

bulletin

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

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70
CELEBRATING 70 YEARS
1945 - 2015

Addressing the communication needs of people with profound and complex disabilities

— Cough reflex testing to detect silent aspirators

— The International Association of Logopedics and Phoniatics



Election fever: Time to get active and give voice in the run up to the general election

NEW

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The new MyNutilis.co.uk website aims to inspire patients and carers to cook delicious meals with Nutilis Clear.

Visit the website for recipes, news items and videos of Chef Neil making meals that look and taste appealing to patients.

	Tin Size (g)	FP10 Price*	Cost per Stage 1 drink**	No. of Stage 1 drinks** per tin
Nutilis Clear	175	£8.46	£0.15	58
Nutilis Powder	300	£4.92	£0.13	37
Thick & Easy™	225	£5.06	£0.20	25
Resource ThickenUp® Clear	125	£8.46	£0.16	52

*MIMS, February 2015; **200ml drinks as per manufacturer dosage instructions.



Transparent results

MyNutilis.co.uk

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Clear

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ISSN: 1466-173X



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Sam Falconer

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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)



Spring into general election action

Thankfully, it's April and Spring has sprung. With Easter just around the corner, the proverbial hosts of daffodils are making the world a happier place and the sight of bright blossom precludes the summer that lies ahead.

Of course, Spring 2015 means it will soon be general election time in the UK. I know this news will not excite everyone, but for the RCSLT Policy and Public Affairs Team it has led to a raft of frenetic activity as we seek to influence politicians of all parties. The team's aim is to highlight the importance of speech and language therapy, and to share our policy asks to improve outcomes for children and adults with speech, language and communication needs.

In our cover feature this month (pages 12-14) RCSLT Policy Officer Rebecca Veazey looks at the intensive work the RCSLT has been doing in the run up to 7 May and outlines how you can get active, give voice and engage with your local candidates and MPs.

The outcome of the general election will determine the direction of health and education policy over the next five years. This timeframe is also at the forefront of the thinking of NHS England CEO Simon Stevens. His 'Five Year Forward View' sets out his vision of encouraging local services to innovate and use transformative approaches to integrate care. On page 7, RCSLT CEO Kamini Gadhok considers his vision and its implications for the profession.

Steven Harulow

Bulletin editor

bulletin@rcslt.org

My RCSLT

Alice Howard



I work at the Royal Hospital for Neuro-disability in London with adults who have severe and complex brain injury. Our specialism is quite small and we are a charity rather than an NHS service, so it is crucial for me to have access to the RCSLT's resources to stay in touch with what is happening in this field all around the country. I have attended relevant courses and clinical excellence study

days advertised in the Bulletin and receive the RCSLT Weekly Monitoring email so I can keep up with any news and statutory changes which might impact my work.

King's Dysphagia Schedule

The King's College Hospital NHS Foundation Trust Speech and Language Therapy Service wishes to state that we do not hold any copyright permissions on the 'King's Dysphagia Schedule'. This schedule was never intended for publication, having been developed more than 10 years ago to address a short-term internal issue for new graduates working in dysphagia.

Dysphagia training and the associated evidence base has developed beyond all recognition over the past decade. It is our view, as the SLT team at King's College Hospital NHS Foundation Trust, that the schedule is not required in the current context of dysphagia training and management. Should you wish to use or edit the schedule it is not necessary to contact our department for permission.

Deirdre Rainbow, Head of Speech and Language Therapy, King's College Hospital NHS Foundation Trust

Word learning in adolescence

I am a PhD student at City University London under the supervision of Professor Victoria Joffe and Dr Natalie Hasson. I am investigating word-learning in 11-16 year old students with language impairment, in mainstream secondary schools.

The first stage of the research is to find out more about the current practice of teachers and SLTs in secondary schools with regard to teaching vocabulary. I am collecting this information through a short questionnaire that will only take around 15 minutes of your time. If you are able to help with this research, please follow the link <http://tinyurl.com/oz7uzqr> and let your colleagues know about it too.

Billie Lowe, PhD Student, City University London
Email: hilary.lowe@city.ac.uk

Communication skills apps

I have been playing with toddlers and exploring the use of apps to encourage communication skills. I have found a collection from the Sensory App House (www.sensoryapphouse.com) that are free and can be used on an iPad, iPhone or as Chrome apps. Of particular interest to SLTs are 'Speak Up' and 'Speak Up Too' for encouraging voice control with engaging animation. Also on the Chrome app list is 'Voca Speech Viewer' - an app that takes the idea one stage further with speech analysis (<http://tinyurl.com/q8sf4zj>).

The ones I have been using for fun times that encourage conversation and cause and effect skills - with the use of sound output, changing shapes and colours - are iMeba and Magma, plus Sensory Coloco (iOS), which allows for lovely kaleidoscope drawing as the child touches the screen. The development team also has paid apps, such as ClaroSpeak, with text to speech to aid literacy skills, ClaroCom for AAC use (www.sensoryapphouse.com/clarocom) and many more that can assist those with a wide range of disabilities.

EA Draffan, Assistive Technologist and SLT, Senior Research Fellow, ECS, University of Southampton

FOLLOW THE RCSLT ON **facebook** AND **twitter**

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS





Revised Mental Health Act (1983): Code of Practice comes into force



Deadline for RCSLT honours nominations



HCPC re-registration of SLTs begins

RCSLT Honours 2015

Nominate your colleagues for an RCSLT honour or Sternberg Award



The 2014 award recipients in Leeds

Since 1945, the annual RCSLT honours have acknowledged the achievements of our members and those who have contributed outstanding services to speech and language therapy. The nomination process is simple to complete, so why not put forward one of your colleagues for one of the four categories available?

Fellowships acknowledge and honour RCSLT members who have contributed outstanding service to the RCSLT or who have shown outstanding scholarship in the context of research and publishing, teaching, clinical expertise and management.

Honorary Fellowships acknowledge and honour non-SLTs and SLTs from overseas who have contributed outstanding

services to speech and language therapy, and for the benefit of those with communication disability.

The £1,000 annual Sternberg Award for Clinical Innovation is for innovative work that is new to a location and of demonstrable benefit to clients, the service and the profession. The work should have been in existence for at least six months and started within the previous three years.

The Assistant of the Year Award recognises the outstanding work of RCSLT assistant practitioner members.

Nominations close on 24 June 2015. To nominate someone you must be a certified RCSLT member.

© For more information, visit: www.rcslt.org/about/honours/RCSLT_honours or email: jo.offen@rcslt.org or tel: 0207 378 3007.

Apply now for an RCSLT Masters Studentship

After the success of our first round of the RCSLT Masters in Research Studentships in 2014, we are pleased to announce that applications are now open for this year.

The studentships fund all fees for members to undertake a part-time Masters qualification alongside their clinical practice. Successful applicants will join our vibrant clinical academic networks, have opportunities to support other SLTs embarking on their research careers and disseminate their work through the RCSLT.

To apply for a studentship, members must have been practising clinically for a minimum of two years and have a place on a Masters programme to commence in September 2015 or January 2016.

Find out more about Kevin Fower's first year of his studentship on page 38 of this month's Bulletin.

© Deadline for applications, 12 June 2015. Visit: <http://tinyurl.com/n5hxxb4>

NEWS IN BRIEF

Research newsletter:

The March-April 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. Essential reading for anyone with an interest in research.

© Visit: <http://tinyurl.com/ah76aw1>

Hello RCSLTalk.

The web address for the online specific language impairment (SLI) discussion forum has now changed to <http://rcsltalk.forums.net>. Please continue to contribute to the SLI conversation by clicking the link to RCSLTalk on the left hand side of the RCSLT homepage. RCSLTalk will host discussions on an array of subjects concerning speech and language therapy.

© Email: emma.pagnamenta@rcslt.org to suggest topics for consideration

In the lead up

to NHS Change Day on 11 March, NHS England Chief Executive Simon Stevens made the year's first pledge – to drive through change for people with learning disabilities. Change Day is a grassroots movement that began with a single tweet in 2013 and has since grown into a phenomenon backed by the NHS. How did you take part? Let us know.

© Visit: <http://changeday.nhs.uk>

Sad news.

Julia Ritchie died peacefully on 16 January after a short illness. Julia received an MBE for her commitment to health services and went on to establish Speech Link and Language Link, which provide assessment, intervention and measured outcomes to help with schoolchildren's speech, language and communication needs. The Bulletin will feature Julia's obituary later in the year.



wespeechies @wespeechies

MT #wespeechies: A Cost benefit report was the impetus for the Senate Inquir - like the @rcslt matrix report. Must happen.

Gillian Rudd @GillianRudd

Great to read about the Special Interest Groups created by SLT students @SLTSocietyUEA in @RCSLT Bulletin #Impressive

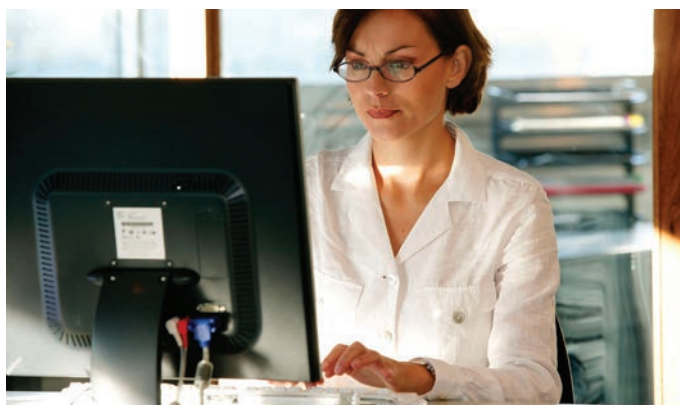
Co-creating the new RCSLT standards

Join in the first online workshop on 10 April. It's more than just a survey

We wrote last month ('Join us on our journey of co-creation', Bulletin, March 2015, page 5) about our journey to co-create the successor to Communicating Quality 3 - a set of standards and resources to support SLTs to deliver a high-quality service that integrates the Health and Care Professions Council (HCPC) standards of conduct, performance and ethics.

We will be launching the first online workshop of this project on 10 April, aiming to understand your views and provide appropriate guidance that describes the HCPC standards in the context of our profession.

On the day, you will receive an email from RCSLT



CEO Kamini Gadhok with instructions on how to join the conversation - which you will be able to do anytime, from any internet connected computer, tablet or smartphone.

The online workshop is

more than just a survey. You will be able to share your views, look at the views of others and offer feedback by voting and commenting on their contributions. You will be able to come back to

the conversation at any time while the workshop is live, to check what others think of your ideas and respond to queries or questions they may have. What's more, we will anonymise all your contributions to ensure ideas are judged based on their merit.

All of this will help us to truly co-create our new standard, by gathering the views of any RCSLT member who chooses to have their say. We hope all of you will get involved.

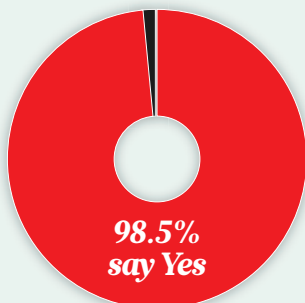
If you prefer to have your say in person, we will also be holding a series of events based in our RCSLT Hubs. Each of these will conduct a deep dive into one area of the new HCPC standards. Local events will take place in the week of 20 April and you should be hearing more about the event in your region shortly.

Your expertise is essential to shaping the outcomes of this project and we look forward to learning from your contributions.

📍 **Visit:** <http://tinyurl.com/QCLiveInfo> to find out more

RCSLT Web Poll
Have your say...

Should student SLTs be taught how to raise concerns about care?

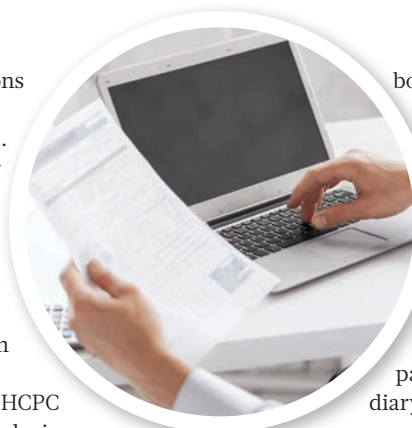


VISIT: WWW.RCSLT.ORG

HCPC audit coming soon: is your CPD up to date?

The Health and Care Professions Council (HCPC) will begin its next audit of SLTs in July 2015. Organised to take place along with the renewal of your biennial HCPC registration, the audit will examine your continuing professional development (CPD) since your last registration period in 2013.

As with the 2013 audit, the HCPC will examine a sample of SLTs during this year's renewal process to check registrants are meeting its CPD standards. The HCPC will send out renewal notices and notification of audit selection at the beginning of July. The deadline for



both will be the end of September.

The HCPC will ask those it selects for audit to complete a profile that summarises their CPD activities from 1 October 2013 to 30 September 2015. You can use the information you recorded in your online RCSLT CPD diary to put into your profile by copying and pasting the details from your CPD diary into the HCPC pro forma.

📍 **For more information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile, visit:** www.hpc-uk.org/registrants/cpd

AAC Lanarkshire @AACLanarkshire

It's #EuropeanDaySLT2015, we're asking #whataboutSLT? SLTs play a vital role with people using #aac #nowhear me @RCSLT

Jon Rouston @JonRoustonSLT

3 things I learnt from interviewing students 1 - if you say you have a passion about something, be ready to show what you've done about it



MARIA LUSCOMBE & KAMINI GADHOK

Programme for SLTs at otolaryngology conference

Registration is now open for the 5th British Academic Conference in Otolaryngology, from 8-10 July 2015.

