dig in your heels and fight!

AUTHOR: Karen Leigh McComas

PUBLISHER: J & R Press

PRICE: £24.99

REVIEWER: Leanne Ruggero, Specialist SLT, Cambridgeshire Community Services NHS Trust; Casual Research Assistant

RATING Book ●●●●○

McComas' curious book explores the fact that there are not enough women researchers in communication sciences. She first examines the literature on professional identity change. The middle chapters describe the accounts of four women who have become researchers – their upbringing, educational history, transitions and current positions. They describe their transitions in language such as “fight”, “digging deeper”, “get tough” and “pushed through”. Finally, their accounts are subject to analyses and McComas makes suggestions on what can encourage women.

A central thread is the notion of coming to identify as a researcher. One barrier to this journey, of ongoing relevance today, is the divide between the research and clinical worlds. One of the women, for example, expressed her personal and professional disenchantment at being mentored by researchers who had little clinical background or respect for clinical realities.

Looking at the yellow cover of the book, its size and the explanation mark in the title, perhaps I expected a more casual approach; however, much of the book reads like a journal article.

BOOK

Fluency disorders

AUTHOR: Kenneth Logan

PUBLISHER: Plural Publishing

PRICE: £79

REVIEWER: Laura Wrangles, Specialist SLT; Sarah Hinton, Advanced Specialist SLT, Hertfordshire Community NHS Trust

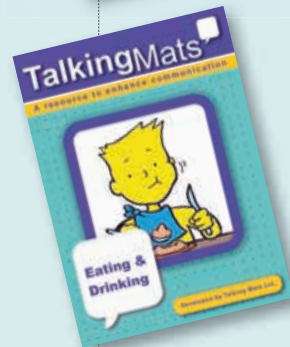
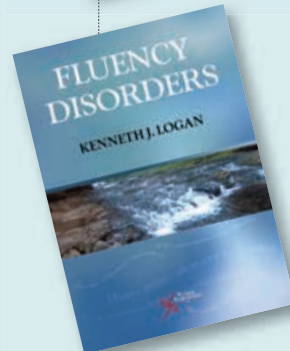
RATING Book ●●●●○

We found this book to provide a good overview of the topic and feel that for therapists new to stammering this literature and its citing would provide the clinician with sufficient knowledge and understanding of the disorders.

At £79, the book is expensive, refers to the topic as ‘disfluency’ and references throughout to American practice, but apart from this, we have little other criticism.

The book is divided into four logical sections, 14 chapters in all, aiding easy access to information. The author covers fluency, normal dysfluency, developmental dysfluency, cluttering, non-developmental dysfluency, clinical assessment and treatment approaches.

We found the chapters on cluttering and treatment of most interest. Logan discusses the research and evidence base; exploring contemporary neurological and motor explanations for cluttering. He goes into some detail about the appropriate treatment options, and more importantly, relates this directly to measuring and analysing speech data.



RESOURCE

Talking Mats – Eating and Drinking

PUBLISHER: Talking Mats

PRICE: £125 + VAT

REVIEWER: Gillian Callander, AAC Project Coordinator, Children's Services Office, Vale of Leven Hospital

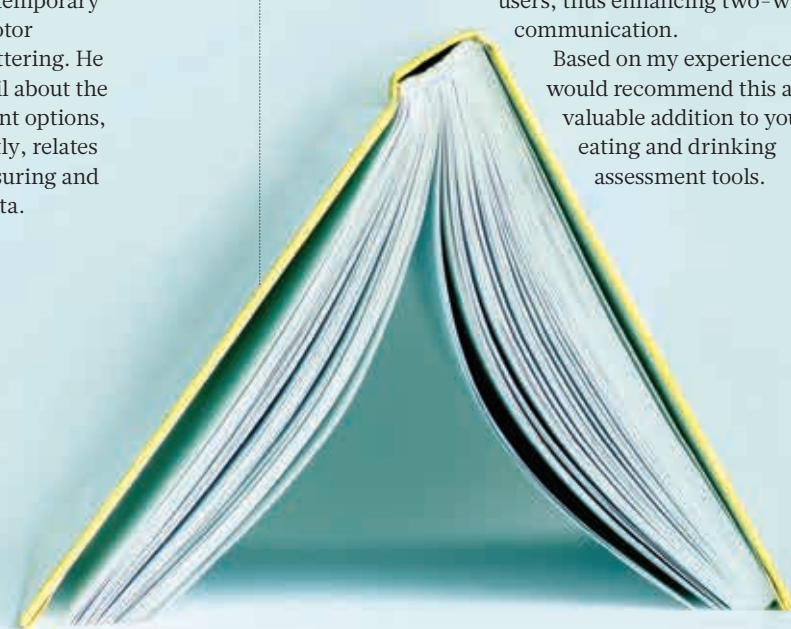
RATING RESOURCE ●●●●○

This resource is designed to be used by people with a dysphagia qualification to support discussions about eating and drinking with people who have difficulties in this area. There are three symbol sets included with the resource – meals, health and things that might help.

I have found that using this resource has provided increased clarity during discussions with service users about eating and drinking, because it provides them with a more consistent method to express feelings about eating and drinking, and the impact of any difficulties.

It also supports me by providing a way to convey the information about concerns or potential changes to eating and drinking using the same method of communication as the service users, thus enhancing two-way communication.

Based on my experience, I would recommend this as a valuable addition to your eating and drinking assessment tools.



amazon.co.uk

Shop at Amazon.co.uk, via the RCSLT homepage, to buy your essential discounted books. Visit: www.rcslt.org

For every purchase you make the RCSLT will receive a percentage of your order from Amazon.

Overcoming barriers to successful intervention

Philippa Clay looks at the complexities of brain injury rehabilitation

Bray et al (2006) define intervention as the provision of a facilitative context for change in a positive direction. As a final year speech and language therapy student, I have felt great satisfaction at enabling others to make such change. It was, therefore, a challenge when I embarked on my placement at the Lishman Brain Injury Unit, a rehabilitation centre in London for people with complex cognitive and mental health issues. My supervising therapist, Anna Volkmer, introduced me to James (38), a client for whom I could see no evident solution to his many difficulties.

James' case was complex from the outset. He had suffered two unrelated acquired brain injuries – the first a rare form of encephalitis, the second a road traffic accident. He had recently shown signs of self-harm and experienced suicidal thoughts. James presented with cognitive communication difficulties with predominant deficits in attention, inhibition and memory. He had experienced recent breakdown in relationships and difficulty in controlling anger. Friends and strangers had taken advantage of him, for example financially.

Intervention centred on factors believed to facilitate change. For example, we individualised sessions, encouraged self-evaluation, focused on activity and participation, and targeted the skills of everyday communication partners (MacDonald and Wiseman-Hakes, 2010; Ylvisaker et al, 2005). However, I experienced multiple barriers to implementing an effective intervention approach.

Barriers to change

The first significant barrier was James' cognitive impairment. His deficits in self-monitoring awareness and insight made it difficult to implement meaningful goals and strategies, while his attention difficulties limited his ability to process key concepts in therapy. He also displayed rigid 'black and white' thinking over some topics and relationships, meaning he perceived limited middle ground between successful communication and conflict.

Another factor preventing change was James' sense of self. It was difficult for him to reconcile his perceived identity as a generous, people person and a 'guardian angel', with the implementation of boundaries designed to reduce vulnerability – such as not giving money to strangers.

Indirect therapy

A key component of intervention was indirect therapy with significant others, in conjunction with the neuropsychologist. This focused on strategies to resolve

Table one. Factors impacting on James' behaviour in conversations

- Impairment, such as egocentric discourse and disinhibition, can affect communication partner's emotions (eg feeling ignored) and consequent communication style
- Internal influences, eg emotional status affected by external influences and vice versa (eg emotional status affects partner communication style)
- External influences, including conversation partner skills and environment, impact on level of impairment

communication breakdown and encourage positive interactions. James' family had many other responsibilities that prevented regular participation in intervention.

Multiple interacting factors influenced James' communication in different situations (table one). External influences included the presence of certain people or the discussion of topics that could trigger passive, aggressive or relaxed communication styles. The skills and emotions of his communication partner, the environment and internal factors, such as James' own emotions, were markedly different in home situations than those in a therapeutic environment. This made it difficult to transfer strategies.

Multiple options

James exemplifies those individuals not captured by the evidence base, who do not fit research criteria or a typical profile. This means there is limited information on how to adapt interventions to meet his needs.

In working with James, I have learnt about the importance of trialling multiple options for intervention and tailoring these to an individual's needs. His case demonstrates how many factors may interact to affect communication and prevent implementation of positive changes. I view the challenge of working with a client with so many barriers to change as an important step in my learning and feel students should experience this challenge with the support of supervision, discussion of complex case studies and exploration of the reasons why intervention may sometimes have a limited lasting impact. ■

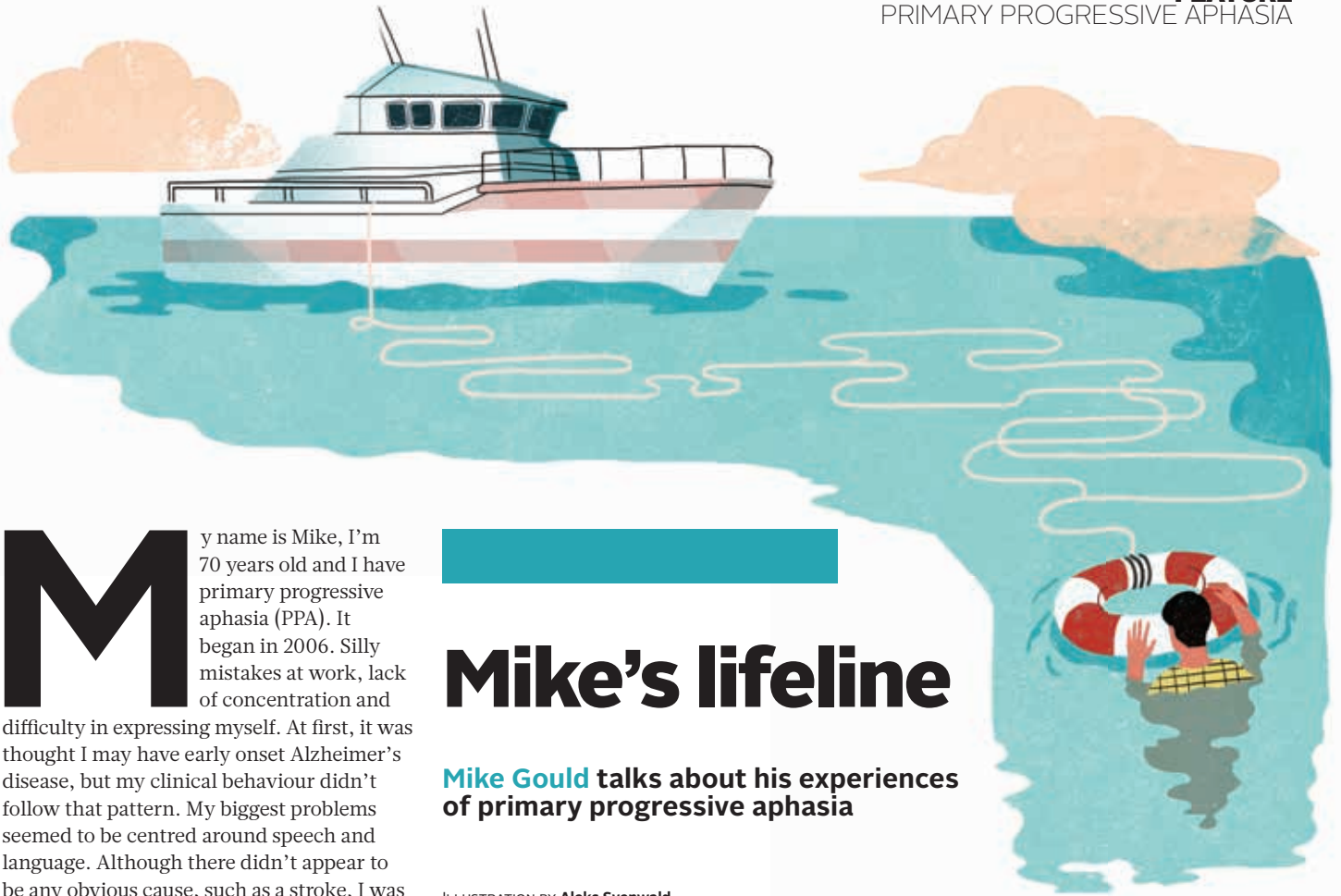
Philippa Clay, Speech and Language Therapy Student, University College London.
Email: philippa.clay.13@ucl.ac.uk

