REFERENCE FRAMEWORK: UNDERPINNING COMPETENCE TO PRACTISE

RCSLT COMPETENCIES PROJECT SEPTEMBER 2003

INTRODUCTION

Purpose

The RCSLT is committed to supporting the professional development of its members. The Reference Framework is one of a range of reflective tools resulting from that commitment. As such, the document sits alongside *Communicating Quality 2*, the Model of Professional Practice and Core Clinical competencies and the *Clinical Guidelines* in supporting professional judgement and decision making (see Figure 1)

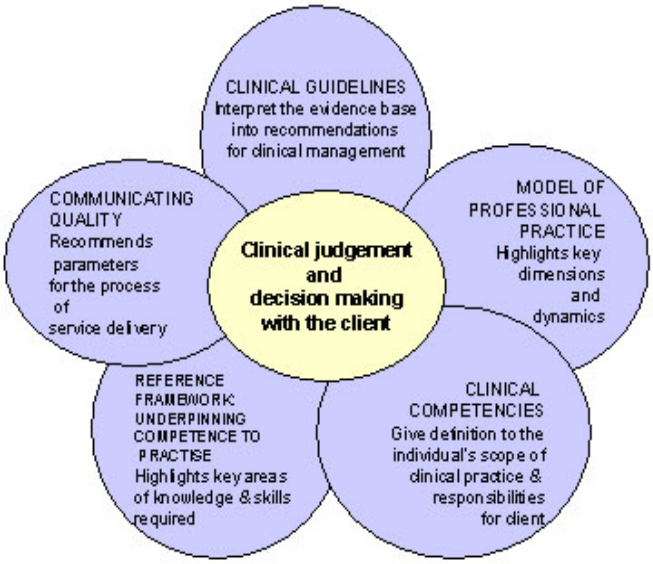


Figure 1

The key purpose of the document is to support the following practitioners in identifying their development needs:

- newly-qualified practitioners on commencement of their practice within the profession
- practitioners returning to practice after a career break
- practitioners starting to specialise with a particular client group

However, other qualified practitioners working in the NHS and independent contexts, as well as students, assistants and co-workers may find the document helpful when reviewing their knowledge and skills base.

The document is not intended to be prescriptive, but as a support to practice reflection and development.

Content

The framework provides a guide to the range of knowledge and skills a therapist needs in order to work at a basic and competent level with a given client group.

The knowledge and skills detailed in the first section underpin all SLT practice and is therefore core to all therapists' work.

The knowledge and skills outlined in the second section and relating to particular client groups follows a common layout of:

- Knowledge of national, local and client contexts required
- Specific client-group related underpinning knowledge and skills

It is recognised that many clients have complex needs and that not all the knowledge and skills required of a therapist during the course of their work will be found outlined in the framework.

This document represents only a starting point for the construction of an individual's personal practical knowledge.

Personal practical knowledge
Higgs and Titchen (1995) propose a model of knowledge that entails three types of knowledge brought together in an integrated way within professional practice (Figure 2).

- Professional propositional knowledge; arises from theory and research (scientific inductive and deductive knowledge is included as well as all formal procedural knowledge). This sort of knowledge has been made explicit; usually in printed form
- Professional craft knowledge; arises from hands-on practice (there are few short cuts to this sort of knowledge, which often remains tacit. It includes building up a bank of "cases" to be used for reference when making clinical judgements and decisions.) This type of knowledge could be described as professional wisdom.
- Personal life knowledge; a frame of reference arising from personal experience. This sort of knowledge could be described as life wisdom.

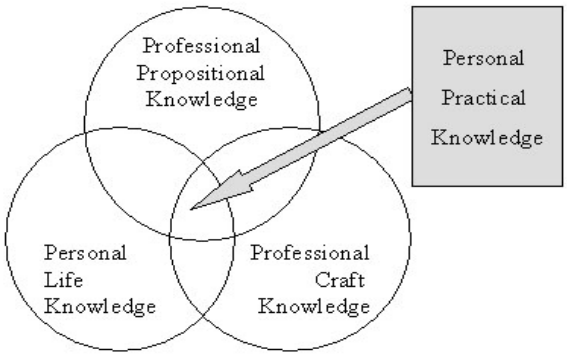


Figure 2

The model suggests that each practitioner possesses a unique and changing blend of these three types of knowledge. This may be termed personal practical knowledge.