Over three days, more than 200 leading speakers on otolaryngology will promote debate and best practice - in symposia, keynote presentations and clinical skills sessions. Leading international specialists will provide powerful insight into the latest thinking and academic findings on the areas of ear, nose and throat care.

There is a full programme for SLTs on 10 July and we are pleased that the RCSLT keynote speaker is the University of Wisconsin's Professor Diane Bless, who will present on 'Controversies in the diagnosis of voice disorders'.

Katherine Behenna and Suzanne Slade will present a clinical skills session for practical skills building and interpretation in fibreoptic



endoscopic evaluation of swallowing and videolaryngeal endoscopy, and there will be sessions on professional voice use, clinical voice and head and neck research.

H Fiona Robinson and Professor Paul Carding

Visit: www.baco2015.org

Take part in the RCSLT Outcomes Project

In late 2014, the RCSLT Board of Trustees considered the findings of the outcome measures appraisal exercise (see 'Outcomes and outcome measures', Bulletin, September 2014, pages 22-24). The board agreed that the existing tool that is currently the 'best fit' with the 11 agreed criteria is the Therapy Outcome Measures - Core Scale (TOMs).

The RCSLT Outcomes Project is now using TOMs as the basis for national data collection to support service planning, provide appropriate outcomes for commissioners and enable meaningful benchmarking. It will also help demonstrate the impact of speech and language therapy for the individuals and families we work with.

We hope anyone who wants to be involved in national data collection

will start using TOMs from 1 April 2015 - acknowledging that some are already using the tool and others will join later.

The third edition of Pamela Enderby and Alexandra John's 'Therapy Outcome Measures' is now available (visit: <http://tinyurl.com/n7kzc2k>). The latest version contains guidance for using TOMs, checking reliability within your team, real-life examples and 47 adapted scales for specific conditions.

If you are using or would like to start using TOMs with your caseload, email: amy.ward@rslt.org to get involved.

Visit: <http://tinyurl.com/orj9veq> to keep up to date with the RCSLT Outcomes Project

FIVE YEARS FORWARD

As the general election approaches, the RCSLT, along with partners in the third sector and Allied Health Professions Federation, has been working hard to get our key messages and manifesto asks across to the key political parties. While the parties outline their policies on the future of public services, there are some important developments we would encourage you track at a local level and get involved in where you can so you can influence on behalf of your patients/users.

In England, the focus is on the implementation of the 'Five Year Forward View' (<http://tinyurl.com/kcjenmc>). Whatever the election outcome, NHS England CEO Simon Stevens has set out his vision of encouraging local services to innovate and use transformative approaches to integrate care. This includes the 'triple integration' of primary and secondary, physical and mental health, and health and social care.

To support this, he has announced the funding of applications for new care models and 'multi-speciality community providers' - for example, involving the pooling of budgets, co-commissioning and GPs coming together at scale with hospital consultants. There is also a focus on changing culture and leadership, including clinical leadership, to support this transformational change.

He sees this as a pivotal moment to drive changes forward and consider patient outcomes - and not just budgets - as well as skills sharing across the workforce. As a profession, we are already moving forward in these areas. He is also looking at the learning not only from pilot sites but from across the UK - particularly Scotland, where there has been a focus on quality which has been missing in England.

In February, NHS England and Greater Manchester announced groundbreaking plans with a signed memorandum to bring together health and social care budgets - a combined sum of £6bn. This trailblazing move sees NHS England, 12 NHS clinical commissioning groups, 15 NHS providers and 10 local authorities agree a framework for health and social care - with plans for joint decision making on integrated care to support physical, mental and social wellbeing (<http://tinyurl.com/ltso3tg>).

We will of course be contacting members in the pilot areas and in Manchester. We are also still pushing on the need to support better integrated service commissioning and provision for children's services, including an alignment of priorities and frameworks. ■

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

King's Speech inspires theatre and therapy for young people who stammer

Group writes, produces and performs original piece of drama

A group of young people who stammer took part in an intensive week of theatre and therapy as part of a ground-breaking partnership between Birmingham Repertory Theatre (The REP) and the Birmingham Community Healthcare NHS Trust Speech and Language Therapy Service.

Twenty young people, aged 11 to 16, wrote, produced and performed in an original piece of drama, which was filmed and premiered at a showcase event at The REP on 28 February.

The Birmingham premiere of a new production of *The King's Speech* – starring Jason Donovan as Lionel Logue and Raymond Coulthard as King



From left: Service users Charlie Morton, Ammaarah Samuel, Crystal Marshall, Israel Beckford-Armstrong and Tyrece Coke

George VI – was the inspiration for the project.

Michael O'Hara, head of learning and participation at The REP, said, "At the very heart of

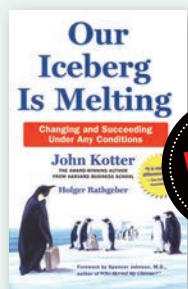
our play, *The King's Speech*, is the fundamental desire to find one's voice and be heard. This is true of us all. The opportunity for The REP to work with SLTs

and use our drama workshop expertise to inspire confidence in young people who experience language fluency issues is utterly compelling to me."

Ali Beard, professional clinical lead for the children's speech and language therapy service, said, "This is a wonderful opportunity for a group of young people who stammer to gain new experiences and skills, which will be hugely beneficial in building their confidence in communicating.

"We are very pleased that current developments in our city-wide service enable us to provide more flexibility in how we work and overall much more accessible support for young people."

The RCSLT prize draw Win a book...



Bulletin readers can win a copy of 'Our iceberg is melting'. Email your name, address and membership number to prizedraw@rcslt.org and put 'April draw' in the subject line. **Entries close 16 April. February's winner was Anna Trehane from Cornwall.**

Exciting developments in video interaction

I was interested to read James Law's article in the February 2015 Bulletin ('Ask the experts', pages 20-21) concerning parent/child interaction, followed by Melanie Cross in the March issue on video interaction guidance (page 11).

I work as an SLT at a children's charity called Kids Company. We have been drawn to the work of Keena Cummins and VERVE child interaction therapy, using video as the tool to consider both the quality of the attunement between child and caregiver – supported by research in attachment theory – alongside speech and language development, and emotional and behavioural issues.

Interestingly, we have found this approach has worked with a range of parents from a variety of cultural backgrounds – for example, Eritrean, Ghanaian, Jamaican and Sri Lankan parents. The other promising angle has been working with teachers or 'practitioners', using video to support reflection and providing more individualised

professional development.

Most importantly, we have seen results in a relatively short space of time – undeniable changes in the child's skills in relating to the people around them. Parents and practitioners in schools have appreciated the approach because it recognises their skills and places them in partnership with the therapist.

There is now a network of SLTs who are using VERVE, some within their NHS teams (eg, Bradford, Warwickshire, Oxfordshire, Sunderland, Solihull, Kent, West Sussex and various boroughs in London), some independently and some overseas. Exciting developments include a talk by Jane Oswell at Therapy Ideas Live and the launch of a blog to encourage more research and discussion.

Johanna Barclay, Speech, Language and Communication Therapist, Kids Company.
Email: johanna.barclay@kidsco.org.uk

22,000

people in England with profound and multiple learning disabilities by 2026

47

adapted Therapy Outcome Measures scales for specific conditions in the new edition



Derek Munn

COLUMN

USERS AT THE HEART OF THINGS

There comes a point in the life of every organisation when it is time to renew the strategic plan. Done right, this can be an invigorating exercise and right now the RCSLT is scanning the horizon for the challenges and developments that will affect speech and language therapy in the years ahead to make sure our aims and priorities are the right ones.

As part of our commitment to engagement with the users of speech and language therapy services, one of the first actions on our list was to consult with organisations representing users, and their parents and carers.

So it was that representatives of organisations across children and adults, covering all of the different people we work with, came together in partnership in February at the RCSLT to discuss the future.

Some of the top themes the group identified matched those we were already thinking of – the impact of technology on

everything from speech and language therapy practice to the working day; improved survival in early childhood and life expectancy at the end of life; and many more. Just as we hoped, some distinctive themes also emerged from the user perspective.

Among them was the need for specialist speech and language therapy for the condition or need being worked with.

This is valuable evidence for us in arguing the case for specialism to those making workforce decisions. The availability of and equal access to communication aids also came through strongly.

Adult users are looking to the future and wondering what will be free on the NHS in five years time and what they will need to pay for. The group also stressed the importance of peer-to-peer networks among service users.

We will be taking all of this on board as we develop the RCSLT's new strategy for 2015-2018. We will reveal more in the months ahead. ■

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

“Adult users are looking to the future and wondering what will be free on the NHS in five years time and what they will need to pay for”



APPG will continue to raise political awareness

Following a Parliament filled with achievement, the All-Party Parliamentary Group (APPG) on Speech and Language Difficulties is looking forward to the next session and the agenda it will pursue with the new government and shadow ministers after the general election. This was the central message from APPG Chair Lord Ramsbotham at its latest meeting on 25 February.

The achievements in question include the APPG's report, 'The links between speech, language and communication need and social disadvantage' and the instrumental role the group played in helping to ensure that the Children and Families Act clearly and unequivocally confirmed in statute the classification of speech and language therapy as special educational provision.

Speaking to an audience of MPs, peers, SLTs, other practitioners and representatives from expert organisations, Lord Ramsbotham (pictured) said the APPG intended to work in partnership with professionals to raise politicians' awareness of what more needs to be done to help ensure the best

possible support for children and young people with speech, language and communication needs.

The meeting opened with speeches from the RCSLT and The Communication Trust about the election manifesto asks they have developed. Audience contributions then looked at the key tasks ahead. Themes to emerge included ensuring that those who work with children have the relevant skills; appropriate support for children and their families; the importance of joint commissioning, including public health commissioning; the need for long-term investment; and, crucially, the need to demonstrate the value and impact of investment and how it can save money in the long run.

Peter Just, Interim RCSLT Parliamentary Officer

⊙ **Note: Established in 2007, the APPG on Speech and Language Difficulties brings together MPs and peers of all parties with an interest in the area. The RCSLT provides its secretariat. To find out more, email: peter.just@rcslt.org**

CREDIT: GEOFF WILSON

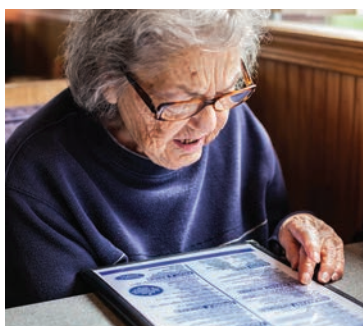
Rising to the accessible information challenge

As you may have read in the March 2015 Bulletin (pages 18-19), this year will see the launch of NHS England's Accessible Information (AI) standards. Meeting these standards will be a challenge for some health and service care services.

Within Solent NHS Trust, we recognise this challenge and as SLTs we believe we have a unique role in training communication partners in the skilled delivery of AI to individuals with complex communication and information needs. Health Education Wessex has funded our 12-month project to develop and pilot a tiered-model of AI training.

Tier 1 is a multi-media/e-learning awareness resource for all staff working within health and social care. We hope this resource will also be appropriate for use with health and social care students at undergraduate and postgraduate level.

Tier 2 involves self-directed learning discussion packs for teams working with a high proportion of clients who have AI needs. We are particularly interested in services where there is no speech and language therapy provision but



known AI needs.

Tier 3 is a programme of specialist training that will focus on key clinical issues relating to AI, for example using AI to support decision making and obtaining feedback from patients with AI needs.

The training will be patient-focused, driven by their views, experiences, opinions and suggestions. In addition, we will draw on the local research and innovation. We hope the training will equip services to meet the NHS England AI standards and result in improved inclusive communication approaches across health and social care.

.....
Dr Clare Mander, Lead SLT, Solent NHS Trust. Email: Clare.Mander@solent.nhs.uk

'Dysphagia' joins the RCSLT Journals Collection

The RCSLT Journals Collection is set to grow again from 1 April 2015.

Following the fantastic uptake of journals published by Springer during our trial in 2014, we have negotiated a subscription to their Hospitals and Health Collection. This includes Dysphagia, the Journal of Neurology, Journal of Autism and Developmental Disorders and approximately 800 further titles.

Our subscriptions to journals published by SAGE, Informa Healthcare and Wiley will continue this year. In total, we are now able to offer RCSLT members free access to more than 1,500 titles.

.....
Visit: <http://tinyurl.com/pdvqtxg> or click on the Journals Library Service picture on our homepage: www.rcslt.org

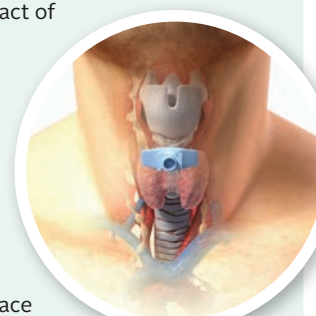
Speech CEN celebrates 10 years

To celebrate the 10th anniversary of the Speech Clinical Excellence Network (CEN) North East, the committee is delighted to host Barbara Dodd, Helen Stringer, Pam Williams and Sara Howard as keynote speakers at its forthcoming 'Symposium in child speech disorder' at the Centre for Life, Newcastle, on 2 July. The event is being run in association with the RCSLT North East Hub and the North East Speech and Language Therapists' Association, and is supported by the Specialists in Specific Speech Impairment Network. Hence, the delegate fee is only £75.