Thanks to Anna Volkmer, Highly Specialist SLT, Lishman Unit, South London and the Maudsley NHS Trust



References & resources

- Bray M, Ross A, Todd C. *Speech and language: Clinical process and practice*. 2nd Ed. London: Whurr, 2006.
- MacDonald S, Wiseman-Hakes C. Knowledge translation in ABI rehabilitation: A model for consolidating and applying the evidence for cognitive-communication interventions. *Brain Injury* 2010; 24:3, 486-508.
- Ylvisaker M, Turkstra L, Coelho C. Behavioral and social interventions for individuals with traumatic brain injury: A summary of the research with clinical implications. *Seminars in Speech and Language* 2005; 26, 256-267.



My name is Mike, I'm 70 years old and I have primary progressive aphasia (PPA). It began in 2006. Silly mistakes at work, lack of concentration and difficulty in expressing myself. At first, it was thought I may have early onset Alzheimer's disease, but my clinical behaviour didn't follow that pattern. My biggest problems seemed to be centred around speech and language. Although there didn't appear to be any obvious cause, such as a stroke, I was eventually diagnosed with PPA.

Gradually the condition worsened. Simple everyday words began to elude me. Often a word different to the one I had intended would pop out completely out of context, or I would suddenly forget what I was saying halfway through a sentence. I began to hate this aphasia. It sat in the corner of the room challenging me – or that's how I saw it – deciding whether it would give me the word I was looking for or indeed whether it would give me any word at all.

My social life suffered. I had difficulty keeping up with any conversation. By the time I had processed what was being said the conversation had moved on. Sometimes I wanted to contribute but didn't. What if I forgot my words? I didn't want to embarrass myself. My confidence was on the floor. My consultant felt I would benefit from speech therapy. If I'm honest, I didn't think much of the idea, but I was ready to try anything. Little did I know back then it would turn out to be my lifeline.

That first session with Bow Ramm passed by so quickly. I actually enjoyed it. I hadn't

Mike's lifeline

Mike Gould talks about his experiences of primary progressive aphasia

ILLUSTRATION BY Aleks Svenwald

been asked to recite the dictionary or find obscure words in the thesaurus (I had imagined all sorts of things), just simple tests – I guess to establish a level from which to progress. I was feeling good about myself. I had spent the past hour or so conversing with a complete stranger. There was no awkwardness. If I made a mistake we laughed about it. If something was a little too difficult we very tactfully moved on or changed direction. For the first time in ages I felt motivated, I had hope and looked forward to the next session.

I would like to think I am a fairly intelligent guy, a keen sportsman, always up for a challenge. Aphasia had robbed me of that motivation and drive. Now I had found a worthy opponent to the corner of the room. My confidence grew with each new technique I learned. I was shown different methods of remembering things. Grouping into categories (handy when shopping); the Roman Room – picturing a familiar room or

pathway and attaching the words to objects around the room. Antonyms and synonyms, verbs, the list goes on. I was encouraged to read aloud each day and was introduced to Quick Reads, a selection of books available at most libraries. They are particularly good for people like me because they have large print, short sentences and few characters. After each session I had homework to do. My granddaughter thought this was a great hoot but I relished it and worked hard between sessions.

I would like to say that through speech therapy I could now hold my own at the G8 Summit, but in reality that is not the nature of the illness. These days we are now looking at other ways of communication, such as pictures, photographs and memory books, but I still work hard.

Through speech therapy, I have learned that I don't have to feel ashamed or embarrassed about my speech or memory difficulties. I now have the confidence to say to someone, "I have a speech problem, it would help me if you could speak just a little more slowly and clearly please."

If I had to sum up the value of speech therapy in one word I couldn't because in my experience it has been invaluable and uplifting. Thank you sincerely to Bow and her team for their patience, good humour and support. I am convinced that without it I would now be in a much darker place. ■

"I am convinced that without speech and language therapy I would now be in a much darker place"



In January 2015, The Gate Restaurant in Islington, London, invited the TreeHouse School Allied Health Professionals (AHP) Team to be specialist advisers in its bid to create an autism-friendly dining experience. Expressing its interest in the work of the charity Ambitious about Autism, the restaurant team decided that rather than simply fundraise they would go one step further and use their initiative to make the ordinary possible for the young people and families we work with at TreeHouse School.

Food and autism

Eating and feeding problems occur more frequently among children with autism spectrum disorders than children with other disabilities (Dominick et al, 2007). They can have ‘neophobia’ or fear of unknown food, which can affect nutrient intake – particularly calcium and protein – weight loss or gain, dependence on nutritional supplements and/or difficulties with psychosocial functioning.

Stimulating discussions

TreeHouse School is a happy and vibrant community where children and young people with autism learn and flourish. The AHP Team consists of SLTs and occupational therapists. Inspired by the behavioural feeding groups we run, The Gate approached us to consult on the entire dining experience – from making a reservation through to finishing dessert.

We enjoyed stimulating discussions about how we could devise the menu to consider preferences for food shape, textures and colours, and how the restaurant could enhance the dining experience to meet the sensory needs of people with autism.

Gaining insight from our pupils, we were also able to make suggestions including adapting lighting and noise, adding picture symbols to the menu and creating a social story or having a virtual tour of the restaurant prior to arriving. Comments from our pupils included, “The shapes are good”, “Separate is good, I like separate”, and even “I would try it all”.

Behavioural feeding groups

The behavioural feeding groups have been influenced by the Sequential Oral Sensory Approach to Feeding, which provides a hierarchy for interacting and tolerating a range of food types (see: www.sosapproach-conferences.com). The programme suggests realistic and achievable steps that monitor the level of interaction

Creating an autism-friendly dining experience

The TreeHouse School AHP team talks about a collaborative project to make the ordinary possible for people with autism

our pupils have with their target foods. Using knowledge gained from the Evelina Behavioural Feeding Course (see: www.evelinalondon.nhs.uk), the groups follow a structured approach to developing feeding skills for our pupils, primarily creating a fun and interactive environment where they explore a range of food, varying in textures, colours and tastes.

Each session has its own fun activity, such as creating big pictures with food, building model cars to race, inventing new recipes and working together to create interesting mixtures. We provide a selection of different utensils, food and resources to encourage the pupils to engage in independent exploration of food. This ensures that each session is child-led and tailored to each pupils needs. The focus of the group is to encourage positive experiences with food and to reduce anxieties and fear around eating.

Next course

The Gate hosted a Gala Dinner in March 2015 to promote this exciting project and raised almost £10,000 for Ambitious about Autism. The next steps are to consider the input so far to decide on the menu

and develop the autism-friendly dining experience and attempt to become one of the first non-educational settings to achieve National Autistic Society accreditation, with continued expert support from the AHP Team.

If you are interested in gaining further insight or have any more ideas, please contact Loni Lincoln at The Gate Restaurant: www.thegaterestaurants.com

Tom Bailey, Manager of Allied Health Professionals; Elizabeth Fletcher and Janine Mendelsohn, SLTs; Nicola Moore and Tegan Ferguson, Occupational Therapists – TreeHouse AHP Team. Email: tbailey@ambitiousaboutautism.org.uk

Visit: www.treehouseschool.org.uk and www.ambitiousaboutautism.org.uk



References & resources

Dominick KC, Davis NO, Lainhart J, Tager-Flusberg H, Folstein S. Atypical behaviors in children with autism and children with a history of language impairment. *Research in Developmental Disabilities* 2007; 28:2, 145-162.

Any questions?

Risk feeding protocol

Do you have any useful learning or advice to offer, from successfully implementing a risk feeding protocol and/or pathway that works seamlessly across both hospital and community settings?

Claire Butler

 claire.butler@sash.nhs.uk

Post stroke aphasia therapy

Do you offer intensive language action therapy/constraint induced language therapy for post stroke aphasia within your NHS Trust?


Louise Lander

 louise.lander@bhamcommunity.nhs.uk

Specialist neuro SLT provision

Do you have information about WTE per number of patients required to provide comprehensive specialist neuro SLT provision in acute service at a DGH?


Hannah Doubleday

 hannah.doubleday@nhs.uk

Measures for dysphagia

We are currently setting up outcome measures for dysphagia in our acute caseload. Do you have advice on how to rate patients who are eating and drinking at risk on to scales, such as the TOMs and the Royal Brisbane? Are there any outcome measures appropriate for feeding at risk patients?


Kezia Hamlin

 kezia.hamlin@stgeorges.nhs.uk

Oro-motor therapy exercises

Do you work in acute adult dysphagia and use oro-motor therapy exercises? Do you have any clear evidence base for this, or is it based on experience/effective outcomes? Are there other rehab techniques that you have found particularly effective?


Sarah Holdsworth

 Sarah.Holdsworth@heartofengland.nhs.uk

sEMG biofeedback

Do you use sEMG biofeedback modalities/software in dysphagia treatment? If so, which commercially available sEMG biofeedback devices can you recommend?

Lorena González

 Lorena.Gonzalez@elift.nhs.uk

Want some answers, why not ask your colleagues?

Caseload sizes in special schools

Do you have local guidance/evidence for ideal/suggested caseload sizes for SLTs working in special schools and also any guidance/evidence for proportion of time spent on universal, targeted and specialist work?

Kay Gillett

 Kay.Gillett@gstt.nhs.uk

SystemOne

Do you have experience of using SystemOne in an adult acquired service?