The way in which personal practical knowledge develops will depend on the professional and personal learning experiences a practitioner has been exposed to and how these experiences have been responded to.

Framework development
The information on underpinning knowledge and skills within this document has been generated by a large number of individuals and groups of therapists from around the UK as part of the RCSLT competencies project (2000-2003). It therefore represents an "insider" therapist view of practice.

As well as signposting key areas of propositional knowledge, the Underpinning Knowledge and Skills Framework attempts to uncover some of speech and language therapy's craft knowledge. This has been achieved to varying levels across the different client groups.

While recognising that certain aspects of craft knowledge will inevitably remain tacit, there remains a challenge for the profession to make more of this knowledge explicit through, for example, critical reflection and open discussion of practice with peers.

It is hoped that practitioners with developed expertise in particular areas of speech and language therapy practice will be encouraged to contribute further to this work by helping to make this document a dynamic one; fully responsive to our changing understanding of practice in all its forms.

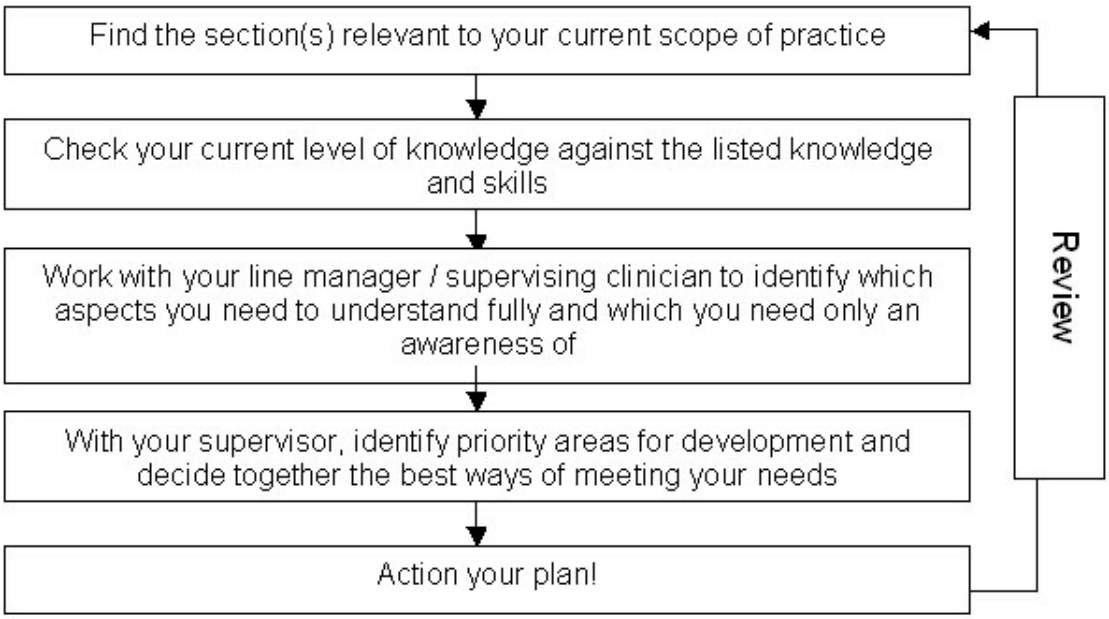
Using the framework
It is suggested that the therapist, preferably in discussion with a senior colleague, uses the framework to reflect on their knowledge and skills in order to identify areas for development.

While some aspects of the knowledge and skills outlined in the framework may need to be developed to a deep level of understanding and use, it may be that other aspects will need to

be developed to the level of awareness only. This will need to be judged according to the particular working context.

It is envisaged that any development needs identified then become part of the therapist's personal development plan (PDP) and the supported process of continuing professional development.

Suggested process:



Remember this is not a prescriptive list, but a set of signposts.

References cited

Higgs and Titchen (1995) "Knowledge and reasoning" in Higgs and Jones, eds *Clinical Reasoning in the Health Professions*, Butterworth-Heinemann

RCSLT "Model of Professional Practice and Clinical Competencies" (Jan 2002) www.rcslt.org/comp.shtml

RCSLT Clinical Guidelines (To be published on the RCSLT website)

RCSLT *Communicating Quality 2* (1996)

CORE UNDERPINNING KNOWLEDGE AND SKILLS

Core: Knowledge base

All therapists demonstrate that they have met the threshold level of competence by receiving their certificate to practice. This is taken as an indicator of having acquired a core of professional knowledge as outlined in the QAA Benchmark statement on Speech and Language Therapy (3).