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Email: speechcen@gmail.com

Tracheoesophageal speech research

Researchers at City University London are exploring what communication is like for tracheoesophageal speakers, how using voice prostheses affects conversations and the impact of this on the lives of people with laryngectomies. Lizz Summers, specialist SLT in head and neck cancer at Addenbrooke's Hospital, is leading the research as part of a National Institute for Health Research-funded Research Masters. Semi-structured, face-to-face interviews will take place with individuals who use tracheoesophageal speech after laryngectomy. Recruitment to the study will take place through the public domain, primarily via the National Association of Laryngectomy Clubs. To discuss how this research might fit alongside clinical practice and how the project might be most beneficially extended in further studies, email: elizabeth.summers@city.ac.uk or tel: 07729 215 252.



Mental Health Act Code of Practice

The revised 'Mental Health Act (1983): Code of Practice' came into force on 1 April 2015. The revised code aims to provide stronger protection for patients and clarify roles, rights and responsibilities. This includes involving the patient and where appropriate, their families and carers in discussions about the patient's care at every stage and providing personalised care. The main changes to the code include new chapters on care planning, human rights, equality and health inequalities; new sections on physical health care, blanket restrictions, duties to support patients with dementia and immigration detainees; and further guidance on how to support children and young people, and those with a learning disability or autism.

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Visit: <http://tinyurl.com/oy6olgh>



Anna Volkmer

Opinion

Anna Volkmer says we need more research into conversation-based interventions for people with primary progressive aphasia

Communication training keeps families together



ILLUSTRATION Trina Dalziel

People with dementia represent a growing caseload for SLTs.

Primary progressive aphasia (PPA) initially presents only as a language difficulty. However, according to Riedl et al (2014), people with PPA and their carers are less likely to receive speech and language therapy than individuals with other dementia types.

The research examining the effectiveness of speech and language interventions for people with PPA focuses on naming therapies (Jokel et al, 2014). According to Croot et al

(2009), many patients disengage from these programmes due to the frustration of practising words they will inevitably lose, and because they do not address the needs of family and carers. Although there is little evidence to support the use of communication partner training for people with PPA, Wong et al (2009) report on educating a wife about the effect of her husband's communication difficulties on his conversation and how this may explain his apparent 'egotism'.

I work in a neuropsychiatry memory disorders clinic. I have

a particular interest in working with people with PPA and have written a book about assessing and managing progressive language disorders (Volkmer, 2013). My experience suggests that, in practice, therapy for PPA more often focuses on communication training rather than naming in order to support both the person with PPA and their carers.

To see if this is the case for colleagues, in June 2014, I circulated a small survey via the Northern and Southern Psychiatry of Older Adults Clinical Excellence Networks (CENs), the London Brain Injury CEN and two London hospital networks. It asked about the service SLTs offer to people with PPA.

Twelve of the 23 respondents worked in outpatient settings in mental health trusts. Eleven said they had between one and three people with PPA on their caseloads and eight said numbers were increasing. Six respondents were unable to offer any therapy for patients with PPA. The SLTs said they saw 44% of patients on a monthly basis and 43% attend two to three sessions. Ten respondents reported using conversation-based interventions, including a variety of formal and informal approaches such as 'Supporting Partners of People with Aphasia in Relationships and Conversation' (Lock et al, 2008); Better Conversations with Aphasia (BCA) (Beeke et al, 2013); video feedback, communication groups; family education about communication strategies; and tasks such as discussing a picture or news event. Respondents also reported using a variety of outcome measures including goal setting, rating scales, patient and family feedback, and pre/post therapy video comparison.

Respondents' comments about growing numbers of referrals suggest the PPA

caseload will expand still further as diagnosis improves and referrers become more aware of the SLT role. To argue for more resources to meet these needs, we need an enhanced evidence base for conversation training.

My investigations have inspired me to pursue research to develop and test an intervention based on BCA. I have secured funding from the Guys and St Thomas' Charity to offer an adaptation of BCA to three people with PPA and a family member. I also ran a focus group with members of the PPA branch of the Fronto-Temporal Dementia Support Group, within the National Brain Appeal, to gather advice on my initial intervention ideas and further development of the project. I will be using my findings to apply for a National Institute for Health Research doctoral research fellowship to do a larger study. ■

Anna Volkmer, South London and the Maudsley NHS Trust. Email: anna.volkmer@slam.nhs.uk



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*What if I'm not
in England?*

While the elections to the Scottish Parliament, Northern Ireland and Welsh Assemblies will not take place until 2016, the RCSLT is keen for members in Scotland, Wales and Northern Ireland to raise awareness of the importance of speech and language therapy and SLCN with general election candidates. Some important matters, such as professional regulation and research funding, are still handled UK-wide and we want all MPs to understand and value what SLTs do. You can also ask them to make sure their offices, surgeries and the material they produce are communication accessible.



Election fever: the temperature's rising

It's time to get active and give voice in the run up to the general election. **Rebecca Veazey** explains

ILLUSTRATION BY **Sam Falconer**

On 7 May, UK voters will go to the polls to select the next government. With just a few weeks to go, election fever is rising in the RCSLT's offices and our policy and public affairs team has been monitoring and influencing developments on the campaign trail at a national level. Working alongside the Allied Health Professions Federation (AHPF) and The Communication Trust, the RCSLT has developed policy asks that seek to support the work of the speech and language therapy profession, and improve outcomes for service users and their families. In the lead up to the general election, we are calling on our members to take action, give voice and engage with local candidates and MPs.

Why does the election matter?

The general election will determine the direction of health and education policy over the next five years. The pre-election period provides an important opportunity to influence the thinking of the political parties, highlight the importance of speech and language therapy, and share our policy asks (the changes that we would like to see)

to improve outcomes for children and adults with speech, language and communication needs (SLCN).

The decisions taken on polling day may have an impact on both our profession and local services in the long term. A change of government could affect a range of issues, such as local funding, workforce planning and the shape of national and local decision-making structures.

Pre-election highlights

For those of you who haven't been following election developments closely, here is a quick round up of political stories you might find of interest.

Surpassing immigration and the economy, voters and pollsters have identified healthcare as the defining issue of the election. In January, political parties focused on accident and emergency as winter pressures put waiting times into the spotlight. In February, the parties agreed on the importance of supporting mental health, and the need for parity of esteem (equal weighting given to physical and mental health). Over the course of recent months, party leaders have been getting to grips with their plans for future NHS funding:

- The Liberal Democrats plan to increase NHS spending by £8 billion a year by 2020–2021.
- The Labour Party has pledged £2.5bn to 'save and transform' the NHS by 2020.
- The Conservative Party has confirmed it will put an extra £2bn into frontline health services and ring-fence health service from spending cuts for the next parliament.

In a positive development in education policy, the Liberal Democrats were the first party to pledge to tackle child literacy. The party signed up to the Save the Children 'Read On Get On' campaign pledge to ensure all children are reading well by age 11 in 2025. This includes sub-targets of improving early language development. Ahead of the election, we expect that all of the leading political parties will follow suit.

We are calling on all political parties to:

RCSLT policy asks at a glance:

1. Support early identification of speech, language and communication needs – by providing better training and professional development about children's oral language for early years professionals, health visitors and GPs.
2. Ensure equal access to speech and language therapy support – by introducing a requirement to ensure local services are commissioned for children with special educational needs and disabilities who do not have education and healthcare plans.

AHPF asks at a glance:

3. Recognise the contribution and value of the whole workforce in supporting patients by maintaining the number of AHPs trained, based on full robust data from all providers – not just the NHS.
4. Acknowledge the important role of AHPs, the third biggest section of the health workforce, and ensure that all policies, speeches and documents reference AHPs.
5. Ensure health and wellbeing boards have access to expertise and advice from AHPs through AHP representation on the board and securing AHPs' expertise in local health networks.
6. Open up senior trust director posts to AHPs so that their unique insight can inform the integration of health and care around the needs of the patient.



Prevention, provision and promotion

Following extensive consultation with members and approval by the RCSLT Board of Trustees, we have produced a number of manifesto calls in relation to children and young people. Your concerns informed our policy calls along with latest research – for example, the findings and reports of the All Party Parliamentary Group (APPG) on Speech and Language Difficulties.

As part of the AHPF, we have also formulated policy asks that relate to the allied health professions more widely. These seek to address concerns shared by AHPF member organisations and to support the federation's strategic aims of advancing the profile of the allied health professions. For example, our asks include providing leadership opportunities for AHPs both within the NHS and local decision making.

Our policy asks are bound together by the themes of prevention, provision and promotion. Our calls in relation to children and young people support prevention and early intervention, ensuring early identification of SLCN and the commissioning of services at a local level. Our AHPF asks seek to promote and utilise the expertise of SLTs.

The importance of speech and language therapy

In the run up to the general election, the RCSLT has met with senior politicians and advisers from each of the political parties to discuss our policy asks. We have met with a mixture of representatives across education and health policy to inform their manifestos and make sure that their parties understand the importance of addressing SLCN.

In our meetings, we have highlighted the importance of early intervention to support SLCN, including how this can support financial savings and enable them to achieve broader policy ambitions – such as improving children's educational attainment, preventing youth offending and promoting employability. We have also used these opportunities to promote the importance of supporting communication skills across the life span (providing support for both children and adults).

In recent months, we have met with a number of significant political figures, including Health Minister Dan Poulter MP, Shadow Health Secretary Andy Burnham MP, Children and Families Minister Edward Timpson MP and Shadow Education Secretary Tristram Hunt MP. We have also met with all the leading parties' health and

Six weeks to go: six tips to know

Make sure that you are ready for the general election:

Make sure that you are registered to vote

–
Log on to the Giving Voice website (<http://tinyurl.com/nrjn3j4>) to access RCSLT influencing resources

–
Organise a meeting with your candidate or engage with them through local hustings events

–
Write to local candidates explaining the RCSLT's asks

–
Tweet the asks to local candidates

–
Contact the RCSLT to share your success stories (email: policy@rcslt.org)

education advisers to inform their thinking. Our influencing has had an impact and in the lead up to the election each of the leading parties has explicitly mentioned speech and language therapy and/or the value of SLTs:

- In a recent speech, Nick Clegg (leader of the Liberal Democrats) mentioned his intention that the Early Years Pupil Premium (educational funding for children from disadvantaged backgrounds) could be used to fund services, such as speech and language therapy.
- In a speech launching the Labour Party's 10-year health and care strategy, Andy Burnham, Labour's shadow health

secretary, mentioned explicitly the importance of SLTs and AHPs in delivering integrated care.

- In a parliamentary debate on GP services, Health Minister Dan Poulter mentioned the importance of SLTs, and other AHPs in delivering high-quality community care.

Time to take action

It's not too late to take part and join the general election action at your local level. In the lead up to the general election, we are encouraging members to meet with, or alternatively write to, their local candidates to communicate the value of their local service and to share our policy asks. Meeting with your candidate will help to raise awareness about the importance of speech and language therapy within local communities and develop long-term relationships with influential local stakeholders. A range of template letters, tools and resources are available on the Giving Voice website: <http://tinyurl.com/nrjn3j4> to help get you started.

Letter writing challenge

An excellent and inspiring example of member activity is 'The Great Letter Writing Challenge' organised by University College London's Giving Voice Society. According to UCL student Rachel Clare, the challenge involved 40 society members writing to their MPs to call on their political party to support and recognise the work of SLTs and to ensure that all policies, speeches and documents reference AHPs. They contacted MPs from across England, Scotland and Wales.

The group combined the MPs' responses into a collage, which they have shared via social media to further raise awareness of speech and language therapy. Some members have shared their letters on Twitter and, by including the MP's handle in the tweet (eg @Jeremy_Hunt), the tweets have been shared with all of the MPs' followers – further raising awareness among the online community. The society has maintained contact with the MPs who have responded to the letters, by inviting them to subsequent Giving Voice events.

We want to hear from you and find out more about your engagement activities at a local level. To have your achievements featured in the Bulletin, email: policy@rcslt.org with a summary of your pre-election activity in 150 words or less. Who knows, you might be in with a chance of winning a Giving Voice Award. ■

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Rebecca Veazey, RCSLT Policy Officer

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

Reviews

BOOK

Head and neck cancer (2nd edition)

AUTHOR: Elizabeth Ward and Corina van As-Brooks
PUBLISHER: Plural Publishing.
PRICE: £84.59 (Amazon)
REVIEWER: Vikki Meredith, Specialist SLT, and Maggie Griffith, Principal SLT ENT, Hertfordshire Community NHS Trust
RATING Book ●●●●●

Head and neck cancer can be a daunting subject to an SLT new to the specialism. This very welcome second edition of a comprehensive text is written by two eminent SLTs in the field with many international experts as contributors.

The updated and extended text includes the full scope of head and neck treatment and rehabilitation. Its clear layout contains many high-quality clinical photographs and illustrations and information is conveniently summarised in tables – for example, the anatomical, physiological and lifestyle changes post-laryngectomy. A DVD includes animations and videos of surgical procedures, speaking valve insertions and patients talking after treatment.

There are chapters on survivorship, telehealth and a comparison of different healthcare systems. The latter includes a section by Annette Kelly, who presents a brief overview of the evolution of SLT head and neck services in the UK, and highlights a number of issues and challenges facing SLTs, such as pre-treatment therapy and surgical voice restoration practice.