Katie Holt

 katie.holt@anhst.nhs.uk

Communication referrals on HASU

On your hyper acute stroke unit, do you blanket screen all new patients for communication difficulties or do you wait for referrals from ward staff?

Caz Barnett

 caroline.barnett@heartofengland.nhs.uk



Email your brief question and any replies to anyquestions@rcslt.org.

 www.rcslt.org/discussion/forum

Ask the experts

What is the best model of service delivery for speech and language impaired children?

Professor James Boyle and Dr Elspeth McCartney

School of Psychological Sciences and Health, University of Strathclyde

SLTs join with parents and schools to provide interventions for children, and are encouraged to use cost-effective models (cf. Dickson et al, 2009).

However, there are few clear answers about 'best' service delivery models, in terms of efficacy or cost.

Four parameters from the American Speech-Language-Hearing Association's 'evidence map' (ASHA, 2011-2014) are 'dosage' (amount and pattern of intervention); 'format' (individual versus group delivery); 'provider' (who delivers intervention); and 'setting' (where intervention takes place). Choices within these parameters relate to individualised services, where SLTs open a duty of care, plan therapy, monitor delivery and assess outcomes, albeit alongside others. Four key systematic reviews have compared these parameters (Table one: hereafter Law, Cirrin, Schooling, Zeng). Here, we summarise these and consider recent studies.

Dosage (how much therapy)

Warren, Fey, and Yoder (2007) recommend a summary dosage measure, 'cumulative intervention intensity' (CII) - the average number of 'teaching episodes' (the number of times a child attempts the language target) per session, multiplied by the frequency of sessions and the intervention duration.

However, these data are not always reported (Zeng). Law found too few

studies reported length and number of sessions to compare dosage effects apart from intervention duration, although removing short programmes from the analysis allowed the cautious conclusion that interventions lasting eight or more weeks might be more effective than shorter programmes. Schooling examined frequency, intensity and duration for pre-school children regarding 35 effect sizes. Only seven achieved statistical significance, with six favouring more intensive intervention. Zeng examined dosage from 20 RCTs for phonology, syntax and vocabulary and found no overall positive relationship between dosage and outcome. Indeed, the only significant correlations were negative, indicating greater changes associated with less frequent intervention. However, this related to differential effectiveness of programmes. Broomfield and Dodd (2011) found children receiving an average of 5.5 hours of therapy (range 0-24 hours) over six months progressed significantly in speech, expressive and receptive language compared with no-treatment. Unfortunately, we could not calculate an effect size from the data. Allen (2013) compared randomly-assigned pre-school children undertaking a phonological intervention thrice-weekly for eight weeks with once-per-week for 24 weeks with a non-speech control intervention, finding a significant difference favour of eight weeks of thrice-weekly intervention.

Format (individuals/groups)

Law synthesised four RCTs for phonology and one for expressive language, comparing individual and group intervention, finding no significant differences. Boyle et al (2007) compared individual and group intervention for receptive and/or expressive language in primary school children, finding no differences in outcome and a treatment effect compared to a usual-treatment control. Schooling similarly found no clear-cut advantage for individual or group delivery from six studies.

Provider (intervention agent)

In direct intervention, an SLT works with the child and indirect intervention is through a third party, such as a parent or teacher, who works to the SLT's plans and may receive training and be involved in target-setting. Intervention may also be delivered online as telepractice (Towey, 2012) in real time (synchronous) or using time-delay (asynchronous), allowing further analysis or viewing at a time convenient to the SLT.

Law reported findings by language domain. For expressive syntax, three studies found no significant differences between trained parents and clinicians for syntax, total utterances, mean length of utterance (MLU) or parental report. For expressive vocabulary, two studies revealed no significant differences between parents and clinicians. For phonology, a sizeable overall treatment effect in favour of parents failed to reach statistical significance due to variability across studies: one showed no difference, the other two favoured parent providers. Compared with no-treatment controls, results showed effectiveness for intervention delivered by clinicians and by clinicians and parents combined, but not for intervention provided by trained parents alone. For receptive syntax, the only available study showed no differences between parents and clinicians, but no evidence for the effectiveness of parent-administered intervention relative to a no-treatment control.

Schooling reviewed four studies comparing clinician versus trained parent delivery for pre-school children and could compute effect sizes for three, showing no significant differences between providers. Naturalistic

measures favoured parents for MLU and percentages of child responses to requests and intelligibility, and SLT delivery for percentage of spontaneous child utterances. Boyle et al (2007) found SLT and trained SLT assistant providers equally effective. Grogan-Johnson et al (2013) randomised 14 children (aged 6-10) to either telepractice or a 'side-by-side' model, with an SLT assistant present in the room, with a no-treatment control. A computer-delivered speech sound intervention for (on average) nine, 30-minute sessions over five weeks showed no differences in child progress between providers.

Setting (intervention context)

Setting and provider are often confounded, for example between home-based and parent-administered intervention. Law's comparisons of 'pull-out' (extract) and classroom-based interventions showed no significant difference for expressive language. Cirrin analysed a study on vocabulary comparing a classroom-based intervention involving collaboration between teachers and SLTs; one delivered by SLTs alone; and a traditional 'pull-out' intervention delivered by SLTs outside the classroom. Although Cirrin found a difference in favour of the collaborative approach and concluded the effect size was significant, our own analysis suggests it is not.

Schooling reported findings for pre-school children from nine RCTs comparing clinic/centre/school-based versus home-based intervention (five studies); 'pull-out' versus classroom-based intervention (two studies), and specialised versus inclusive classrooms (two studies). The meta-analysis revealed statistically-significant effect sizes for only a minority of interventions. One study, comparing clinic versus home-based treatment, yielded intervention effects of practical significance but setting and format were confounded, with a group-based clinic intervention and an individual home intervention. More spontaneous child contributions followed the clinic-based (group) intervention, but greater responsivity and intelligibility followed the home-based (individual) therapy. Comparing specialised and inclusive classrooms, only two effect sizes were of significance, showing that pre-school

Table one: Systematic reviews (2003-2012) of parameters of service delivery for children with developmental speech and language problems

Review	Details	Dosage	Format	Provider	Setting
Law, Garrett and Nye (2003)	Reviews 25 studies addressing duration of treatment, direct versus indirect delivery, setting and individual versus group formats for phonology (N=15), vocabulary (N=5) and syntax (N=17) for children with speech and language difficulties (1-15 years)	✓	✓	✓	✓
Cirrin, et al (2010)	Reviews five studies addressing 'pull-out', classroom-based and consultative settings on outcomes for vocabulary (N=3), functional communication (N=1) and language and literacy (N=3) for children aged 5-11 years		✓	✓	✓
Schooling, Venediktov and Leech (2010)	Reviews 17 studies addressing dosage (N=10), direct versus indirect delivery (N=4), setting (N=9) and individual versus group format (N=6) for pre-school children < 6 years	✓	✓	✓	✓
Zeng, Law and Lindsay (2012)	Reviews 20 RCTs identified via systematic review for phonology (N=9), syntax (N=10) and vocabulary (N=7) for children (no details of age provided)	✓			

children with more severe difficulties had larger change scores in auditory comprehension and expressive language in inclusive classrooms than those in specialised classrooms. However, setting had no effect for children with less severe impairments and no studies comparing 'pull-out' with classroom or collaborative models of service delivery yielded clinically-significant outcomes.

Summary

Studies show methodological limitations: small sample sizes affecting statistical power; outcomes on different instruments, affecting aggregation; missing information on dosage; confounding of parameters (particularly setting and provider), and the near absence of studies using a factorial design. This makes evidence-based service-model decisions difficult.

Only the Boyle et al (2007) RCT reports a factorial design, large sample size and an intervention allowing direct comparison between individual versus group formats and SLT versus SLT assistant providers - while controlling for setting (school extract), dosage (three 30-40 minute sessions weekly for 15 weeks) and content (a language therapy manual). Results showed equivalent

outcomes across format and provider. A cohort study replicating this intervention with school staff providers using RCT data as historical controls (McCartney et al, 2011) confounded provider with dosage, as, contrary to plans, children in the cohort study received less intervention than RCT children and comparable gains were not made.

In practice, decisions on format, provider and setting are influenced by caseload, child age, language skills, intervention aims, available children and premises for groups and willing parents/schools for home-/school-based interventions. These issues may determine format, provider and setting. Dosage, however, must be considered for every child, and determining at least minimal dosages is a speech and language therapy research priority. ■

A more detailed version will appear in Boyle J and McCartney E, Models of service delivery and the Strathclyde language intervention programme (SLIP). In: R McCauley, M Fey, R Gillam, (Eds) Treatment of language disorders, 2nd Edition. Baltimore: Brookes Publishing. Chapter 17, in press.

See page 29 for references and resources

Vanessa Rogers and Vicky Joffe discuss the valuable contribution qualitative research methods make to clinical research

Give qualitative research a go

We love getting feedback from members. Most of you do not hold back about what we are doing well and what we could improve on. While we get great feedback from you (very much appreciated) about the research and development resources we are making available and the topic areas covered in these forums, you have also reproached us for focusing much more on quantitative research. We hold our hands up to this and start here to make amends, with the first of our two-part introductory forum on qualitative research.

What is qualitative research?

Qualitative research seeks to find out more about a situation, experience or phenomenon. It focuses on the beliefs and experiences of participants, aiming to understand and explain a wider phenomenon – asking the ‘what’, ‘how’ and ‘why’ questions. It is exploratory and researchers often use it as a first stage when they do not know a lot about a

problem or area of investigation. Alternatively, it can help to go deeper and investigate nuances and subtleties.

To begin with, qualitative research methods can be overwhelming. With quantitative data, there is usually a number or calculation you can interpret easily, even with trickier statistics. With qualitative research, we face new terminology and contrasting methods. You can’t just flick straight to the results section and find a neat numerical summary.

However, qualitative research has a richness of data

that provides opportunities to uncover the individual experiences of clients and their families. It can encourage us to develop and question our styles of interaction and their impact on patient experience. Our patients are so much more than a collection of assessment scores and qualitative research can help us to demonstrate and understand this.

There are many different methods of collecting and analysing qualitative data. Common qualitative data collection methods include interviews, observations, review of documents and focus groups. Methods of analysing qualitative data can include narrative analysis, typological classifications, event analysis, discourse analysis and thematic analysis.

Interviews

Semi-structured interviews are common in qualitative research. They provide enough flexibility to focus sufficiently to address the research questions, but are open enough to allow participants to give their own individual insights. Interviewers can expand on their planned set of open questions in response to interviewees’ comments.

There are several methods of analysing interview data. Jackson et al (2014) used semi-structured interviews to

“Our patients are so much more than a collection of assessment scores and qualitative research helps us to demonstrate and understand this”



explore communication and self-esteem in adults with Down syndrome. They analysed their data using thematic analysis – reviewing, grouping, revising and organising data under themes and subthemes. For example, one of Jackson et al’s themes was ‘identity’ and subthemes under this were ‘physical appearance’, ‘group identification’ and ‘loneliness’.