Minimum standards of practice are outlined in the Health Professions Council's *Standards of Proficiency* (4)

This core clinical and professional knowledge is built on through continuing professional development (CPD) and reflective practice throughout a therapist's career in ways that will vary according to the therapist's working context at any one time. In particular, every therapist needs to develop knowledge of legal frameworks and local systems and regulations for working practice.

The government in its document "Meeting the Challenge" (2) states that practitioners should be up-to-date and skilled to deliver the services clients are due. This means that each of us has a duty to keep in touch with advances in the areas of practice research, law and technology, seeking out their relevance to practice.

Key points:

- Core professional knowledge from qualifying course
- Career-long learning through CPD and reflective practice
- Knowledge of national and local frameworks and systems
- Knowledge of advances and relevance to practice

Key references:

1) "The professional competence of speech therapists II : knowledge base" Anna van der Gaag and Philip Davies *Clinical Rehabilitation* 1992; 6 ; 215-224
2) DoH. *Meeting the Challenge: a strategy for the Allied Health Professions* (2000) www.doh.gov.uk/pdfs/meetingthechallenge
3) QAA. Benchmark statement: Health Care programmes: Speech and Language Therapy (2001) www.qaa.ac.uk/crntwork/benchmark/nhsbenchmark/newpdfs/slt.pdf
4) HPC Standards of Proficiency (2003) www.hpc-uk.org

Core: Professional values, beliefs and attitudes

Working as a professional SLT involves a relatively high level of autonomy. With this freedom to act comes a responsibility to make sure that any intervention is effective and in the best interests of the client.

The following attributes are felt to be key to working as an SLT:

- Desire to improve client's quality of life
- Commitment to involvement in continuous professional development
- Commitment to seeking appropriate ongoing clinical supervision
- Commitment to the empowerment of others
- Commitment to working as part of a team in support of the client
- Sensitivity to other cultures and religions and valuing of that diversity
- Commitment to continuous improvement of service quality and effectiveness
- Willingness to accept own professional limitations
- Pursuit of evidence-aware practice

Key references:

1) "The Professional Competence of Speech Therapists IV: attitude and attribute base" Anna van der Gaag & Philip Davies *Clinical Rehabilitation* 1992; 6; 325-331
2) Model of Professional Practice (2002) www.rcslt.org/comp.shtml

Core: Critical thinking, caseload / workload management and use of technology
The RCSLT *Model of Professional Practice* states that judgement and decision-making are at the heart of practice. In addition, critical reflection and evaluation are key to professional development and to increasing the quality of client services.

Critical thinking skills

- Framing issues taking account of multiple perspectives
- Seeking information and assessing its relevance
- Integration of data from different sources
- Analysis
- Synthesis
- Generating hypotheses
- Generating viable options
- Decision- making
- Critical reflection
- Evaluation
- Reframing issues / calibrating responses according to feedback

The task competencies reflect the need for therapists to be able to manage their own caseload and workload effectively

Caseload/workload management skills

- Seeing what needs to be done
- Prioritising what needs to be done
- Prioritising who needs to be seen
- Planning of work in order to make best use of the time available

Increasingly, therapists are required to have computer skills for carrying out administration procedures, developing therapy materials, presentation of information and computer-assisted intervention.

Computer skills

Key references:
1) "The professional competence of speech therapists III : skills and skill mix possibilities" Philip Davies and Anna van der Gaag *Clinical Rehabilitation* 1992 6 311-323
2) Model of Professional Practice (2002) www.rcslt.org/comp.shtml

Core: Emotional literacy
Drawing on the influential work of Daniel Goleman (2), there has been an increasing recognition within all types of industry of the importance of emotional literacy.
The effectiveness of speech and language therapy is dependent on the ability to form good relationships with a wide range of people.