BOOK

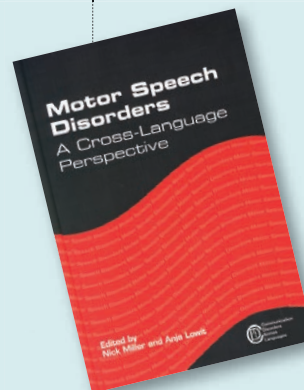
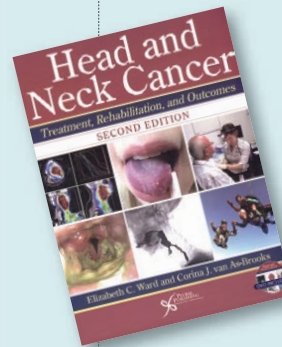
Motor speech disorders: A cross-language perspective

AUTHOR: Nick Miller and Anja Lowit (Editors)
PUBLISHER: Multilingual Matters
PRICE: £99.95
REVIEWER: Sandra Polding, SLT, National Child Psychiatry In-Patient Unit for Scotland
RATING Book ●●●●●

This is a fascinating, well-written and informative book. The first chapters set the scene, providing definitions of motor speech disorders (MSD) alongside current ideas on assessment and intervention. It considers assessment in its widest form, encompassing all aspects including intelligibility, impairment and culture.

The main section focuses on the cross language perspective. The authors explain the idea of language universals and specifics, and use these ideas to gain information on how MSDs develop thinking about what is shared (universals) and what is unique to that language (specifics). They are keen to explore if the information gained can positively impact how we assess/treat MSD to improve the quality of life for the individuals involved.

Reading this has left me energised, enthusiastic and excited about the potential in this area. The authors highlight that further research is essential across many languages. This will be exciting and innovative, so watch this space.



BOOK

Tackling selective mutism

AUTHOR: Benita Rae Smith and Alice Sluckin (Editors)
PUBLISHER: Jessica Kingsley Publishers, 2014
PRICE: £19.99
REVIEWER: Anita McKiernan, Highly Specialist SLT/Team Leader, London NorthWest Healthcare NHS Trust
RATING Book ●●●●○

The breadth of topics covered by the different authors in this book is impressive. However, some topics are tackled in more detail than others and I found myself wanting more depth in certain areas.

Contributors do not shy away from exploring a number of tricky issues around identification and management from a variety of different perspectives and this is a real strength of the book.

At various points we hear the voices of young people affected by selective mutism. Their key messages and inspirational stories of change offer invaluable insights into the nature of the condition and how to best support those who experience it.

The intervention section has useful content and includes a particularly valuable chapter exploring how the key principles for effective practice are implemented within care pathways in the UK. This could provide a great starting point for local services in developing their own care pathways.



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

We work within a specialist speech and language therapy service for people with

intellectual and developmental disabilities (IDD), covering a population of around 1.2 million people living in Nottingham, Nottinghamshire and Bassetlaw. We provide a service in the community and in specialist inpatient settings, including low secure and locked rehabilitation.

Last year, the team engaged in a ‘Year of evaluation’ and we decided to undertake a small-scale project to look at our practice across the county towards people with profound and multiple learning disabilities (PMLD). We wondered whether we are providing an equitable service across the county; whether all SLTs are aware of the approaches that work best and how they can promote these; and how we can best support SLTs to develop their practice.

Defining PMLD

Bellamy and colleagues (2010) define people with PMLD as individuals who:

- Have extremely delayed intellectual and social functioning.
- Have a limited ability to engage verbally, but are able to respond to cues within their environment (eg familiar voices, touch and gestures).
- Require those who are familiar with them to interpret their communication intent.
- Frequently have an associated medical condition that may include neurological problems and physical or sensory impairments.
- Have the chance to engage and achieve their optimum potential in a highly-structured environment, with constant support and an individualised relationship with a carer.

Communication check-up

Felicity Court and Penny Dembo examine how SLTs address the communication needs of people with profound and complex disabilities

In 2008, there were an estimated 16,000 people in England with PMLD (Bellamy et al, 2009) and this number is predicted to increase by around 1.8% each year. By 2026, there will be around 22,000 people with PMLD – 105 people within an ‘average’ population group of 250,000 (Emerson, 2009).

Professor Jim Mansell’s 2010 report, ‘Raising our sights’, calls for individualised and person-centred approaches for people with PMLD in a whole range of areas including health, day activities and assistive technology. Communication is a fundamental issue crossing all of Professor Mansell’s 33 recommendations.

Speech and language therapists have

used various strategies to raise this issue. For example, in Leicestershire they urged commissioners of services for people with PMLD to involve their service users in a range of creative ways (Parr, 2012). In 2013, the RCSLT published its ‘Five Good Communication Standards’. These are of real relevance to the PMLD population; particularly Standard 4: ‘Services create opportunities, relationships and environments that make individuals want to communicate’.

Our study

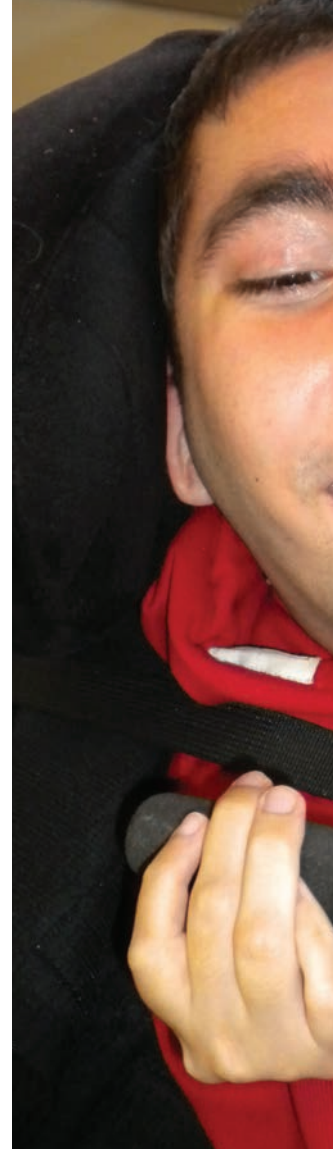
We sent questionnaires and Bellamy’s PMLD definition to our team of 16 SLTs and received replies from all of them. Two people reported that they did not work with anyone with PMLD; therefore, our data reflects the replies of 14 SLTs (10.5 whole time equivalency). Caseload numbers totalled 346 and of these, 70 people (20%) fitted the PMLD definition. Forty-nine of the 70 people in the PMLD group were on SLT caseloads for dysphagia management in addition to their communication needs.

Assessing needs

How do SLTs assess the communication of people with PMLD? In terms of assessment of need and ‘baseline recording’, all of our SLTs used the following approaches:

- Discussion with carers – informed by the

“Services create opportunities, relationships and environments that make individuals want to communicate”





Far left: Lucasz uses a grab switch to turn on the music. **Left:** Shannon chooses which colour icing to use on her cookie

Nottinghamshire are considered to have PMLD. According to our study, our SLTs already employ a range of assessment methods and therapeutic interventions but recognise there is always scope to further develop our service and extend our knowledge and skills in this area.

Based on our findings, over the next year, we intend to develop a clear SLT 'clinical pathway' for people with PMLD, resolve the IT issues that are restricting use of video recording and explore ways in which we can collaborate more with other colleagues. We also intend to ensure people have access to a range of relevant resources, offer opportunities for shadowing more experienced colleagues and arrange further training in the areas identified in the study. ■

Felicity Court, Lead SLT (PMLD); Penny Dembo (Highly Specialist SLT), Speech and Language Therapy Service, Intellectual and Developmental Disabilities, Specialist Services Directorate, Nottinghamshire Healthcare NHS Trust. Email: Felicity.Court@nottshc.nhs.uk



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including Intensive Interaction (Hewett et al, 2012) and Making Sense Stories (Grove, 2013) (12).

- Using real objects to promote choice-making (11).
- Use of iPad technology - cause and effect apps etc (9).
- Use of single switch technology - eg BIGmack (Solomonson, 2010) (6).

The SLTs are predominantly co-located in community teams and in inpatient settings with a wide range of professional colleagues (including psychiatrists, psychologists, nurses, OTs, physiotherapists and social workers). They describe significant liaison with these colleagues for their broader caseload work. However, joint clinical work with people with PMLD is limited to three professional groups - with 10 SLTs working regularly with occupational therapists, physiotherapists and, where available, specialist intellectual disability dietitians.

Professional development

Nine SLTs said they used the Mencap publication, 'Communication with people with the most complex needs: What works and why this is essential' (Goldbart and Caton, 2010) as a key reference when working in this area. Six respondents used the online PMLD Network and associated quarterly PMLD Link publication and back catalogue. Although both of these provide an extremely useful reference tool for therapists working in this field, two SLTs were not aware of them. Nine respondents requested professional development opportunities around interactive approaches, sensory processing and the use of iPad technology.

Going forward

One in five of the people on our speech and language therapy caseloads in

Means Reasons and Opportunities Model of Communication (Money and Thurman, 1994).

- Informal observations of a client's communication across a range of settings and with different people.
- Collection of detailed observational data by carers; including non verbal responses to stimuli and sensory responses.

All but one respondent used their informal interactions with clients in a range of settings, including use of Intensive Interaction approaches and sensory stimuli.

Respondents used fewer formal assessments, but three SLTs reported using the Pre-verbal Communication Schedule (Keirman and Reid, 1987) and one used both the Affective Communication Test (Friedman et al, 1980) and pre-entry level education assessment.

Similarly, only one SLT used video recording to collect baseline data, in part due to local IT problems in uploading material and issues around data protection. The figure has been higher in the past.

Interventions and collaboration

We asked SLTs to indicate which therapeutic approaches they use currently. The most popular approaches were:

- Provision of communication guidelines/passports (13 SLTs).
- Promoting interactive approaches;

The Northwick Park Hospital (NWP) Stroke Unit is one of eight hyper-acute stroke units (HASUs) in London. It is a large unit with 16 hyper-acute beds and 34 stroke unit beds. The speech and language therapy stroke team (SLTST) provides a six-day service and typically receives more than a 100 patient referrals each month for swallowing and/or communication difficulties.

During summer 2013, the SLTST reviewed its dysphagia service provision and was concerned it was failing to identify a significant percentage of the silent aspirator population. The literature reports a high incidence of silent aspiration in the stroke population – Daniels et al (1998) suggest that 67% of acute stroke patients who aspirate do so silently. We were concerned that our reliance on clinical swallowing examination (CSE) meant silent aspirators were going undetected. Ramsey et al (2003) identified widely varying values for sensitivity (42–92%) of CSE for identifying aspiration. We looked into the use of cough reflex testing (CRT) as a reliable, quick and cost-effective method of identifying patients at risk of silent aspiration (Miles et al, 2013).

Cough reflex testing

Asking a patient to cough will provide information about their laryngeal motor function; however, it will not provide any information about laryngeal sensation. Cough reflex testing is a test of laryngeal sensation and provides information about the sensory component of the vagus nerve (cranial nerve X).

Cough reflex testing involves observing an individual's cough response after the introduction of a nebulised irritant (frequently citric acid) into their upper airway. It is an additional component of a CSE rather than an alternative to a dysphagia assessment (Miles et al, 2013).

Several research groups have assessed the validity of the CRT for identifying aspiration (Wakasugu et al, 2008; Sato et al, 2012; Miles et al, 2013). When Wakasugu et al paired a CRT with a water swallow test, the sensitivity and specificity of CRT for detection of aspiration were both 89%. Hospitals across New Zealand and Australia use CRT routinely as part of dysphagia assessment (McFarlane et al, 2014).

Identifying the silent majority

Becky Potter, Lucy Page and Mary McFarlane say cough reflex testing is a reliable, quick and cost-effective method of identifying patients at risk of silent aspiration

ILLUSTRATION BY **Joe Todd Stanton**

Setting up CRT at NWP

In light of our concerns and the recent validation studies, the SLTST was keen to trial CRT on the stroke unit to improve detection of silent aspiration in patients post stroke and improve patient selection for instrumental assessment. The team met with stroke consultants, the stroke pharmacist, the head of speech and language therapy and the stroke service manager to present its concerns regarding the limitations of our current practice, the research supporting CRT and a proposed protocol for CRT use on the stroke unit.

The stroke team supported an application to the North West London Drugs and Therapies Committee, which granted permission to use citric acid for CRT with stroke patients. The pharmacy department produce citric acid for use at NWP as well as external distribution. All SLTST members received training in cough judgment and integrating CRT results into feeding decisions.

Part of the routine

Since November 2013, we have integrated

CRT into routine SLTST initial dysphagia assessments. The CRT method used by the SLTST is that described by Miles et al 2013. We do not carry out CRT when its outcome would not change patient management, for example in palliative cases when the patient is for risk feeding.

From November 2013 to August 2014, we carried out 262 CRT assessments. Of these, 24% were fails and we subsequently referred patients for instrumental assessment. Where appropriate, instrumental assessment typically took place within 24 hours. Some patients did not go on to have instrumental assessment or there was a delay due to their medical status or change in their management plan (for example, a decision to risk feed).

A comparison of the number of referrals for fiberoptic endoscopic evaluation of swallowing (FEES) assessment over a six-month time period pre and post introduction of CRT, indicates that there were 10% fewer referrals following regular use of CRT and increased identification of aspirators (37% in 2013, compared to 45% in 2014).