A similar approach is framework analysis. This also involves identifying themes, but researchers establish a framework of themes first, onto which they map data, along with new themes. Baxendale et al (2013) investigated parent and teacher perspectives on a social communication intervention trial, using semi-structured interviews. Themes were pre-determined, using knowledge from existing research. This approach allows researchers to relate their findings to the wider-evidence base, providing a helpful context for clinicians.

Focus groups

Focus groups utilise group dynamics to generate data and prompt participants to

Research and Development Forum



ILLUSTRATION BY Ben Mounsey

describe their own experiences and views. Litosseliti and Leadbeater (2013) investigated perspectives on the gender imbalance in the speech and language therapy profession. They used surveys, interviews and focus groups (triangulation – see below) and used the emerging themes to develop a question guide for the focus groups to allow for further exploration of the key issues. This approach draws upon grounded theory principles, where data collection and analysis are cyclical – one repeatedly influences the other. Emerging themes guide choices about further data collection ('theoretical sampling'), until no new data appears and the theory is detailed and well developed ('theoretical saturation').

Discourse analysis

Conversation analysis, a subset of discourse analysis, involves video-recorded natural conversations, which researchers study to identify themes. Examples include Pajo (2013), who explored conversation repairs used by adults with hearing

impairment, and Beckley (2013), who investigated conversation behaviours pre- and post-therapy in a man with aphasia and his wife.

Mixed methods

'Triangulation' is the use of more than one method to address the same research questions. This is good practice in qualitative research, because it makes the data richer and can help corroborate findings. It is often ideal to use both qualitative and quantitative ('mixed methods') research, because they bring different perspectives, build on one another and are usually complementary. Conway and Walshe (2015) report on an example of this. Their survey of SLTs' practices when working with dysarthria used both closed questions (analysed quantitatively, using descriptive statistics) and open questions (analysed qualitatively, using thematic analysis). Another common mixed methods approach is to use a survey (quantitative) followed by a series of focus groups or interviews (qualitative) to drill down further into

the phenomenon under investigation.

Critical appraisal

As with quantitative research, it is important to critically appraise qualitative research papers as you read them. This can be challenging, because qualitative research is, by its very nature, more subjective. However, there are key elements to look out for and the free Critical Appraisal Skills Programme checklist (<http://tinyurl.com/psk3o2m>) will help you do this.

Give it a go

If you are new to reading qualitative research, our biggest tip is not to worry about the finer details. Just pick papers that interest you and give it a go. For those of you eager to conduct small-scale research, this may be a good place to begin, because it requires a smaller group of participants and no random selection – often more realistic for the practising clinician. We hope the new RCSLT Research Centre pages (<http://tinyurl.com/puk3gx3>) will help get you started. ■

.....
**Professor Victoria Joffe, RCSLT Trustee for Research and Development. Email: vjoffe@city.ac.uk; @vjoffe.
Vanessa Rogers, RCSLT Research Officer. Email: vanessa.rogers@rcslt.org**

Special thanks to Avril Nicol, Lynn Dangerfield and Dr Thomas Hopkins for their website contributions



References & resources

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Pajo K. The occurrence of 'what', 'where', 'what house' and other repair initiations in the home environment of hearing-impaired individuals. *International Journal of Language and Communication Disorders* 2013; 48:1, 66-77.

Table one: Qualitative methodology online

Take a look at the RCSLT Research Centre and you will find a new section on qualitative methods. This provides an overview of qualitative research traditions, sampling options, methods for data collection and analysis, ethical considerations and critical appraisal tips. It also includes helpful links and resources that we hope you will use and share with colleagues. If you are new to qualitative research, the pages will give you a gentle introduction. For those of you more experienced in qualitative methods and maybe even involved in qualitative research, you will find something new to help develop your skills further. We hope that you will also share with us and colleagues your experience and expertise.

Visit: <http://tinyurl.com/puk3gx3>



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Oral tastes in non-oral feeding

Clinicians regularly recommend offering oral tastes for people with intellectual disabilities (ID) who receive non-oral feeding, according to a University of Wolverhampton study.

158 UK-based SLTs and dietitians completed the email survey, 55 of whom worked primarily with people with ID (53 SLTs; two dietitians). The majority of respondents worked with adults with ID (n=43). The study analysed all 55 responses using a combination of quantitative and qualitative methods.

Findings indicate clinicians commonly offer non-orally fed people with ID oral tasters following 'complex, multifactorial team decision making'. The SLTs predominately recommend taster programmes following assessment and a trial period, with continued monitoring and review once implemented. They typically recommend 1-6 teaspoons of Stage 3 fluids or smooth puree at a time.

The author highlights that decisions are highly person-centred and states, "Respondents made comments about how they weighed up the risks of introducing oral tastes to the person's quality of life and more specifically to their physical and emotional wellbeing, safety and liberty."

Reviewed by Alison Mullen, Highly Specialist SLT, Northumberland, Tyne and Wear NHS Foundation Trust



Reference

Chadwick DD. Balancing safety and enjoyment. Current practice when recommending tastes for people with intellectual disabilities who are non-orally fed. *Appetite* 2014; 81, 152-161. <http://dx.doi.org/10.1016/j.appet.2014.06.016>

SLI school disadvantage

By the end of primary school, children with specific language impairment are at a disadvantage in core school subjects - English, mathematics and science, an Anglo-Scottish study suggests.

The authors present data from 176 children attending a variety of educational settings from the wider Manchester Language Study. They include both teacher assessment and test results - possible because the data is historic; there are no longer formal assessments in science at Key Stage 2.

The main findings are that participants' scores were poorest in English, with relative successes in mathematics and science. While the children were found to be at a disadvantage in these core subjects, some did attain the levels expected of their peers. Measuring possible predictors of success, suggests language skills and performance IQ (PIQ) made significant contributions to all three subjects, and PIQ particularly to maths.

The authors note the need for studies with more recent cohorts of children as well as studies to consider, "which aspects of the mathematics and science curricula are least and most difficult for these children, and how their language-related needs in all subjects can best be met."

Reviewed by Steph Peters, SLT, Advanced Practitioner, Aneurin Bevan University Health Board



Reference

Durkin K, Mok PLH, Conti-Ramsden G. Core subjects at the end of primary school: Identifying and explaining relative strengths of children with specific language impairment (SLI). *International Journal of Language and Communication Disorders* 2015; 50:2, 226-240. doi: 10.1111/1460-6984.12137 (First published online December 2014).

Specific vocabulary teaching

Teaching specific vocabulary to five- to six-year-olds in a mainstream setting can lead significant improvements in word-learning scores for taught and untaught words, with some children showing significant changes on standardised measurement of vocabulary.

This is the finding of a study across three schools from an area of social disadvantage in England. Three Year 1 teachers selected 18 children with known speech/language difficulty, learning difficulty and/or English as an additional language.

The teachers received a 90-minute training session, with handouts and a manual, and worked daily with the pupils, delivering differentiated vocabulary activities for 10-15 minutes. They also implemented whole-class strategies, such as classroom display of key words and pictures, child-generated definition cards, word-learning strategy prompt cards and verbal reminders to use these strategies.

Results show a significant difference in pre- and post-intervention scores for word knowledge of active and control words. British Picture Vocabulary Scale scores show seven of the pupils also had significantly accelerated progress in receptive vocabulary.

Reviewed by Harriet Simpson, Specialist SLT, Fylde and Wyre



Reference

St John P, Vance M. Evaluation of a principled approach to vocabulary learning in mainstream classes. *Child Language Teaching and Therapy* 2014; 30:3, 255-271.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting follow them up and apply your own critical appraisal.

Wiltshire Farm Foods has been preparing and delivering a range of texture modified foods for people with dysphagia for many years, courtesy of its award-winning Head Chef Phil Rimmer and his team, based in the company's Trowbridge kitchens.

In 2009, it re-launched its range of category C, D and E meals with the ambition of delivering food that was even more delicious, nutritionally-balanced and visually appealing which could help patients with dysphagia 'feel good about food again.'

The meals soon received positive feedback from customers and healthcare professionals - but simply making great food wasn't enough for Wiltshire Farm Foods; the company wanted to go the extra mile to understand and support its clients.

The team at Wiltshire Farm Foods already knew that SLTs were crucial in the diagnosis and management of dysphagia - so what better way to learn more about how dysphagia affects its clients' lives than to reach out to the profession for their help; enlisting the support of an RCSLT member and practising SLT, Sarah Brady, to give 'real world' insight into the daily issues faced by people with eating and drinking difficulties, their families and the healthcare professionals who support them.

Sarah has almost twenty years on-going experience as a clinician, and with her support as Consultant SLT to the company, Wiltshire Farm Foods committed to expanding its knowledge and awareness of dysphagia. This began with a four-day training event that saw 300 members of its team, ranging from chef to chief executive, trained in the basics of eating and drinking with dysphagia. This proved to be a steep learning curve for everyone, and with Sarah on board, the team now have a much better appreciation of not only the physical and psychological issues around mealtimes, but also other challenges and concerns faced by people with dysphagia and their carers, who may have a range of long and short term health conditions affecting their eating and drinking.

Armed with a better understanding of the issues, Wiltshire Farm Foods also looked

Wiltshire Farm Foods: Working with SLTs to change mealtimes for those with dysphagia

"We have always made delicious food – but now we really understand the challenges for those living with dysphagia."

to Sarah to guide it in producing more accessible information for patients and their families.

"I was pleased to be asked to develop Wiltshire Farm Foods' appreciation of the complex clinical considerations that lie behind every piece of advice about food products that a healthcare professional might give. Learning the right 'language' helps Wiltshire Farm Foods communicate more effectively with everyone - something SLTs know all about - and that can only be a good thing for its clients." Sarah Brady.

By investing its time in working with experts in the field, Wiltshire Farm Foods is better able to support patients and their healthcare professionals in delivering

outcomes that can have a real impact on their health and well-being. Wiltshire Farm Foods firmly believes that high quality, texture modified food can make a positive difference to people's lives and to the lives of their families and their carers.

"We have always made delicious food - but now we really understand the challenges for those living with dysphagia. Our continuing commitment is to deliver food that is safe to enjoy whilst looking and tasting delicious for people who find themselves with the need for a texture modified diet." Ben Haynes, Managing Director, Wiltshire Farm Foods.

To learn more about Wiltshire Farm Foods and their texture modified meals range visit softerfoods.co.uk





Bulletin remembers those who have dedicated their careers to speech and language therapy

Obituary



Nancy Milloy

1927 – 2015

Dr Agnes Ramsay (Nancy) Milloy has sadly died at the age of 87 from a cruel disorder of the brain, which would, ironically, have fascinated her as an SLT. The exemplary courage that she was able to show throughout her illness proved an inspiration to friends and medical staff alike.

Originally from Kilmarnock in Scotland, Nancy and her husband Alec moved to Leicestershire in 1951. Nancy trained in Glasgow and was an experienced therapist when she started to teach Leicester speech and language therapy students in about 1969, a role she continued in for more than 20 years.

Her early students first knew her as a glamorous lady in a haze of smoke from her little black cigars. They soon found out that she was a person of great warmth who was always supportive and encouraging.

She was patient and understanding and used her good clinical and worldly experience, combined with 'joie de vivre', to guide and teach her students. She was always happy to help with sound clinical guidance, but also to expand her own mind together with theirs, by means of deeper academic study.

Nothing if not optimistic, Nancy chose as the subject of her PhD, that trickiest of problems: dyspraxia. As a result of her long and sympathetic involvement with learning difficulty, she had hoped to trace the influence of oral disability on cognitive development and functioning. However, she soon recognised that the people who might have been her subjects had, unfortunately, become so institutionalised that it was no longer possible to determine such a thing.

Turning her attention to other populations, Nancy patiently examined the differences and similarities between developmental articulatory dyspraxia and immature articulatory praxis.

Naturally, she also discussed the links to phonology and other clinical implications. This was reflected in her book, 'Breakdown of Speech' (Chapman and Hall, 1991). This no longer exists in print, but SLTs could derive considerable benefit from borrowing or otherwise getting hold of a copy, as it is full of valuable information and practical advice, especially in the dyspraxia chapter (pp50-68) and the detailed appendices (pp142-153).

Following a lecture tour of Canada in the early 1990s, a happy year was spent by Nancy and her beloved husband Alec working in 'retirement' in St Catharine's, close to Niagara Falls. Colleagues who knew her there will understand how much she put into the cause of improving communicative abilities and maintaining the dignity of individuals burdened by speech and language disorders.

Following Alec's death in 2005, Nancy continued to live a full and independent life, pursuing her interest in theatre, philosophy and poetry, still based in the bungalow in Evington, known to many students over the years.

She maintained her positive approach and continued to support and counsel her friends, often over shared meals. We all enjoyed our conversations with Nancy and miss her. We send our sympathy to her daughter, Jean.

.....
Rae Smith and Jane Russell

“Her early students soon found out that she was a person of great warmth”

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Time Matters: A Practical Resource to develop time concepts and self-organisational skills in older children and young people

Clare Doran, Sarah Dutt and Janet Pembley

May 2015 | ISBN: 9781909301320 | All ages | **£35.00**

This practical resource aims to break down the complexities involved in learning about time concepts and to take into account the many different skills required which make demands on memory, numeracy, language, perceptual and visual-spatial abilities and general cognitive functioning. *Time Matters* includes assessments, teaching activities and strategies to reinforce the learning of time concepts.

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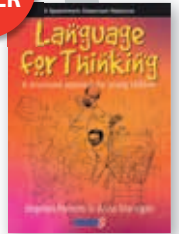
Language for Thinking

Stephen Parsons & Anna Branagan

2005 | ISBN: 9780863885754 | Age 4-12 | **£40.99**

This photocopiable resource provides a clear structure to assist teachers, SENCOs, learning support assistants and speech language therapists in developing children's language from the concrete to the abstract. It is based on fifty picture and verbal scenarios that can be used flexibly with a wide range of ages and abilities. The book is particularly useful for children who are recognised as having delayed language skills, specific language impairment, Autism Spectrum Disorder (including Asperger's Syndrome), pragmatic language impairment or moderate learning difficulties.

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Plan A is for Autism: using the AFFECTs model to promote positive behaviour

Dr Caroline Smith

2015 | ISBN: 9781909301412 | Age 4+ | **£35.00**

This practical resource provides a systematic process for helping teachers and others to promote positive behaviour in children and young people with Autistic Spectrum Disorders. This text provides an original multi-element approach leading to planned individual interventions. Drawn from the author's extensive knowledge of autism, it enables those living and working with children with Autism Spectrum Disorders (ASD) to jointly plan for change.

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Action Picture Test

Catherine Renfrew **REVISED EDITION**

2010 | ISBN: 9780863888090 | Age 3-8 | **£30.99 + VAT**

The test fulfils the need for a standardised, short and simple test to stimulate children to give samples of spoken language that could be evaluated in terms of information given and the grammatical structures used. The test covers:

- words used to convey information, i.e. nouns, verbs, prepositions
- present, past and future tenses
- irregular forms of plural and past tenses
- simple and complex sentence construction
- passive voice



Adventure Tales: A Framework for Therapeutic Story Creation by and for Children

Barr Kazer

2015 | ISBN: 9781909301306 | Age 7-12 | **£35.00**

The *Adventure Tales* resource is a practical guide to providing a weekly therapeutic storytelling group for troubled children aged 7-12 years, through one school term. The guide provides a succinct, step by step method of setting up, organising and running a storytelling group. It facilitates the production of the finished story for the group. It offers ways of how to be therapeutically, with the group. It includes practical administration support with photocopiable proforma such as letters to parents and evaluation sheets.

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Improving Concentration

Roy Bailey & Elvie Brown

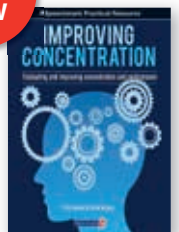
2015 | ISBN: 9780863889103 | All ages | **£29.99**

This practical resource has been designed to help individuals improve their concentration skills. It is aimed primarily at those taking on a training role in relation to the individual concerned. However, it can also be used by the individuals themselves as a self-help resource. This resource will help trainers to convey to their students:

- an understanding of concentration
- how concentration works for them
- how to improve their concentration skills
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DVD CHAPTERS INCLUDE:

- Explore talking and stammering
- Identification
- Explore stammering
- Explore change
- Tools for change
- Soft starts
- Changing rate
- Voluntary stammering
- Holding/ tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

From Michael Palin Centre for Stammering Children, London: **Frances Cook**, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); **Willie Botterill**, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; **Ali Berquez**, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; **Alison Nicholas**, MSc, BA (Hons), Cert MRCSLT; **Jane Fry**, MSc (Psych. Couns); **Barry Guitar**, Ph.D., University of Vermont; **Peter Ramig**, Ph.D., University of Colorado-Boulder; **Patricia Zebrowski**, Ph.D., University of Iowa; and **June Campbell**, M.A., private practice, provided additional footage.

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AUGUST CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 7 August for September, by 4 September for October and by 9 October for November. Venue hire at the RCSLT – special rates for CENs (formerly SIGs). For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

Midlands FEES CEN

17 September, 9.30am – 12.30pm

FEES interpretation workshop. Bring and share your footage (optional) at a FEES workshop with real patient examples from across the region. Other topics include new product demonstration from Sheffmed, audit and article discussions plus review of RCSLT policy. Members and students £5; non-members £10. Paybody Building, Coventry Health Centre, Stoney Stanton Road, Coventry CV1 4FS. Email: debra.wilson@uhcw.nhs.uk to reserve place

South West Brain Injury CEN

18 September, 11am – 4pm

'Dual themed study day on 'Managing challenging behaviours and goal setting in acquired brain injury'. Opportunities for sharing knowledge, networking and more. Head Injury Therapy Unit, Frenchay Beckspool House, Bristol. £4. To reserve a place contact Ashleigh Denman, email: adenman@natstar.ac.uk

South West Specific Speech Sound Impairment CEN

17 September, 9am – 4.30pm

Pam Williams: 'An update on the Nuffield Dyspraxia Programme: Treatment approach and resources' and Sally Bates: 'Connected Speech Assessment: Typical and atypical patterns'. The Vassal Centre, Gill Avenue, Bristol BS16 2QQ. Non-members £20; members and students £15. Contact Leah Farrow at: SWSpeechCEN@gmail.com

Midland's Stroke CEN

22 September, 9.30am – 1pm

'A walk through Talking Mats': Pat Mackay; 'The use of AAC in stroke': Verity Stokes. Central England Rehabilitation Unit (Royal Leamington Spa Rehab Hospital). SLTs £20; students £10. Email: Charlotte.Hartley@swft.nhs.uk

Bilingualism and Deafness CEN

30 September

A variety of research based topics relating to British Sign Language users. Longwill School for the Deaf, Birmingham. SLTs and interested Deaf/hearing colleagues welcome. £20. Email: lindsey.gagan@alphahospitals.co.uk

Counselling and Therapeutic Skills CEN

9 October, 9.30am – 4pm

'Are you listening to me? Your experience of adolescence as a resource' presented by Sam Simpson, specialist SLT and person-centred counsellor, and Deborah Kerpner, youth counsellor and coordinator of Off the Record, Twickenham. RCSLT, London. Email: ruth.phillips.sig@hotmail.co.uk

Central Neuro-Rehab CEN

13-14 October, 9am – 5pm

'Differential diagnosis and management of acquired motor speech disorders'. Speaker: Dr Joseph R Duffy, Mayo Clinic. Birmingham Botanical Gardens. Student/SLTA member: £100; SLT member after 31 July 2015 £160. Student/SLTA non-member £110; SLT non-member £210. Payable with booking by cheque or BACS. For further information and to book, email: centralneuropsychocent@gmail.com

Clinical Education CEN

23 October, 10am – 3pm

Technology and student placements (including simulated learning; AAC placements; students requiring assistive technology on placements; access to technology on placements, etc.). Newcastle University. Membership details: Raman. Kaur@bhamcommunity.nhs.uk. To present and/or to book a place, email: a.l.biddle@reading.ac.uk

The North West Voice CEN

23 October

Perceptual analysis study day aiming to inform/improve SLTs' current practice. Consultant voice specialist Sue Jones: 'The principles of perceptual analysis; GRBAS and CAPE-V Schemes – theory and practice'. UHSM, Manchester. Members £10; non-members £20. For more information, email: Louise.Mattinson@uhsm.nhs.uk

South West Autism Spectrum Disorder CEN

23 November, 9.30am – 4.30pm

AM: Robyn Steward, autism trainer, author, consultant, mentor, artist, talking about women and girls with ASD. PM: Attachment/ASD differential diagnosis TBC. Members free; non-members £15. Vassalls Centre, Bristol. Email: geraldine.bates@nbt.nhs.uk

Surrey SLI CEN

4 November

Presentation, discussion and workshop: Assessment and intervention for 7-18 year olds with persistent speech sound production difficulties. Moor House School. £10 for one meeting; £15 for annual membership (two meetings). To book your place, contact Lucy Nicoll: nicoll@moorhouseschool.co.uk. Visit: <http://moorhouse.surrey.sch.uk/cen>

Continued from page 21...