Cough reflex testing

Northwick Park Hospital SLT stroke team integrated CRT into initial dysphagia assessments

262 CRT assessments between November 2013 and August 2014

Increased identification of aspirators over same period
10% fewer FEES referrals

Stan's story

Stan, 80, was admitted to NWPH stroke unit following a right lacunar infarct. Although he initially passed the nurse dysphagia screen, he was subsequently placed nil by mouth (NBM) and referred to the SLTST due to concerns in regards to his swallowing. Lucy, the SLT assessing Stan initially, reviewed the medical notes and took a full case history. Stan reported that prior to admission he enjoyed a normal diet and was keen to get back to having cups of tea.

An oro-motor assessment identified weakness involving cranial nerve V, VII, IX, X and XII. Stan was mildly dysphonic and hyper nasal. He had a strong voluntary cough, but failed a CRT. This indicated he had impaired laryngeal sensation that put him at high risk of silent aspiration and bedside trials of oral intake were not attempted.

Lucy discussed the results with the medical team and Stan remained NBM. Fiberoptic endoscopic evaluation of swallowing took place the next morning. During the FEES procedure, Stan silently aspirated normal fluids and puree and the SLTST initiated an intensive dysphagia

therapy programme.

A repeat FEES the following week revealed significant improvement in laryngeal sensation and swallow function, Stan was no longer silently aspirating and he commenced normal fluids and a fork-mashable diet. Further swallow assessments were completed at bedside. Stan was discharged home four weeks after admission on normal diet and fluids.

When asked about the CRT, Stan said, "it felt a little bit irritating, but not distressing". He went on to say, "it was not unpleasant, it was okay".

Lucy reported that the CRT was, "useful in identifying that Stan was at high risk of silent aspiration despite the presence of a strong volitional cough and it increased my confidence in advocating for the need for instrumental assessment".

Future developments

The next stage is to evaluate formally the impact of introducing CRT on patient outcomes and the aims identified above. Northwick Park is currently introducing CRT on the general medical wards and, pending

the outcome of current research in New Zealand, may look to integrate CRT into initial nurse swallow screening.

Initial data from a trial of using CRT at Northwick Park indicates improved patient selection for instrumental assessments and increased detection of aspiration.

It is used by all the multidisciplinary team in regards to making feeding decisions with patients, increases confidence in decision making and has become an integral component of initial dysphagia assessment on the stroke unit. ■

Becky Potter, Specialist SLT (Stroke); Lucy Page, SLT (Stroke, previously at Northwick Park Hospital); Mary McFarlane, Principal SLT (Stroke and Acute). Northwick Park Hospital. Email: Rebecca.potter3@nhs.net



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Ask the experts

What is effective in the treatment of global aphasia?

Christos Salis

Tavistock Aphasia Centre North East, Newcastle University

Susan Edwards

Clinical Language Sciences, University of Reading

Global aphasia describes a severe type of aphasia. All verbal communication modalities are majorly affected as the result of large, dominant hemisphere, perisylvian lesions. The question as to “what is effective in global aphasia” is important for two main reasons.

First, treatment options, often available for people with less severe aphasia (for example, spoken naming, thematic role mapping), may not be appropriate for people with global aphasia. Second, a severe comprehension deficit may make the understanding of the need for intervention and/or the treatment tasks a barrier to treatment.

Intensive treatment

The clinical management of global aphasia can be challenging for clinicians because assessment and treatment options may be perceived to be limited, especially when speech apraxia and non-verbal cognitive deficits are present (Nicholas, Sinotte and Helm-Estabrooks, 2011). The complexity of global aphasia necessitates a thorough assessment of verbal and non-verbal abilities in order to capitalise residual strengths in goal setting and ensuing treatment.

In the acute recovery stage, global aphasia is common (Pashek and Holland, 1988). The condition is very distressing to the person and his/her family as communication becomes a

big challenge. In the early stages, the most urgent need is to increase the family’s/spouse’s understanding of the condition. As recovery takes place, global aphasia often evolves to less severe forms (Denes, Perazzolo, Piani and Piccione, 1996).

Some evidence suggests that intensive treatment of global aphasia in the sub-acute phase (ie, around three to four months post onset) can improve language functioning and diminish the severity of the impairment (Denes et al, 1996).

These authors compared intensive and regular treatment. The intensive treatment group (eight people) made more progress than the standard treatment group (nine people). The only statistically significant treatment effect in written language in that study.

Potential for change

While the evidence-base for effective treatments in people with global aphasia is small, there is potential for change. Helm-Estabrooks, Albert and Nicholas (2014) described several options for global aphasia, including assessment and treatment.

The treatment options that Helm-Estabrooks and colleagues discuss in detail include the use of melodic intonation to produce limited, yet functional speech, communicative drawing, visual action treatment and high-tech alternative/augmentative communication approaches.

Attard, Rose and Lanyon (2013) presented a multi-modal treatment (akin to ‘total communication’ treatments, Davis, 2005) whereby intended meaning is conveyed through

speech and non-speech modalities.

Treatment involves hierarchical steps of meaning elicitation. Beeson, Higginson and Rising (2013) reported a treatment for severe dysgraphia, based on the copy anagram recall paradigm, delivered through one-handed typing on a mobile phone.

These two treatment options (Attard et al, 2013; Beeson et al, 2013) involved people presenting with Broca’s aphasia. However, both treatments could be adapted for global aphasia, provided there are relevant residual skills, such as gesture and spelling, which could be capitalised in treatment.

In what Basso (2003) calls pragmatic approaches, conversation therapy or conversation partner training are useful not only in facilitating communication but in mitigating psychological distress. Simmons-Mackie, Savage and Worrall (2014) discuss a variety of related approaches and the challenges in documenting the evidence base for these approaches.

Conversation-based therapy

Beeke et al (2013) have prepared a very useful online resource, which provides an introduction and ideas for conversation-based therapy. This easy-to-use site contains examples of identifying aspects of conversation that facilitate and enhance communication, including suggestions as to how conversation partners might modify their input to suit the person with aphasia.

Although the aphasic participants in the project had Broca’s rather than global aphasia, some of the strategies detailed on the site could facilitate communication with people with global

“The complexity of global aphasia necessitates a thorough assessment of verbal and non-verbal abilities”



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& resources**

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➦ Add your views to the online conversation on the treatment of global aphasia. Visit: <https://rcsltalk.forums.net>



ILLUSTRATION BY Sarah Tanat-Jones

aphasia (Beeke et al, 2014). Although the work on conversation-based intervention has not, to the best of our knowledge, been documented with people with global aphasia, many of the strategies used might be helpful.

The wellbeing of people with global aphasia and their carers is another, important aspect of management. Counselling approaches for the person affected and especially for his/her carer could be useful in helping with emotional barriers of loss, grief, anger and often blame (Dalton and Dunnett, 2005).

Better prognosis

While in the past global aphasia has been thought to have poorer prognosis than other manifestations of aphasia (Ferro, 1992), recent advances in neuroimaging and predictive models of aphasia recovery (Price, Seghier and Leff, 2010) and progress with repetitive transcranial magnetic stimulation treatments (Naeser et al, 2005; Heiss et al, 2013) are likely to provide more effective treatments and better prognosis for global aphasia in the near future. ■



Victoria Joffe

Victoria Joffe reflects on the varied opportunities available for SLT involvement in research and evidence-based practice

There for the taking...

I write this having just returned from the second Council for Allied Health Professions Research (CAHPR) professoriate meeting. With Spring fast approaching, it seems a good time for us all to revisit the plans and goals we set on our journey to enhance our roles as evidence-based practitioners and to challenge ourselves and our colleagues further with even more ambitious objectives.

I hope that you have found support structures and/or resources that have enabled you to scrutinise more closely your routine clinical practice and assess the evidence for the service you are offering. These may include one of the RCSLT Hub workshops; a CAHPR research hub meeting (see: <http://tinyurl.com/ncay8u2> for main contact and list of regions); a journal club or

perhaps protected time each week to read a journal article or two. You may also have looked through the What Works database for new or emerging evidence (<http://tinyurl.com/px268kd>).

It is not always easy to ensure our daily clinical practice is evidence based, continually ask questions and challenge long-held practices that 'appear to intuitively make sense' but have no evidence, or even to have counter evidence. However, support in many different varieties and guises is out there. I challenge you to find a colleague, a website, a hub or a forum that will support you in asking the difficult questions – the questions that allow you to critically evaluate and keep your own clinical practice current, strongly evidenced and relevant.

Shared areas of development

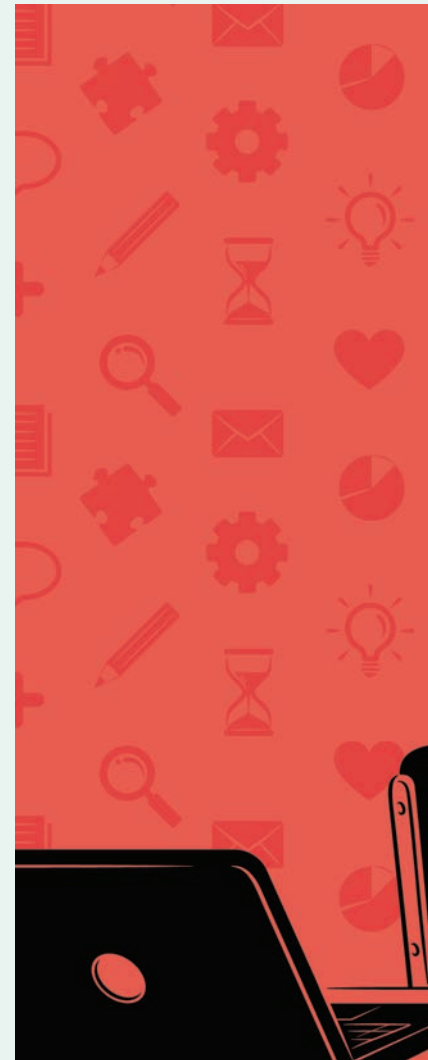
I mentioned the CAHPR professoriate meeting. The professoriate is one of the three arms that make up the Council – the other two being the 23 regional hubs and the strategy committee. The strategy committee has three SLTs as members. There were four other SLTs at the professoriate meeting amidst the 23 allied health professional professors from a range of disciplines.

This forum provided an interesting opportunity to share and learn about the challenges of other allied health professions in delivering an evidence-based effective and high-profile service distinct from the medical and nursing professions. What struck me most was the similarity in experiences across the disciplines. Interdisciplinary groups highlighted the main areas for development:

- Increase awareness of clinical managers of role of research and supporting managers in practical and realistic ways to embed research and clinical evidence in their service.
- Increase the number of joint appointments between research and practice.
- Ensure all practitioners have a sufficient grounding in research training.
- Ensure all clinicians are aware of the opportunities for involvement in research activity.

The CAHPR aims to enable all allied health professions to speak with one voice, to strengthen its sum as well as its parts. Check out the CAHPR website and see if there is a research hub near you. If there is, make contact and attend a meeting with colleagues. If there isn't a hub near you, then think about starting one.

The CAHPR regional hubs have developed a series of 'Top



Tips' publications available to all professional members. To date, there are three of these – 'Running a journal club', 'Preparing a scientific poster' and 'Getting your paper published'. In time, these publications and more will be available on the CAHPR website. Meanwhile, if you would like pdf copies, please contact CAHPR administrator Angela Winchester: cahpr@csp.org.uk.

Critical appraisal

The similarities across fellow healthcare professionals reflects the diversity and parallels of individuals within our own

Research and Development Forum



ILLUSTRATION BY Ben Mounsey

“In the work we do as SLTs, being an evidence-based clinician is non-negotiable”

profession, all at different stages in their journey, with different starting and end points, yet with similar concerns and struggles about delivering effective evidence-based services.

Over this series of articles and in our workshops, we have aimed to support you to become more research aware

and research active. We have emphasised the importance of being aware of the evidence available and being able to critically appraise and apply it to your own caseload. The importance of critical appraisal – “the process of carefully and systematically examining a research report to judge its

trustworthiness, make sense of the results and assess the relevance of the findings in a particular context” (Burls, 2014, p1) – cannot be emphasised enough. It is something that all healthcare and education professionals should undertake continually.

Research active

We also know that there are a significant number of members who are either participating in research or are seeking to have a more active research involvement. We get many requests asking how best to go about starting some research. For those of you looking for a more formal involvement in research and wondering how to make that big step, we are featuring a range of interviews with clinicians who have had the same desire as you and are at some point on this pathway.

You may have read the interview with Emma Black in the March Bulletin. Emma has completed an MRes in Clinical Research with a view now to apply for a National Institute for Health Research-funded clinical doctorate. Look out for further interviews with practising SLTs undertaking research as part of a more traditional PhD degree, as well as a professional doctorate. We will also highlight experiences from SLTs working as research assistants and explore how this role can often be a fertile ground for widening opportunities for greater research participation and an excellent grounding for a future clinical research career.

The active involvement in research is an avenue that SLTs can choose, but is not a prerequisite to being an evidence-based clinician. What is essential is for all SLTs to engage in evidence-based practice; critically evaluating current evidence and integrating it in daily clinical practice to inform clinical

decision making.