References & resources

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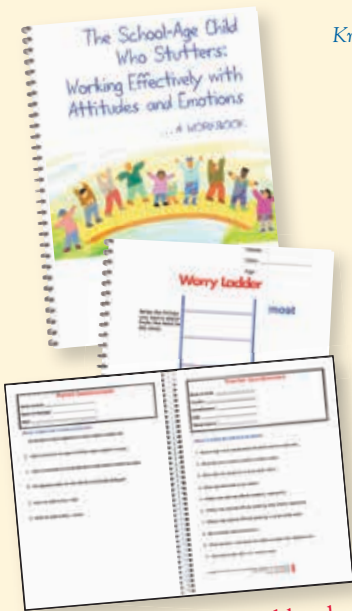
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The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions ... A Workbook

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9-11 September, 2015

It Takes Two to Talk

Hanen Certification Workshop

Learn about the Hanen approach to early language intervention, helping to empowering parents, of children with language delays to become their child's primary language facilitator. Venue: Derby | Fee £670

4,11,25 November, 2015

Multidisciplinary Stroke Educational Programme

A high quality 3 day course providing teaching on the whole stroke patient pathway. Covering: Acute Care, Rehabilitation and Stroke in the Real World. Venue: Ruddington, Nottinghamshire | Fee £250

19-20 November, 2015

LSVT Loud Training and Certification

Evidence-based voice treatment for Parkinson Disease with application to adults and children with neurological conditions, Multiple Sclerosis, Cerebral Palsy and Stroke will be discussed. Venue: Menzies Mickleover Court, Derby. Please consult our website for fee structure and more details.

26th January 2016

Cervical Auscultation

Trainer: Alison Stroud

Learn the 'How, what and where' of Cervical Auscultation, participate in a practical session learning to identifying normal and disordered swallowing sounds. Venue: Derby | Fee £130

01332 254679 | dhft.ncore@nhs.net | Twitter: @NCORE_NHS
www.ncore.org.uk



We are delighted to announce we will be running the Voice Box joke telling competition again this year and extending the competition to secondary pupils.

We are inviting mainstream primary, secondary and special schools in England, Scotland and Wales to work on their own, or with their SLT, to hold a joke-telling competition between 7 September and 14 December 2015.

Send us the winning joke from your school by 14 December and our judging panel will shortlist the best ones they receive. For each category - primary and secondary - there will be 10 finalists.

We will invite the shortlisted joke tellers and their parent or guardian to a grand final in Westminster on 2 March 2016.

Last year's final was a fantastic day with our young finalists telling their winning joke at Speaker's House to a judging panel that included comedian Lee Mack.

Visit: www.givingvoiceuk.org/voiceboxwestminster to download the online toolkit with everything you need to run your own Voice Box competition.

If you have any questions, please email: robin.matheou@rcslt.org

VOICE BOX RETURNS FOR 2015



Lee Mack with 2014
Voice Box winner
Jack Johnson

Free study day

Celebration, innovation & application – the use of technology across our profession

7 October 2015

University of Warwick, Coventry, CV4 7AL

Book your place at the RCSLT Study Day and AGM

We will use the day to explore some of the key questions surrounding technology:

- What are the future drivers and demands technology can assist with?
- Who are the role models and where are the examples?
- How do I know they work? – where is the evidence?
- How do I navigate the professional issues around technology?
- How will technological advances affect the workforce?
- What is the RCSLT doing with regard to technology?
- How do I get funding?

Hear members' personal technology journeys, learn more about CQ Live, join in the discussions and participate in the RCSLT AGM. The day will provide the opportunity to share best practice and raise awareness of how technology can enhance your work.

With a combination of interactive sessions and presentations, the day will also feature technology surgeries, networking opportunities and an exhibition.

Please note this is a free event, terms and conditions do apply. Please book early to avoid disappointment because numbers are limited.

Visit: http://www.rcslt.org/news/events/study_day_2015

Call for speakers

We are looking for four members from across the UK to present lightning talks on technology. Whether you have only recently dipped your toe in the water or can't imagine your work without technology – we want to hear from you.

What is your favourite piece of technology and why? How has it enhanced your work or how do you hope it will? Please send us a short video (no longer than three minutes) by 4 September. We will ask the four members chosen to present on the day for six minutes each. All other submitted videos will be on display during the day and will feature on the RCSLT website.

Visit: http://www.rcslt.org/news/events/study_day_2015 for details of how to submit your video



RCSLT Hub Forum England

Great new opportunities for members to engage with the RCSLT

The RCSLT Council (at its meeting before the September 2014 AGM) decided to strengthen the role of the RCSLT Hubs in each country, and especially in England, where a new England Hub Forum will oversee and coordinate the 11 England Hubs as they develop.

Members who are active in their RCSLT Hub in England, the Channel Islands or the Isle of Man are encouraged to apply to be part of the RCSLT Hub Forum England. You can find the terms of reference and other relevant information on the website.

We would particularly like to hear from students, those who have qualified in the last two years, and those working in the independent sector.

The time commitment for all roles is an initial three-year term*, with an expectation of attending three meetings a year. This is an excellent opportunity to make a real contribution to your RCSLT.

The closing date for applications is 3 September 2015. To find out more about what's involved, visit: www.rcslt.org/about/howwearerun/apply

** For the avoidance of doubt, if the three-year term is off-putting to members or their managers, it is possible to be selected for the role and then resign before the end of term of office if personal circumstances change, so members should not feel they are tied in to three years.*



Are you willing to play a part in the running of your RCSLT?

Do you want to broaden your professional skills?

Do you like the challenge of thinking strategically?

Do you want to help safeguard your profession?

If the answer is 'Yes', you could be interested in joining the RCSLT FRC.

This is your chance to be part of the governance of the RCSLT, which will take you into the areas of finance, investments, HR, IT, contracts, performance management, risk, facilities, heritage work and membership administration. It also gives you an insight into all facets of RCSLT activity.

You do not need to be a professional expert in any of these fields, but you do need to be able to assimilate information, think strategically and have a willingness to make decisions on behalf of the RCSLT.

RCSLT Finance and Resources Committee (FRC) vacancies (two)

The Committee meets four times a year. There is also an induction day and further training will be given if required. You would serve for three years* as a member of FRC, from AGM 2015, with an opportunity for a further three years if selected.

For details, please email jo.offen@rcslt.org or tel 0207 378 3007. The deadline for completed applications is 3 September 2015. To find out more about what's involved, visit: www.rcslt.org/about/howwearerun/apply

** For the avoidance of doubt, the three-year terms are not immovable, and if for some reason you felt part way through your term of office that you could not continue, then it is possible to resign.*



SPEECH AND LANGUAGE THERAPIST BAND 8A CLINICAL LEAD FOR SLI and SPEECH

Are you a highly specialist SLT with excellent knowledge and skills in specific language impairment and speech disorders?

Are you interested in combining clinical leadership in SLI, including carrying your own highly specialist caseload, with strategic leadership in hearing impairment and cleft?

You will be joining a very committed senior management team who are in the process of transforming the service to the three tier model.

Can you demonstrate excellent interpersonal skills and a good sense of humour?

Our service has an excellent relationship with our CCG and Local Authority commissioners. Together we have developed a joint service specification.

Ours is a very friendly team that offers a structured approach to CPD through an established appraisal system and access to learning opportunities.

Full time, part time and flexible working can be considered. Be prepared to travel across Hertfordshire and West Essex - learn to love the A1 and the M25!

To apply for this post please visit <http://www.hertschs.nhs.uk/working-for-us/>

For further information contact Claire Hammond on 07919591152 or e-mail claire.hammond@hchs.nhs.uk

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NHS Trust

Speech and Language Therapist

Salary depending on experience up to £30,000

Alex Kelly Ltd is an independent practice with 19 employees. We offer SLT services to 34 schools across Hampshire and a unique day service for adults with autism / LD called 'Speaking Space'. We also provide communication and social skills training.

We are looking to expand our services in both the **Portsmouth** area of Hampshire and also in **South Wales** and so would like to employ 2 SLTs. You will be involved in an exciting project to help us to develop a satellite SLT service in these areas.

Please call Alex Kelly or Naomi Pearson for an informal chat about this opportunity: T: 02380 987134 | E: naomi@alexkelly.biz

For more information about us visit our website: www.alexkelly.biz

Closing date: 25 August



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Peterhouse School is committed to safeguarding and promoting the welfare of children and young people and expects all its staff and volunteers to share this commitment.

Speech & Language Therapists Southport At our school and outreach service

'This is an outstanding school. It very carefully identifies students' primary needs and then makes sure that they make excellent progress in addressing them. As a result, students often make outstanding progress in becoming more independent. They are more able to communicate and make sensible choices about those things that have an impact on their lives.' (Ofsted, July 2014)

To apply please complete an application form from our website and return to Human Resources: recruitment@autisminitiatives.org or you can contact us for further information or an application pack on 0151 932 2242.



www.autisminitiatives.org

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Monday to Friday 8:30am - 4:30pm (37 hours per week)
North East England £25,727 - £34,531 per annum
Please visit www.ne-as.org.uk for more information

Closing date: Sunday 20th September 2015



The Loddon School is currently recruiting a **Speech and Language Therapist** to join the **communication and sensory team**.

This School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

For further information please contact Danielle Jewers on **01256884617** or email recruitment@loddonschool.co.uk

Closing date: 17th August 2015

Speech and Language Therapist

The School is both a **Registered Children's Home and school for 28 children from the ages of 8-19 who have the most severe and complex learning difficulties and usually autism.**

The school is based in Sherfield on Loddon, near Basingstoke. The salary for the position ranges from £21,000-£28,000 pro rata depending on qualifications and experience. Working hours are negotiable.

The role will involve you designing and carrying out specific functional needs-based assessments. You will work collaboratively with members of a multi-disciplinary team to help create individual education care plans and advise on recommended strategies. You will also support all staff to manage communication based activities and strategies which can be implemented and incorporated into the current waking-day curriculum as set out by recommendations and guidelines. The role will also require you to develop specific and personalised resources with the support of the communication and sensory team. You must be confident to design and deliver training to all staff.

Experience of working with children with severe learning difficulties and autism is desirable.

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Speech and Language Therapist

- Salary Offer: Band 6 from point 21-25 (AFC rate) (£26,041 - £30,057) with additional inner London weighting of £4,117 paid pro rata depending on experience
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- Start Date: Immediate or October Post to cover – all TBAP sites

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TBAP is the highest performing AP academy chain in the country led by Seamus Oates, an Executive Headteacher of national standing. We seek a Speech and Language Therapist to join our innovative and creative team of therapists to deliver a specialist service to our primary and secondary learners (KS1-KS4) who have SMEH.

The TBAP Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment. An enhanced DBS disclosure will be requested for the successful candidate in accordance with Safeguarding Children and Safer Recruitment in Education legislation.

Please visit our website www.tbap.org.uk for an application pack and more information about TBAP Multi Academy Trust. CV's will not be accepted. If you have an enquiry please contact Beverley Dash on 020 3108 0345 option 3 or email hr@tbap.org.uk

The closing date for applications is the 26th August 2015 @ 4.00 p.m. Interview date TBC - September.

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PAEDIATRIC SPEECH AND LANGUAGE THERAPISTS (London)

The London Children's Practice is a well renowned clinic in Central London. It comprises of a multi-disciplinary team providing a comprehensive assessment and therapy service for a mixed paediatric population.

We are currently recruiting for two positions, one based in primary schools and one based in a mainstream secondary school.

Experience preferred. ASD and SLI experience desirable. Term-time only positions, or negotiable. Salary negotiable, dependent on experience.

Please submit an up-to-date CV with letter or email of interest.

For enquiries and applications please contact Katie Pennyquick

T: 020 7467 9520 E: katie.pennyquick@londonchildrenspractice.com

Closing date guide: 15th August 2015

The closing date given is a guide only. We will close these vacancies once sufficient applications have been received. It is therefore advisable that you submit your application as early as possible.



2x Speech and Language Therapist

Post one based in the East Midlands. Post two based in Manchester/Leeds.



Eg (Training) Ltd is a forward thinking Independent Practice.

We are looking for two confident, highly motivated and enthusiastic therapists to work with children and adults with disabilities.

Ideally you will have at least one year experience of working with people with Autistic Spectrum Conditions, learning and physical disability and complex needs. Experience of TalkTools, AAC, Sensory Integration or Intensive Interaction would be beneficial, however lots of CPD opportunities are available.

These are permanent posts with flexible working hours, full or part time. Car driver/owner essential. Salary commensurate with experience.

Closing date: Friday 28th August

Please email your CV and covering letter to info@eg-training.co.uk
Telephone 01530 274747

Dubai calling SLT and OT

The Rashid Centre in Dubai is seeking to appoint a full-time NATIVE English speaking Paediatric Speech-Language Therapist and Occupational Therapist.

The applicants should have at least 2 years experience in a paediatric setting working with children with CP, Learning difficulties, Sensory processing difficulties, Autism and have a good knowledge in AAC. Experience working in a transdisciplinary team is also an advantage as we work in a very interdisciplinary way. Generous employment conditions including 13 weeks annual leave, accommodation and annual return ticket to home country.

Interested applicants should send their CV or any enquiries immediately to Heather Last by email heatherslast@gmail.com

The position is available from October and interviews will be held in New Zealand and Australia during July, and the UK in August.



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Speech and Language Therapist

Full time (37.5hrs) – although part time will be considered, minimum 3 days (2 of which must be consecutive)
Salary negotiable depending on experience

Brainwave is a national charity providing therapy to children predominantly aged from 6 months to 12 years with various conditions including Developmental Delay, Autism and Brain Injury.

We are seeking a Speech and Language Therapist with at least 2 years post graduate experience to join our interdisciplinary team in Birchwood, Warrington, providing assessment and home based treatment programmes.

Experience of using parent child interaction approaches and knowledge of sensory integration is desirable.

Please see www.brainwave.org.uk/careers for full details and job description, or for an informal discussion please contact Tracey Berresford, Centre Manager 01925 825 547.

The post is subject to an Enhanced DBS check.

Closing date 21 August.
Interviews to be held on Thursday 27 August.

APPOINTMENTS

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Speech & Language Therapist

- SITTINGBOURNE KENT
- Salary – SLT Band 5/6 + Benefits (pension/private healthcare/death in service scheme).
- Part time 3/4 Days

We are currently looking for an enthusiastic Qualified Speech and Language Therapist to join the SLT team working with looked after children in Kent. The SLT service is small but well established.

We are offering an opportunity to work as part of a team of professionals including teachers, foster carers, psychotherapists and social workers.

The post is SLT Band 5/6, three to four days a week term time only, depending on experience

It offers an exciting opportunity for a newly qualified SLT to gain experience. We will provide support, supervision and the opportunities to gain skills in the NQP competencies framework.

For those already in Band 6 it offers opportunities for further skill development.

Closing Date: 27th August 2015
Interview Date: 8th September 2015



For more information and an informal discussion please ring Melanie Cross, SLT on 01795 523900 or 07703 629821.

For an application pack please e-mail careers@picscare.co.uk or ring Ann Hillier on 01795 428097.

Applications must be made on our Application Form: CVs alone will not be considered.

All applicants must be committed to achieving and promoting equal opportunities in the workplace. Appointments subject to enhanced DBS disclosure.

NEW JOB?

The official recruitment site for the **RCSLT**, the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

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bulletin



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Level 1 workshops - Aberdeen, Manchester, Ipswich, Plymouth, Glasgow, York, Northampton, Southampton and more. SoSAFE! Sexual/Social Safety Training - London, Glasgow and Birmingham. Language of Emotions workshop - London, Birmingham and Newcastle. PECS to SGD workshop - London and Newcastle. Visit: www.pecs-unitedkingdom.com, tel: 01276 609 555

9-11 September, Derby

Hanen's It Takes Two to Talk certification workshop

This workshop shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. To register, visit: <http://www.hanen.org/ITTTworkshop> email: info@hanen.org

14 September London

VERVEing with parents

5 October - VERVEing with practitioners. VERVE - Video, Endorse, Respect, Vitalise, Eyes. Full-day training workshop with Keena Cummins. £150. How to optimise opportunity for all children with communication difficulties through the art of video and the talents of their familiar adults. For further details, email: keena@keena.cummins.co.uk, visit: www.keena.cummins.co.uk

16 September, Redbank House, Manchester, M8 8QA

TalkTools study day

New to TalkTools? Come along and find out more. Already using TalkTools? Update and expand your knowledge and skills. Only £45 per person. Visit: www.eg-training.co.uk email: info@eg-training.co.uk, tel: 01530 274 747

21-23 September, Lancashire

Hanen's It Takes Two to Talk certification workshop

This workshop shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. To register, visit: <http://www.hanen.org/ITTTworkshop> email: info@hanen.org

22 September, RCSLT London

The Therapy Outcome Measure (TOM)

One-day training workshop with Professor Pam Enderby. £175 (check the event listing in the CTN website for discounts for RCSLT members). For further

details and to book, visit: www.communitytherapy.org.uk

23 September, Raphael Medical Centre Tonbridge, Kent

Pain management: An integrated approach

One-day workshop will look at the assessment and management of pain across various patient populations, including complex patients and discuss complexity of assessment. Will consider the holistic approach and all possible intervention methods. Further details and to book: www.rafaelmedicalcentre.co.uk

25-26 September, Gatwick Hilton Hotel

Understanding and dealing with behaviour problems following brain injury

This two-day interactive workshop is suitable for professionals working with adults who have emotional or behavioural problems following brain injury. £175. Email: enquiries@braintreetraining.co.uk, tel: 01276 472 369, Full course details at: www.braintreetraining.co.uk/ceb_spf.php?id=45

28 September, Brighton

The Padovan Method

9am to 5pm: Introduction in UK. Well established therapy all over the world. The presentation will give you an insight of Padovan history, principles and benefits. A great opportunity for all health professionals. Venue tbc. Free. Email: info.uk.nfppadovan@gmail.com, visit: www.metodopadovan.com.br

29 September, Birmingham Children's Hospital

Workshop-based study day for SLTs working in paediatric dysphagia

Parallel sessions: tracheostomy - dysphagia management and speaking valve placement; VFSS - analysis and discussion; supporting the neonate with breastfeeding; tube feeding and beyond. £50. For information/booking email: Rebecca.O'Sullivan2@bch.nhs.uk

30 September - 2 October, Queen Elizabeth Hospital, Birmingham

European Head and Neck Cancer SLT masterclass

Keynote, Eric Blom. Course will include lectures and panel discussion with experts in the field of HNC. The SLT masterclass will include developments in dysphagia treatments, management of complex cases and QOL outcomes. Email: samantha.womack@aesculap-academy.co.uk, tel: +44 (0)114 225 9035, visit: www.sltmasterclass.com

5 October, Dublin

Introduction to speech sound disorders

One-day workshop presented by Dr Caroline Bowen at The Carlton Hotel, Dublin Airport (free shuttlebus to/from the airport). Online booking at: www.sensationalkids.ie or tel: +353 45 520 900

6 October, Dublin

Assessment and treatment of childhood apraxia of speech

One-day workshop presented by Dr Caroline Bowen at The Carlton Hotel, Dublin Airport (free shuttlebus to/from the airport). Online booking at: www.sensationalkids.ie or tel: +353 45 520 900

12-16 October, London

Adult dysphagia training - theoretical course

One-week intensive course aimed to provide participants/NQT with theoretical knowledge to assess and manage adults with acquired dysphagia. £300. Email: jackson3@nhs.net, tel: 0207 288 5546

16 October

Dr Caroline Bowen at Birmingham City University

Come explore and apply evidence-based interventions for children's speech sound disorders covering: four minimal pair approaches, vowel intervention and core vocabulary. Interactive workshop limited to 50 places. £120 including lunch. Visit: <http://store.bcu.ac.uk> to book a place/further information. Email: oonagh.reilly@bcu.ac.uk

19 October, Birmingham

Cervical auscultation course run by Quest Training

A practical, skills-based course. £135. Further information from the website www.quest-training.com or contact Jo Frost, tel: 07904 981 462, email: Jofrost29@gmail.com

3-4 November, RCSLT London

Elklan total training package for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited training to develop communication in children and young people with severe learning difficulties in all settings, including mainstream schools. £450 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

4 November, RCSLT London

Elklan specialist training package - Supporting children and adults using AAC

Equips tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

5-6 November, RCSLT London

Elklan total training package for post 16s

Equips SLTs specialist FE tutors and teachers to provide practical, accredited training to staff working in secondary school and further education settings. Teacher/therapist teams welcome. £450 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6 November, Central London

Multi sensory approaches to speech and language therapy

9.15am - 4pm. Speakers include Susan Ebbels of Shape Coding. For information email: Senlika@speech-up.com

20 November, RCSLT London

Word Aware: a joined up approach to teaching vocabulary

Practical, whole school curriculum based approach. Suitable for teachers and SLTs. Trainers: Stephen Parsons and Anna Branagan. £130 including book. Contact: Kevin Foster on 07989 279 294 or visit: www.thinkingtalking.co.uk

24-25 November, RCSLT London

Elklan total training package for verbal children with ASD

Equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. £450 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

SAVE THE DATE:
7 OCTOBER 2015

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

THE RCSLT STUDY DAY AND ANNUAL GENERAL MEETING will take place at Warwick University on **7 October 2015.**

Visit: http://www.rcslt.org/news/events/forthcoming_events

BOOK YOUR QUICK LOOK DATE TODAY

Contact **Beth Fifield** to book:
Tel: **020 7324 2735** or email:
beth.fifield@redactive.co.uk

QUICK LOOK DATES

**24-25 November, RCSLT, London;
10-11 March, Ramada Hotel,
Salford Quays**

Elklan Total Training Package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £450 pp (£470 from Jan 2016). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

25 November, Raphael Medical Centre Tonbridge Kent

Living with a brain injury: Learning from the patient

This didactic and interactive one-day workshop is case study based and aimed at highlighting difficulties following brain injury and learning from 'survivors' and their families. Each one will focus on assessment, interventions and subsequent lives led by affected subjects. Further details and to book: www.raphaelmedicalcentre.co.uk

**26-27 November, RCSLT London;
7-8 March 2016: Salford**

Elklan total training package for 11-16s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £450 pp (£470 as of 1 Jan 2016). Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