In the work we do as SLTs and AHPs, being an evidence-based clinician is non-negotiable. What is completely our choice is just how involved we get in the research process. If you are someone who wants more formal involvement in research and are looking for ideas about how to do this, do get in touch with us, with your RCSLT Hub or your closest CAHPR research hub. It is also worth looking at jobs available at higher education institutions, because your clinical expertise may be the exact gap that researchers are looking to fill in order to undertake their next big research project. The opportunities are out there, you just need to find them. Good luck with your search and keep us updated about your progress. Who knows, we may feature you in a subsequent Bulletin forum to support other therapists on their own journeys.

.....
Professor Victoria Joffe, RCSLT Trustee for Research and Development. Email: vjoffe@city.ac.uk; [@vjoffe](https://twitter.com/vjoffe).



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Resources:

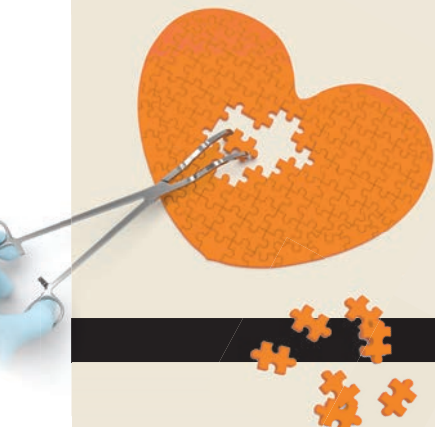
Council for Allied Health Professions Research (CAHPR): research hubs: <http://tinyurl.com/ncay8uz>

CAHPR Top Tips:

Running a journal club. Content provided by the CAHPR Yorkshire Regional Hub. CAHPR

Preparing for a scientific poster. Content provided by the CAHPR Cumbria and Lancashire Regional Hub in collaboration with the Rosemere Cancer Centre Radiotherapy research champions.

Getting your paper published. Content provided by the CAHPR London Regional Hub.



Our monthly look at the latest in published research

In the Journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

Dysphagia and intubation

Patients undergoing cardiovascular surgery are at higher risk of developing dysphagia the longer they are intubated postoperatively, according to researchers in Canada.

Their study aimed to investigate risk factors for dysphagia in adult patients undergoing coronary artery bypass grafting or valve repairs/replacements. Two blinded researchers retrospectively extracted demographic, clinical and surgical data from medical records for 909 patients at a single cardiac centre in Canada in 2009. They excluded patients if they required a tracheostomy. Pre-defined criteria determined the presence of dysphagia and data analysis used multivariable logistical regression to identify independent predictors of dysphagia.

Intubation duration, increased age and post-surgical sepsis all predicted occurrence of dysphagia. The researchers observed the highest risk of dysphagia for patients intubated for more than 48 hours. The authors suggest these findings may enable clinicians to determine which surgical patients should be offered swallowing assessments following extubation.

Reviewed by: **Mark Jayes, Highly Specialist SLT, Sheffield Teaching Hospitals NHS Foundation Trust; NIHR/HEE Clinical Doctoral Research Fellow, University of Sheffield**



Skoretz SA, et al. Dysphagia and associated risk factors following extubation in cardiovascular surgical patients. *Dysphagia* 2014; 29:6, 647-654. <http://tinyurl.com/opz9ron>

Outcome measures for aphasia

This article argues that research into the treatment and rehabilitation of aphasia suffers from a lack of consistent outcome measures.

For example, a review of 39 published therapy trials found 42 different outcome measures (the most popular being the Porch Index of Communicative Abilities and the Token Test). With such variation in the use of outcome measures, the authors say systematic reviews, such as Cochrane Reviews, cannot effectively compare and summarise whether interventions are useful. This has a direct impact on selecting therapies for clinical practice.

The authors call for the development of a core outcome set (COS) – a set of measures agreed upon and used routinely by researchers and clinicians. As part of COS development, the views of different stakeholders (eg, researchers, clinicians, patients and carers) are taken into account. Other outcome measures can be used in addition, but COS provide a consensus on which outcome measures are key and allow comparison across studies.

Outcome measures need to be valid, reliable and sensitive to change and should provide a means for clinicians and researchers to evaluate therapy and patient progress. Anyone interested in contributing to COS for aphasia can join the EU-wide Collaboration of Aphasia Trialists (www.aphasiatrials.org).

Reviewed by: **Dr Lotte Meteyard, Lecturer and SLT, University of Reading**



Wallace SJ, et al. Measuring outcomes in aphasia research: A review of current practice and an agenda for standardization. *Aphasiology* 2014, 28 (10-12), 1364-1384.

Auditory processing impairment in aphasia

A comparison of two intervention approaches for auditory processing impairment in aphasia suggests that achieving gains in auditory discrimination is challenging.

The paper describes therapy for eight people with word deafness, contrasting traditional discrimination training with therapy that encourages phonological and semantic therapy combined.

Pre-assessment demonstrated all participants had difficulty in phoneme discrimination (often alongside other impairments). All participants had 12 sessions of phonological and semantic-phonological treatments sequentially in a cross-over design. Measured outcomes included auditory discrimination and semantic comprehension tests. Group analyses found no significant differences following therapy. There were individual improvements on specific tests, but there was no pattern to these and they were likely due to type-one errors ('false positives').

This is in contrast to previously published case studies that have tended to show improvement in auditory discrimination and, less often, improvement in language comprehension. In this study, only real words were used, whereas others have included non-words and even single phonemes, which perhaps made the focus of therapy more explicit. This demonstrates the absolute importance of results being replicated within single case studies.

Reviewed by: **Professor Sue Franklin, Department of Clinical Therapies, University of Limerick**



Woolf C, et al. Therapy for auditory processing in aphasia: an evaluation of two approaches. *Aphasiology* 2014; 28:12, 1481-105. <http://tinyurl.com/mez2fpm>

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.

Speech, Language and Communication Progression Tools

The Progression Tools aim to support teaching staff to identify children and young people who may be struggling to develop their speech, language and communication skills. They can also be used to track progression of these skills over time or following interventions.

The Tools are not a diagnostic tool and do not in any way replace a detailed speech,

language and communication assessment. However, they will give you information to help decide whether children and young people would benefit from a targeted intervention or whether they need specialist assessment and support.

Tools are available for those working in early years settings, primary and secondary schools.



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 - Pullouts
 - Cancellations
 - Making change durable
 - Transfer
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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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reating the future now: Advancing research and clinical practice is the theme of the 30th IALP World Congress in Dublin on 21-25 August 2016. Hosted by the

Irish Association of Speech and Language Therapy, the plenary speakers will address three highly-topical, contemporary themes:

- Neuro-scientific implications in assessment and intervention in acquired communication disorders.
- Biological and environmental influences in prevention and early intervention in speech and language disorders.
- Technological advances and innovation in voice and dysphagia.

IALP beginnings

The International Association of Logopedics and Phoniatics (IALP) is a non-political, non-governmental worldwide organisation of professionals and scientists interested and involved in working with those with speech, language, voice and communication disorders.

The organisation formed in 1924 to foster collaboration of professionals throughout the world and was presided over for nearly 30 years by Emil Froeschels, a giant in the profession of speech pathology in Europe and America. He served as a crucial bridge between European and American Speech Pathology in the 1940s.

Froeschels received his medical degree in otolaryngology in Vienna in 1907 and entered the field at a time when there was considerable interest in new theories and approaches to the speech, language and



hearing impairment. He entered the field of medicine at a time when the 'German speech doctors' in Berlin were devising diagnostic and therapy approaches for working with people with speech, fluency and language problems.

IALP goals

IALP aspires to advance knowledge in human communication disorders worldwide and fosters international collaboration across a broad range of health, education and social care professionals interested in this field. Its membership includes individuals and societies.

All of the 58 affiliated countries have professional bodies representing a broad range of different professionals attending to disorders of voice, speech, fluency, language, hearing and swallowing. The IALP is the only organisation representative of communication disorders that is a delegate

to the World Health Organisation, and has informative and consultative status with many organisations, including the United Nations Educational, Scientific and Cultural Organisation, the United Nations Children's Fund and the Council for International Organisations of Medical Sciences.

IALP committees

IALP committees are at the core of the organisation and address scientific, educational and professional issues relating to communication disorders from a broad international and multicultural perspective. These perspectives enrich and extend scientific inquiry and professional practice. The work of the committees is shared through publications, conferences, and as vital components of the triennial congress.

Each of the committees deals with an area of study and practice. Some focus on specific types of communication disorders – for example committees on aphasia, child language, dysphagia, fluency, motor speech disorders and voice – or on interventional approaches, such as the augmentative and alternative communication and audiology. Others, such as the Education for Multilingual Affairs Committee and the Educational Committee for Phoniatics, focus on professional issues

IALP and the RCSLT

The IALP also has a philanthropic purpose aimed at raising the awareness of the public, advancing policy and fostering dissemination of current scientific information and effective practices related to the assessment and management of speech, language, communication and swallowing difficulties, with particular concern in supporting practitioners working in many underserved parts of the world.

The RCSLT has been an active and supportive member for many years. Members of the RCSLT may wish to consider becoming IALP members and attend the congress. Each country can learn a great deal from others, particularly because the different culture, challenges, and educational and health systems allow a broad range of discussion, stimulating support, sharing, comparison and development. ■

**Pam Enderby, Professor Emeritus,
University of Sheffield**

☉ Visit: www.ialp.info for more information on IALP

☉ For congress information, visit: www.ialpdublin2016.org

Collaboration on an international scale

With the 30th International Association of Logopedics and Phoniatics World Congress taking place in Dublin next year, Pam Enderby looks at the organisation's origins and aims

Professional Training for Healthcare Professionals



21 – 22 May, 2015

Lidcombe Program of Early Stuttering Intervention

The Lidcombe Programme is a treatment for early stuttering. Children enjoy this programme, which makes it extremely effective. The treatment is implemented by parents during a period of close consultation with the clinician. Research and clinical trials have shown The Lidcombe Programme reduces stuttering quickly to very low levels, in the long and short term, when stuttering begins in the first few years of life. Obtain sufficient knowledge to implement in your own clinic. Cost: £300 | Venue: Derby

23rd June, 2015

Cervical Auscultation

Trainer Alison Stroud

Learn the 'How, what and where' of Cervical Auscultation, participate in a practical session, identifying swallowing sounds. Review of current research, clinical evidence and future developments. Cost: £130 | Venue: Derby

13 – 15 July, 2015

More Than Words

Hanen Certification Workshop

Suitable for experienced clinician or new graduate, this certification workshop will enrich the service offered to families of children with Autism Spectrum Disorder. Learn to involve parents in effective early intervention for young children on the autism spectrum.

Early Bird rate of £620 until the 24th March after this date £670 | Venue: Derby

8-9 October, 2015

Dysphagia for Speech and Language Therapists

Trainer: Dr. Maggie-Lee Huckabee PhD

This 'day of diagnostics' will take the clinician from clinical assessment through instrumental. We will begin with a review of physiology in the context of innervation and muscular anatomy and will focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. Diagnostic practices with videofluoroscopy will be discussed, and how diagnosis can be refined by inclusion of other instrumental techniques, including endoscopy, pharyngeal manometry and electromyography. Full details on our website.

Fee: £260 | Venue: Menzies Mickleover Court, Derby

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Hiking a challenging trail

Jane Stokes and Marian McCormick challenge us all to think about how we practise

Unsettling ourselves became a repetitive activity between 2006 and 2012. The scrutiny of our professional identity and our professional practices was part of the whole process

of devising a contemporary curriculum for postgraduate SLTs at the Universities at Medway. The process has by turns humbled and shocked us. We have uncovered some heavy stones in the changing landscape of speech and language therapy practice and present them for reflection in a new book, 'Speech and language therapy and professional identity: Challenging received wisdom'.

Opportunities to reflect

Setting up a new pre-registration postgraduate diploma in speech and language therapy at the Universities at Medway afforded us invaluable opportunities to reflect on the profession. We had the good fortune to be employed by the University of Greenwich and Canterbury Christ Church University to develop an outline curriculum designed by Dr Anna van der Gaag. We are enormously grateful to Anna for the metaphorical rucksack she packed for us on the trail we hiked in the quest to present speech and language therapy to 20 keen students in 2007. We have now just welcomed our ninth



ILLUSTRATION BY Daniel Clarke

cohort of students and have enjoyed every aspect of the experience.

We have listened to ourselves telling stories to the students, listened to the numerous placement educators tell us what they value most about the profession and this has made us look afresh at aspects of what we have done in our professional lives, and consider how best to present information, experience and knowledge.

Conceiving and constructing a new programme has been a period of transformative learning. Nicki Weld's book on transformative supervision (2012), has introduced us to the Maori concept of 'ako' – a teaching and learning relationship

where the educator actively learns from the student. This concept acknowledges that new knowledge and understanding grow from shared learning experiences. The spirit of reciprocal learning has infused our programme from the start and built an inclusive learning community, drawing on the experience and expertise of what the students bring to the programme, and the contributions of the placement educators and visiting lecturers.

Conversations that challenge

We have spoken with key people who have challenged us with ideas and constructive criticism to consider alternative viewpoints and reflect on our decisions and choices. These collaborations have been vital in the development and the strengthening of the programme, and are evidence of the principles of reflection, theoretically-motivated enquiry and scholarship in practice. We aimed to:

- Raise some of the unexplored, received wisdom about the role of speech and language therapy – we regularly offer

therapy for children in six-week blocks. Is this an example of practice wisdom or poorly-evidenced practice?