30 November, RCSLT London

Elklan Let's Talk with Under 5s tutor training pack

This course is designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for Under 5s/0-3s. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

30 November, RCSLT London

Elklan Let's Talk with 5-9s tutor training pack

This course is designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, Speech and Language Support for 5-11s. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

30 November, RCSLT London

Elklan Let's Talk Together tutor training pack

This course is designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of verbal children with autism aged 4-13 years. Participants must have successfully completed the

Elklan Level 3 award, Speech and Language Support for Verbal Children with ASD. £225 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

**28-29 January; 20 April,
Newcastle University**

'Cognitive-linguistic communication disorders in traumatic brain injury: Advanced theory and practice'

Accredited, Masters level CPD £620. Tutors: Dr Christos Salis, Dr Catherine Foy. For details, email: vivienne.sturgiss@ncl.ac.uk

**29 February – 3 March,
Birmingham**

Post-registration paediatric and ALD dysphagia course

This four-day taught course plus work based learning develops skills and competence in dysphagia assessment and management. £590. Jo Frost Quest Training, tel: 0790 4981 462, visit: www.quest-training.com

3-4 March, Bristol

Meaningful social development: Teaching games and more

Two-day workshop presented by Steve Ward, MA, BCBA (Whole Child Consulting LLC). For information/online booking, visit: www.skyboundtherapies.co.uk

**7-8 March (with optional day
TTP for 0-3s on 9 March),
Salford**

Elklan total training package for under 5s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £470 for under 5s two days. £670 for all three days. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9 March, Salford

Elklan total training package for 0-3s

One-day course for existing Elklan tutors. Equips SLTs and teaching advisers to provide practical, accredited training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. This course is only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £235 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

9-10 March, Salford

Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. £470 pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

LANGUAGE of EMOTIONS 1 day workshop

presented by **Andy Bondy, Ph.D.**
co-developer of PECS & The
Pyramid Approach to Education



Special Offer!
Save £50 when booking this workshop along with Transitioning from PECS to SGD's workshop. See website for T&Cs.

28 September 2015 London
30 September 2015 Birmingham
2 October 2015 Newcastle



Many people, especially those with Autism, have difficulty acquiring language related to expressing their emotions and identifying emotions in other people. We will review traditional approaches to teaching learners with autism to communicate about their emotions as well as respond to such language from other people.

For more information, or to book:

www.pecs-unitedkingdom.com

pyramiduk@pecs.com

01273 609 555



I CAN CENTRE WITH MEATH SCHOOL

Evidence-Based Intervention for Children with Speech Sound Disorders

Caroline Bowen

**Friday 23rd October 2015
9.00am – 5.00pm**

Course objectives:

- Select and implement core assessment procedures for SSD
- Choose appropriate intervention approaches
- Identify optimal targets and goals
- Implement and modify the approaches for the clinical environment

Price:

£125 Early Bird Price (£150 after Friday 5th June 2015).
Lunch, refreshments and course materials included.

For bookings and information please contact:

meath@meath-ican.org.uk

Tel: 01932 872302

www.meathschool.org.uk

Location:

I CAN's Meath Centre
Brox Road, Ottershaw
Surrey, KT16 0LF





Joanna Hoskin & Mona Marron

OCCUPATION: SLTs, NDCAMHS, SOUTH WEST LONDON AND ST GEORGE'S HOSPITAL MENTAL HEALTH NHS TRUST

“Deaf children and young people are more vulnerable to mental health issues”

The National Deaf Child and Adolescent Mental Health Service (NDCAMHS) is a national service based at South West London and St George's Hospital Mental Health NHS Trust. It provides mental health services to deaf children, young people and families who are unable to access local services due to issues related to their deafness. The service consists of four outreach teams (south east, south west, northern and central England) and an inpatient unit, Corner House. Referrals come from a range of sources including families, teachers of the deaf, social workers and charities (eg, NDCS family workers) as well as local CAMHS teams.

As with other CAMHS teams, our work includes assessment, diagnosis and treatment of difficulties arising from mental health issues. These may include developmental disorders, such as autism spectrum disorders, and psychiatric disorders, such as psychosis or systemic issues related to how families and young people cope with forming relationships and understanding each other.

Within our teams, the role of the SLT includes three key areas:

- Supporting the team to understand and identify issues related to language that impact on a young person's mental health presentation and treatment.
- Assessment and intervention for language difficulties, often co-working with deaf colleagues to complete this work in British Sign Language (BSL).
- Working with families to help them understand the impact of language and communication on their family members' presentation.

Deaf children and young people are more



vulnerable to mental health issues for a number of reasons, including early language delay or deprivation, neurodevelopmental disorders associated with the cause of their deafness, and limited support for families in managing psychological issues (Hindley, 2005). Early language learning supports the development of emotional regulation and mediates emotional and behavioural difficulties (Gentili and Holwell, 2011).

Our service enables deaf and hearing practitioners with a range of expertise in mental health, deaf education and child development to work together to minimise the risk of misdiagnosis.

One particular challenge for us as individuals and, we feel, for our profession is to provide good quality BSL assessment and intervention. There are two standardised language assessments for BSL (Herman et al, 2004; Herman, Holmes and Woll, 1999) and an increasing number of research or informal tools (Mann and Haug, 2014). We are challenged daily by our ability to co-work with colleagues in a signed language where the underpinning principles of language development and language disorder are the same (Mason et al, 2010) but the language modality is different. We are learning about BSL and our deaf colleagues, who have limited access to training in this area, are learning about

'language therapy'.

The NDCAMHS has developed the use of communication profiles to enable our teams to understand more about how language and communication impact on a specific child's mental health. We are still developing our knowledge about identity, mental wellbeing and deafness with psychology and social work colleagues. The NDCAMHS will support Joanna to complete a doctoral study

to investigate how we can support deaf colleagues to become better equipped to co-work as 'language therapists'. ■

To learn more about the link between communication and mental health, email: cornerhouse@swlstg-tr.nhs.uk (inpatient unit) or ndcamhs@swlstg-tr.nhs.uk (outpatient team). Visit: www.dcf.org.uk



References & resources

Gentili N, Holwell, A. Mental health in children with severe hearing impairment. *Advances in Psychiatric Treatment* 2011; 17:1, 54-62.

Herman RC, et al. *Assessing British Sign Language development: Production test (narrative skills)*. London: City University, 2004.

Herman RC, Holmes S, Woll B. *Assessing BSL development: Receptive skills test*. Forest Books; England, 1999.

Hindley P. Mental health problems in deaf children. *Current Paediatrics* 2005; 15:2, 114-119.

Mann W, Haug T. Mapping out guidelines for the development and use of sign language assessments: Some critical issues, comments and suggestions. In D Quinto-Pozos (Ed), *Multilingual aspects of signed language communication and disorder*. Bristol: Multilingual Matters, 2014, 123-139.

Mason, K, et al. Identifying specific language impairment in deaf children acquiring British Sign Language: Implications for theory and practice. *British Journal of Developmental Psychology* 2010; 28:1, 33-49.

ANNUAL STUDY MEETING 2015



Vocal Pathways: Reflection and Practice

Friday 4th to Sunday 6th September
Bristol University, Wills Hall

Our speakers and workshop leaders this year will explore developments in the fields of voice study, practice and therapy. We will have a chance to reflect on where we have come from in both the art and science of voice and, in doing so, consider what may lie ahead.

LOCATION

VCN returns to the same location in Bristol this year where we enjoyed our ASM 3 years ago. Wills Hall was built on a 26 acre site around a nineteenth century house called Downside, which had been constructed in the style known as Strawberry Hill Gothic. The hall was designed by Sir George Oatley, who was also responsible for many other fine buildings in the University and the City. It was officially opened in December 1929 by Sir Winston Churchill, who was then the Chancellor of the University.

FRIDAY EVENING:

Meet and share sessions for delegates. These times have always proved inspiring and stimulating. This year we aim to bring a mixture of shared literary gems together around the theme of journeys and pathways.

SATURDAY MORNING:

FINDING YOUR AUTHENTIC VOICE with JEANNETTE NELSON, Head of Voice, Royal National Theatre

This rare opportunity will offer time to experience a workshop with Jeannette who will lead participants through practical voice exercises for working on text. Participants' own choice of text is invited for this: drama, poetry, a political speech, a work presentation or anything meant to be spoken aloud. Jeannette has worked extensively as a voice coach in London's West End and regional theatre, film and TV. She has worked at the National Theatre from 1992 to 2001, at Shakespeare's Globe for the 1997, 1998, 1999 and 2001 seasons, and at the Royal Shakespeare Company from 2001 to 2005. In 2006 she went to Sydney Theatre Company before returning to the National as Head of Voice in 2007. Her first book, *The Voice Exercise Book*, is published this year and will be available at a discount for those attending the ASM.

An **UPDATE** on teaching professions and their needs.

UNWRAPPED with JULIE ELLISON, Specialist Speech & Language Therapist and Voice Teacher who will look at how voice care can be packaged and delivered to those in the teaching professions.

SATURDAY AFTERNOON:

Two taster sessions:
CORE ENERGETICS with KATE MONTAGUE, Voice Teacher.

BASE, BELLY HEART, HEAD with CLAIRE DALE, Movement Specialist and leading exponent of Physical Intelligence.

COMING OF AGE DR MARGARET McALISKEY will lead a practical session featuring members' favourite vocal warm-ups, strategies and techniques: sharing practice and providing something for everyone to take away and use.

SATURDAY EVENING

WINE RECEPTION & GALA DINNER
Our after dinner entertainment will continue to develop the theme of journeys and vocal pathways with actor and dialect specialist **TIM CHARRINGTON**.

SUNDAY MORNING

VOICE SKILLS PERCEPTUAL PROFILE (VSPP), FRAMEWORK AND ANALYSIS with CHRISTINA SHEWELL, MA, FRCSLT, ADVS, Specialist Speech & Language Therapist and Voice Teacher Christina developed the Voice Skills Perceptual Framework as a tool which would allow both SLTs and Voice

Teachers to assess and manage the voice in a holistic manner. She says: 'Perceptual voice analysis may sound quite dull and limited but can in fact be like fun-filled detective work! It enables us to answer questions like 'What have we here in this voice? How can I use what I hear to decide what to do?' This workshop will start with a practical vocal warm up session, and Christina will then take us into a description of the VSPP Framework and its background. An interactive session will give us time to explore and to get to grips with using the Profile, and we will then analyse the information it provides to develop client-centred goals.



A VOICE FOR RICHARD with YVONNE MORLEY, Voice Teacher. This year saw the re-interment of King Richard III. Yvonne Morley brings us the latest updates from her research to explore his vocal profile using clues from his skeleton, DNA, psychological profiling and work with the team who found him.

WE LOOK FORWARD TO SEEING YOU THERE!

For further information contact:
VCN, 10 Station Road, Kenilworth,
Warwickshire, CV8 1JJ
Telephone: 01926 864000

www.voicecare.org.uk
info@voicecare.org.uk

Reg Charity Number: 1087751 Company Number: 4206066