- Explore some of the unspoken sets of values that often surround our work, and question what we do and why – we claim to be providing a ‘service’ but what exactly do we mean by this and the term ‘service user’?
- Examine some of the rarely explored contexts for professional practice – is therapy a type of teaching and could it be conceived as a process of learning, rather than rehabilitation? What’s the difference?
- Encourage colleagues and future therapists to challenge, question and adapt, using critical appraisal skills combined with reflective practice – does supervision in our profession result in transformational learning for the supervisee?

Practice wisdom

Central to these aims is the question of the nature of professional knowledge, skills and understanding that students must acquire and demonstrate in the development of professional competence. Tensions exist between the focus on evidence-based practice and the value placed on intuition or practice wisdom, tacit knowledge, and the fact that a considerable amount of practice has no scientific evidential base – in some cases because this evidence has not been identified, and at times because, at least in principle, some aspects of professional practice can never be understood by the tools of empirical science (Higgs, Richardson and Dahlgren, 2004).

Speech and language therapy is not alone in its reliance on practice wisdom. History and anecdote have formed the basis of much treatment within the health service (Enderby and Emerson, 1995). Intervention is a relatively under-theorised and under-researched area (Martin, 2009). In preparing student practitioners for placement and then for their first job, we have been challenged by the need to teach them what intervention actually is, and what has been found to be effective.

The fact remains that when the student or the practising therapist is faced with what to do with Mr X or Child J, he or she is more likely to do something within the clinical experience of the therapist rather than something presented in an academic journal. In 2005, Zipoli and Kennedy found that clinical experience and the opinions of colleagues guide decision making more

Questions asked in Jane and Marion’s book

- Can effective and meaningful reflective practice, aimed at the development of professional knowledge, be adequately supported through the use of models of reflection that often require us to ‘bend the experience to fit the tool’?
- Why do we provide packages of care in six weekly blocks? Is this an example of practice wisdom or poorly-evidenced practice?
- Do our supervision practices in the profession result in transformational learning for the supervisee or is the supervisory practice often more about managerial accountability, managing risk and driven largely by process?
- Could therapy be conceived as a process of learning for the client that gives them tools of self-awareness, resilience and an understanding of how to adapt in relation to the demands of the environment in the context of their communication difficulty?
- How can the application of video enhance our service delivery and our support for each other?
- Why do we skirt around the spiritual aspects of speech and language therapy when these may be central to a client’s self-image?
- Why is there little emphasis on learning theory in the curriculum of SLTs when so much of our work should be based on an understanding of how children and adults learn?
- What exactly is the nature of speech and language therapy? Is it a type of teaching or is it a type of rehabilitation?
- What are the differences between professional practice in teaching and that in speech and language therapy?
- Why are SLTs in the UK mostly white women?
- What do we really mean by the ‘service user’ and what is the concept of service we sign up for in becoming an SLT?

frequently than research studies or clinical practice guidelines. Not a huge amount has changed since then. Clark, in Bondi et al (2011), makes some relevant points in relation to this, “scientific evidence and knowledge are incapable of rendering the individual, improvisatory, fluid and artistic aspects of practice” (p51) and “evidence-based practice will never cover all of the issues that the individual practitioner encounters in an average day” (p53).

Reflective essays

The book presents a series of reflective essays from colleagues, most of them involved in creating the new speech and language therapy programme, and illustrates some of the issues we confronted in designing the curriculum. They are necessarily personal in nature, drawing on the principles of: appreciate enquiry, action research and co-production with students. The table above shows some of the questions that the book chapters ask.

The development of our professional identity is a process that is ongoing, dynamic and intimately linked with a collaborative ethos. The programme that has grown out of our collective experiences has reflective practice as its core, an emphasis on transformational learning and an

encouragement to us all to take ownership of learning. ■

Jane Stokes, Senior Lecturer, Speech and Language Therapy, University of Greenwich; Marian McCormick, Senior Lecturer School of Allied Health Professions, Canterbury Christ Church University



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‘Speech and language therapy and professional identity: challenging received wisdom’ is available through J and R press at <http://tinyurl.com/l8dszht>



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Obituaries

REMEMBERING

Moira Wares

1956 – 2014

Moira sadly died on 14 October 2014 following a year-long illness with lung cancer. She faced her illness in the same way as she did all aspects of her life – with dignity, integrity and with great strength of character.

Moira qualified in 1978 from Queen Margaret College in Edinburgh and spent all her working life in Tayside. She worked as a community therapist for many years before becoming an advanced practitioner specialising in complex needs, eating, drinking and autism.

Moira brought dedication, quality and clarity of mind to all she did, which made

her a true professional. She contributed to the working of the speech and language therapy and wider team proactively, and was respected by many colleagues and friends. Her willingness to go the extra mile and her family-centred approach meant she was loved by families with whom she worked. She took an active role in the RCSLT, working through specific interest groups, holding committee roles and supporting professional development.

She took many a younger therapist under her wing, supporting them both at work and by offering a 'home from home' for them as they settled into a new area. She took great interest in them and their families with many remaining friends until her death.

Her family life was very busy, but she still found time to keep herself active with long distance running a passion. At home, she was a keen and innovative cook who enjoyed entertaining her close circle of friends. Her homemade fudge was a



highlight of any department gathering over many years.

Moira is survived by her husband, Angus, three children, a son-in-law and a grandchild due to be born in spring of 2015. She will be dearly missed by them and by many colleagues and friends. We feel proud to have worked with Moira and know that we have all gained hugely from her professional influence and friendship.

Jan Wilson, Lyndsay Scott and Morag Dorward
On behalf of the Tayside SLT Team

Diana Elizabeth Biles (née Astle)

1939 – 2013

Diana was born on 21 June 1939 in Nottingham. Ignoring the significant disability of being born without a left arm, she enjoyed cycling, riding, sailing, table tennis and tennis, playing for her school team.

She trained at the Kingdon-Ward School of Speech Therapy from 1957-1960, living at Helen Graham House for much of this time and existing (as most of us did) on a 1/6d soup, coffee lunch at Lyons Corner House

and hostel food. She worked in London on qualification and following a holiday on the Isle of Wight (IOW) in 1962, she met David Biles, a well-known IOW farmer. They married in 1965.

Diana concentrated her considerable energy and ability in supporting her husband's work, bringing up two children, being secretary and chair of her local school parent-teacher association and church

and several charities. She was a founder member of the IOW branch of the National Association of Decorative and Fine Arts Societies and leader of the church recording team for many years.

When David became High Sheriff of the island in 1999, and subsequently was awarded an MBE for services to agriculture, Diana played a full consort role in the many tasks and responsibilities that ensued.

Following a severe fall in 2011, Diana broke her neck but was not paralysed. However, she did have to wear a heavy head brace for nearly a year and her health began to deteriorate. Diana died on 6 January 2013. She is much missed by her family and friends.

Joan Cuoley (née Eglan)

APRIL CEN NOTICES CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: cen@rcslt.org by 7 April for May, by 8 May for June, and by 5 June for July. 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

Counselling and Therapeutic Skills CEN

17 April, 9.30am – 4pm

Art psychotherapist Julia Britton: 'Art psychotherapy: using the arts and creativity as communication', an experiential workshop and lecture with case presentations. Music therapists Eleanor Tingle and Abigail Stain will present. Birmingham City University, Edgbaston. Email: ruth.phillips.sig@hotmail.co.uk

South West Disorders of Fluency CEN

20 April, 10am – 4pm

Karen Sage, director of Bristol Speech and Language Therapy Research Unit: 'How we can contribute to the research agenda'. We will also share caseload reflections regarding outcome measures and benchmarking + AGM. Members Free. £10 joining fee. HMP Eastwood Park, Falfield, GL12 8DB. Email: deborah.woolven@sompar.nhs.uk

Central Paediatric Dysphagia SIG

21 April, 9am for 9.30am – 4pm

Membership £15. For more details, visit: www.cpd-sig.co.uk or email: secretary@cpd-sig.co.uk

Trent ALD CEN

22 April, 9am – 4pm

AM: Education health and care needs plans. PM: Current research on implementation of SLT guidelines. Swinderby Village Hall, Swinderby, Lincs. Non-members, £10. Contact: Laura Watling, email: lwatling@standrew.co.uk

SEMH CEN (aligned to the SE Hub)

April 23, 10am – 3pm

Inaugural meeting at the Universities at Medway campus, room tbc. Agenda: registering as a CEN, video interaction guidance presentation, starting to plan a position paper about the evidence for our work, opportunities for networking, case discussion/peer supervision and sharing resources. Information available on Basecamp. Contact both Melanie Cross: melanie@melaniecross.co.uk and Jane Stokes: J.Stokes@greenwich.ac.uk

Scotland CEN Learning Disability

28 April, 9.30am – 3.30pm

Bobath and cerebral palsy: Claire McMillan, SLT from Bobath Scotland will discuss people with cerebral palsy on the topics of motor speech treatment, eating and drinking and the new EDACS dysphagia

classification system. £25; students £5. Includes lunch. Book online: www.eventbrite.co.uk. Stirling Community Hospital. Search under SLT Learning Disability CEN. Further info: jreid5@nhs.net

Computers in Therapy CEN

29 April, 9.45am – 4pm

Focus on visual impairment and telerehabilitation. David Light from Seeability ('Identifying VI and adopting useful compensation strategies'); Waseem Sharif from Patients Know Best ('Innovators in NHS-approved electronic patient-controlled records and video conferencing') + app share and journal review. Hosted by Seeability: Tadley and District Community Association, Newchurch Road, Tadley, Nr Basingstoke, Hampshire RG26 4HN. £7.50 day fee. To reserve, email: shelagh.benford@salisbury.nhs.uk

Head & Neck (South) CEN

8 May, 1.30pm – 4.30pm

'Enhancing recovery and outcomes in head and neck surgical patients'. London venue, tbc. Members free; students/H&N North CEN members £10; non-members £20. For further info and to book, email: Lindsay.Lovell@stgeorges.nhs.uk

Promoting Communication in the Early Years CEN

12 May

Workshop: 'Building and maintaining good working relationships with early years providers'. Seminar Room, SLT department, Blakehall Village Centre, Walsall, WS3 1LW. Members £10; non-members £20. Pay on the day by cash or cheque. Email: jayne.blincoe@walsallhealthcare.nhs.uk to book (limited places)

Surrey SLI CEN

12 May, 1pm – 4pm

Professors Penny Roy and Shula Chiat: language in socioeconomically disadvantaged preschool children. Members will discuss findings related to own posts and problem solve together. Moor House School, RH8 9AQ. Email: nicoll@moorhouseschool.co.uk

South East CEN in Deafness

13 May, 9.30am – 5pm

AM: Karin Schamroth: working with signing children; Professor Valerie Hazan: recent research

on speech communication in hearing impaired adolescents; Mark Huckvale: visual displays of speech patterns in deafness. PM: AGM; Basecamp: EHCPs; Claire Loveridge: phonological accuracy in deaf and hearing children's spellings; AVT speaker. Room B01, Chandler House, 2 Wakefield Street, WC1N 1PH. Membership £10 (two meetings); non-members £7. To book, email: jmyeatman@hotmail.com

Manchester AAC CEN

13 May, 10am – 3pm

Evaluation of how the new AAC commissioning has worked in practice, supporting individuals who use AAC through transitions, discussion of evidenced-based practice and opportunity to explore new ideas and resources. Membership £10. Birley Building, Room 3:20, Manchester Metropolitan University, Bonsall Street, Manchester M15 6GX. Contact: Francesca Sephton, email: fsephton@bridgecollege.ac.uk

Tracheostomy CEN

19 May, 9.30am – 4pm

'Working with ventilator-dependent patients: All you need to know' with an opt-in brush up session on assessment skills. Queen Square, London. £20; students £10. Includes lunch. Email: romahoney@thechildrenstrust.org.uk

South East and London Stammering CEN

26 June, 9am reg; 9.30am – 4pm

Direct stammering therapy. Presentations from paediatric and adult therapists and service users; sharing their knowledge and experiences of Camperdown, teaching direct therapy strategies and McGuire Programme experiences. St Matthew's Conference Centre, 20 Great Peter Street, Westminster. London SW1P 2BU. £15 for one study day. Retired and student SLTs £10. Annual membership (starts in April) £15 covers June and December study days. Pre-payment required to confirm place. Email: helen@building-blocks-slt.co.uk

Central Region Secondary School SIG

8 July, 1.30pm – 3.30pm

'Measuring effectiveness of intervention and exam vocabulary'. Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill DY5 1RU. £2. Email: Farah.Hawa@bcpft.nhs.uk



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Interview: 24 April 2015

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The Eden Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful candidates will be subject to a DBS check.

Speech and Language Therapist seeking Specialist Training in Learning Disability

Band 5/6 Equivalent | £24,465 - £27,306 per annum inclusive of Outer London Weighting, SO1 - SO2 depending upon experience

May suit a newly qualified Speech and Language Therapist with a special interest in this client group. An exciting new development that involves working alongside experienced Speech and Language Therapists and SaLT Assistants within a tailored training scheme. To apply please visit: <https://www.schoolsrcooperative.co.uk/job/view/2423-speech-and-language-therapist-seeking-specialist-training-in-learning-disability>

Specialist Speech and Language Therapist

Band 6/7 Equivalent | £27,844 - £31,038 per annum inclusive of Outer London Weighting, POA depending upon experience HPCP Registered Posts | Maximum 36 hours per week | Term time only (39 weeks per annum) | Permanent

An opening for a more experienced therapist who wishes to expand their expertise in this field. To apply please visit: <https://www.schoolsrcooperative.co.uk/job/view/2424-speech-and-language-therapist>

Successful candidates will be:

- Experienced in delivering a SaLT service within a Special Education setting or highly motivated to learn
- Experienced in working with young people with learning difficulties or have a keen interest in this client group
- Dynamic and creative in their approach

CLOSING DATE:

20 April 2015 - NOON

INTERVIEWS:

Week Commencing 27 April 2015

CVs will not be accepted

For an informal discussion and further information please contact Speech and Language Therapists - Alison Futerman, 01895 609120 / 01923 822538 or Lauren Garfield 01895 676401 who will be very happy to discuss the roles.



Various dates and locations

Picture Exchange Communication System (PECS)

Level 1 workshops – Bournemouth, Belfast, London, Peterborough, Bristol, Leicester, Darlington, Leeds and more. PECS Level 2 – London, Bristol and Newcastle. SoSAFE! sexual/social safety training – London, Leeds, Glasgow and Birmingham. Guide to managing challenging behaviours – Bournemouth, Peterborough and London. Visit: www.pecs-unitedkingdom.com tel: 01276 609 555

Neuromuscular electrical stimulation (NMES) for dysphagia

NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research. (<http://tinyurl.com/mf92t3q>). This VitalStim Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Contact: training@vitalstim.co.uk, www.vitalstim.co.uk

23-24 April, RCSLT London

TalkTools feeding therapy: A sensory motor approach

Guided workshop. Watch Lori Overland's DVD course with expert supervision to address questions and facilitate activities. Fully accredited TalkTools course. £220.

Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

27 April, Manchester; 28 April, Birmingham; 1 May, London

Tablets, teachers and technology

Richard Hirstwood and Carol Allen show you how to use all tablet technology effectively to enhance the curriculum, match technology to learners needs, create sensory stories/trails and immersive sensory learning opportunities whilst assessing and recording evidence of progress. £225 + VAT. Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

27-29 April, Addenbrookes Hospital Cambridge

Maggie Lee Huckabee three-day dysphagia workshops

Day 1 – Dysphagia neurophysiology and clinical assessment; Day 2 – Videofluoroscopy interpretation; Day 3 – Dysphagia rehabilitation with sEMG training. £130 per day. Price concessions: Day 1 & 2 £240; Day 1, 2 & 3 (2½ days) excluding sEMG practical session £280; full three days £350. For information, email: andrie.schembri@addenbrookes.nhs.uk. To book, email: alison.elliott@addenbrookes.nhs.uk or tel: 01223 216 200

6 May, Raphael Medical Centre, Tonbridge, Kent

PTSD following brain injury

This one-day workshop aims to look at assessment, diagnosis and intervention of PTSD following TBI. It will also consider the issues of Combat TBI and PTSD. Further details and to book, visit: www.raphaelmedicalcentre.co.uk

8 May, Resource for London

Young users of hearing technology: building resilience and self-esteem

Including multi-professional perspectives and workshops, this conference will explore building resilience in children, from babies to teens, and provide practical solutions to take away. £125. Email: sam@earfoundation.org.uk

11 May, Manchester; 12 May, Birmingham; 15 May, London

Making sense of multi-sensory learning

Hirstwood Training present three dynamic sessions, exploring how to expand your repertoire of multi-sensory activities in a variety of teaching and learning environments. Each demonstrates easy to replicate, but very effective, ideas to expand your multi-sensory 'tool kit' - focusing on multi-sensory environments, 'safe' spaces and resonance boards. £225 + VAT. Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

11 May and 15 June Stirling; 15 May, London

Talking Mats training

Train the trainers 25-26 June, Stirling. Explore the potential of this powerful communication framework. For information visit: www.talkingmats.com, email: info@talkingmats.com, tel: 01786 479 511

15 May, 9.30 – 4.30, Brentwood Community Hospital

West Essex Independent Practitioners Group study day

Assessment and Management of Auditory Processing Disorders. Speakers include Maggie Vance (SLT/Lecturer), Josephine Marriage (Audiological Scientist), Sarah Worsfold (SLT) and Phonak. Refreshments only provided. £50. Email: anne.springate@btinternet.com

16 May, Warwick University

NAPLIC Conference: SEND Reforms and SLCN

Good practice to support children and families. Keynotes include: Christine Lenehan, Anne Fox, Sue Roulstone, Marie Gascoigne. Seminars/exhibition. Prices from £130 for members. Non-members welcome. Information: www.naplic.org.uk or carol.lingwood@btopenworld.com. Tel: 01273 381 009

18-22 May, 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: Judith.jackson3@nhs.net or tel: 0207 288 5546

20-21 May, SPACE Centre Preston Lancashire

Alex Kelly – Social skills training

Shine Therapy Services are hosting Alex Kelly, author of the Talkabout resources, to present her two-day course on the assessment and teaching of social skills. £250. Email: admin@shinetherapyservices.co.uk

1-2 June, Beaconsfield Bucks

Social thinking conference

Day one: Social thinking across the home and school day. Day two: assessment and core treatment strategies. Speaker Michelle Garcia Winner – programme for people with social communication difficulties. Visit: www.sltcommunicationcourses.co.uk, email: info@sltcommunicationcourses.co.uk

4-5 June, London

Social thinking conference

Day one: Thinking about YOU thinking about ME. Day two: Implementing social thinking concepts and vocabulary. Speaker Michelle Garcia Winner – programme for people with social communication difficulties. Visit: www.bromleyhealthcare.org.uk – Social Thinking comes to London



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

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5-6 June, London**LSVT LOUD training and certification workshop**

Evidenced-based voice treatment for Parkinson disease with application to adults and children with neurological conditions. "Hands down the best conference I've participated in-ever!" To register, visit www.lsvtglobal.com; for information, email: info@lsvtglobal.com

10 June**Pushing the limits of rehabilitation**

Bush & Company's inaugural conference. With high profile speakers presenting and a wide range of exhibitors, we invite SLTs and other healthcare professionals to attend this inspiring conference. Visit: www.centrevents.co.uk/bushco.co.uk

12 June, NCTL Nottingham**Deaf Education 2015: Theory of mind and pragmatic language skills**

Join us for this one-day conference and workshop sessions exploring the TOM impact on communication, learning and strategy with leaders in the field. £95. Email: sam@earfoundation.org.uk

15 June, The Ear Foundation**Assessing children's narrative skills: Implications for academic success**

We are delighted to have Dr Carol Westby from the American-Speech-Language-Hearing Association and who holds Specialty Recognition in Child Language with us for this unique day. £85. Email: sam@earfoundation.org.uk

17 June, London;**19 June, Birmingham****iPads and switch access**

iOS devices (iPad/iPhone/iPod) have opened up access to communication, environmental control and entertainment to people with physical/sensory impairments, but what happens when you can't touch the screen to control the apps? Russell Smith will guide you through what you need to know to start developing switch access with your pupils/students/adults using your iOS device. £195 + VAT. Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

19 June, Birmingham;**26 June Manchester;****3 July London****Designing and assessing a creative curriculum**

Hirstwood Training and Fountaindale School explore how to design and assess a

curriculum that starts with the learner – a curriculum that is engaging, creative, challenging, innovative and fun. We challenge you to consider a curriculum structure without the constraints of National Curriculum and to provide you with a springboard for change. £225 + VAT
Email: lois@hirstwood.com, visit: www.hirstwood.com, tel: 01524 426 395

22-23 June, RCSLT, London**TalkTools level one guided DVD workshop**

View the DVD, 'TalkTools level one: A three-part treatment plan for oral-motor therapy' in a group, supported by Helen Woodrow, Level 4 TalkTools SLT. Accredited Course. £220
Visit: www.eg-training.co.uk, tel: 01530 274 747, email: info@eg-training.co.uk

23 June, Scunthorpe**Language acquisition through motor planning**

LAMP is a therapeutic approach for individuals with limited expressive language. It is based on motor learning principles and uses the Unity/Words for Life language system with an augmentative device to communicate. £95.
Visit: www.aacandautism.com, email: info@aacandautism.co.uk or tel: 07930 239 284

24 June, Raphael Medical Centre, Tonbridge, Kent**Psychiatric effects of traumatic brain injury: assessment, diagnosis and management**

One-day workshop will review the incidence, prognosis, aetiology, assessment, management and diagnosis of psychiatric illness after TBI. Will also consider impact of rehabilitation and post TBI disorders. Further details and to book, visit: www.raphaelmedicalcentre.co.uk

25-26 June, RCSLT London**Lis'n Tell: live inclusive storytelling Part 2**

For SLTs/associated professionals who have completed Part 1, built up experience and outcomes, and are prepared to do a short presentation. £275.
Contact: Louise Coigley. Email: lfc@lisntell.com or visit: www.lisntell.com

29-30 June, RCSLT London**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. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

29-30 June; 26-27 November, RCSLT London**Elklan total training package for under fives**

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

1-2 July; 26-27 November, RCSLT London**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. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

2-3 July; 24-25 November, RCSLT London**Elklan total training package for 5-11s**

Equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

6-8 July, Lisbon**8th IFA Congress on Fluency Disorders**

Fantastic opportunity to participate in international conference attracting clinicians, consumers and researchers from all over the world. For detailed information of programme, costs and additional pre- and post-conference workshops, visit www.theifa.org/Legacy/IFA2015/Announcement. Email: rachel.everard@citylit.ac.uk; tel: 020 7492 2579

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

7-8 October, Edinburgh**Working with listening and auditory processing difficulties**

Understanding, profiling and managing auditory processing difficulties. Two-day course for professionals working with clients with listening difficulties. £300 (Early Bird £275). Email: camilla@johansenas.com or tel: 0131 337 5427

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. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

5 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. £235pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.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. £450pp. Tel: 01208 841 450, email: henrietta@elklan.co.uk, visit: www.elklan.co.uk

SLT author needed

We need somebody to write a short guide for SLTs supporting people with multiple system atrophy. Fee approx £900.

For details email: andy.barrick@msatrusr.org.uk or call 0207 940 4666.



Kevin Fower

OCCUPATION: SPECIALIST SLT,
THE MICHAEL PALIN CENTRE FOR STAMMERING CHILDREN

“To receive the RCSLT Studentship Grant, which covers the course fees, was the icing on the cake”



I developed a special interest in stammering while working as a generalist therapist. Fortunately for me, after I qualified my first post was just down the corridor from the Michael Palin Centre (MPC), back when it was located in Finsbury Health Centre. The MPC has a whole team approach and when I was appointed as a member of the specialist team, I quickly became involved with the audits and research projects taking place. I was soon faced with lots of questions. Does therapy work? What is practice-based evidence? How do you make evidence robust?

I realised that as SLTs we are in the perfect position to create an evidence base for the work that we do. Becoming a clinical researcher interested me greatly and I was thrilled when I got a place on the MRes in Applied Research in Human Communication Disorders at University College London (UCL). To receive the RCSLT Studentship Grant, which covers the course fees, was the icing on the cake.

The course is exactly what I had hoped it would be. I am learning about research design, data collection and statistical methods etc, which have a particular focus on research in the field of communication disorders – in other words, the ‘mechanics’ of research and those core skills you need in order to produce a sound study.

The course is also hugely practical, guiding you through the processes of ethics applications and research proposals. As a result, I now have the opportunity both to complete a high-quality research project in my workplace, as well as to take advantage



of the learning opportunities at UCL. The cross-school opportunities are very exciting and for my project I am working with the Centre for Behaviour Change, a team of psychologists who are experts in the field of change. My project will combine qualitative and quantitative methods to explore the processes that drive change following intervention. To be able to explore the reasons why children experience and respond to therapy in such individual ways will hopefully support the work we do with future families by making therapy more cost and time effective.

The beginning of 2015 is the start of the second term and it is definitely a case of so far, so good. Workshops, tutorials or lectures take place every second week and they alternate with flexible online ‘at home’ study, which can be done at any time during the week. This flexibility is very helpful, because I can fit the work in around

my own schedule. My fellow students come from a range of backgrounds, including speech and language therapy, education and psychology, and are taking the course full or part time. They all bring different perspectives, experiences and skills to the table, making it a rich learning environment. It can be a lot of work at times, particularly when the deadlines are looming, but the course is so motivating that I am thoroughly enjoying the learning involved.

I am extremely grateful to the RCSLT for their financial support, as well as to Whittington Health for providing the study leave. Not only has it meant being able to accept a place on the MRes course, I think it is an excellent initiative which responds to the need for a sound and extensive evidence base for our profession. I am looking forward to working closely with the RCSLT and presenting my work. Seeing the final project published will be a real achievement. I am also looking forward to combining my clinical knowledge with my research skills. The more I learn, the more I realise how difficult it is to separate the two. ■

🔗 Find out more about the 2015 RCSLT Masters in Studentships (deadline 12 June) at <http://tinyurl.com/n5hxxb4> or email: emma.pagnamenta@rcslt.org

🔗 For more information about the MRes Research in Applied Human Communication Disorders at UCL, please see: <http://tinyurl.com/pshr7pl> and/or email: kea.young@ucl.ac.uk

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- Basic Sequences
- Sequences 4-Step
- Sequences 6 & 8 Step

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