Goleman (3) suggests a four-part framework to structure the knowledge, skills and attitudes needs to be successful in relating to others.
(i) Self knowledge

- Awareness of own cultural values, biases and responses
- Realistic sense of own professional limitations

(ii) Self management

- Acting conscientiously and with integrity
- Taking responsibility for own behaviour
- Managing levels of stress appropriately
- Coping with non-compliance from others
- Keeping optimistic

(iii) Knowledge of others

- Awareness of others' cultural values
- Understanding of others' perspectives and expectations

- Sensing others' needs

(iv) Managing relations with others

- Establishing rapport
- Matching communication style and content to needs of the situation
- Maintaining appropriate boundaries within the therapeutic and other working relationships

Key references:

1) "The professional competence of Speech and Language Therapists III: skills & skill mix possibilities". Philip Davies and Anna van der Gaag *Clinical Rehabilitation* 1992; 6 ; 311-32
2) *Emotional Intelligence* Daniel Goleman 1995 Bloomsbury
3) *The New Leaders* Daniel Goleman 2002 Little, Brown

UNDERPINNING KNOWLEDGE AND SKILLS RELATED TO SPECIFIC CLIENT GROUPS

SPECIFIC CLIENT GROUP: ADULT ACQUIRED COMMUNICATION DISORDERS

Remember this is not a prescriptive list, but a set of signposts

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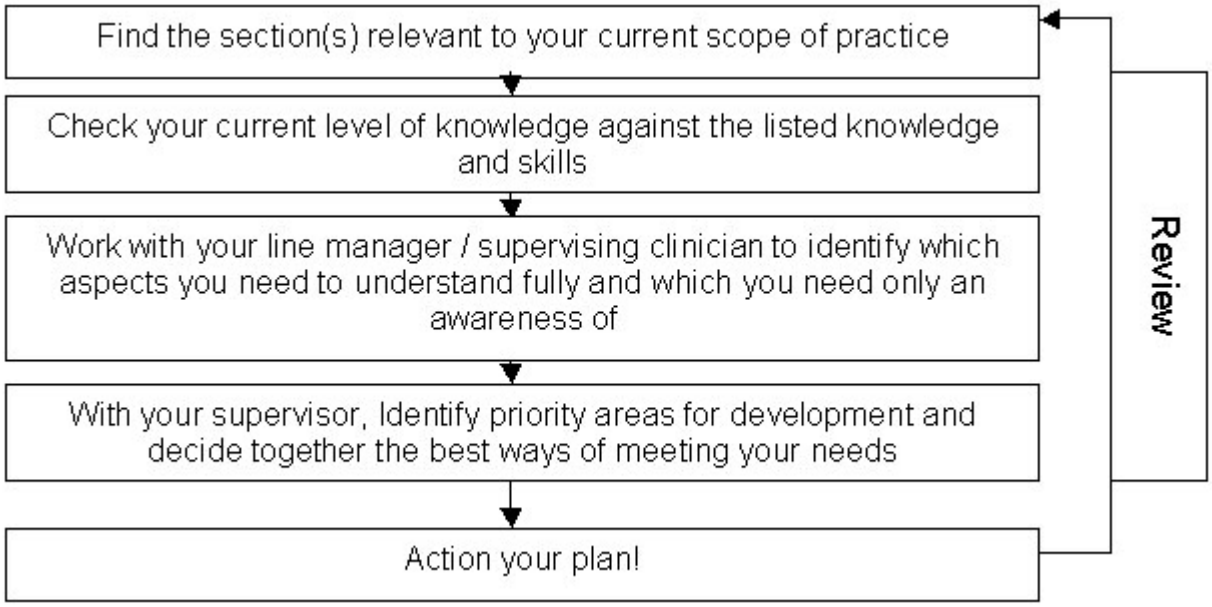

Contextual knowledge and understanding

National context

- National Policy on Services for older people eg National Service Framework(NSF) for Older Persons ; Scottish Executive Stroke and Coronary Heart Disease Strategy for Scotland; Adding Life to Years Initiative and Patient focus, Public Involvement Initiative
- National Service Framework for Stroke
- Information literature
- Royal College of Physicians (RCP)Audit on Stroke
- National support agencies eg Alzheimers Society, Picks Support Network, Age Concern, Connect, Headway, The Brain Injury Rehabilitation Trust
- National legislation (eg in relation to power of attorney, Disability Discrimination Act; Adults and Incapacity Act)
- Specific Interest Groups
- National Guidelines eg SIGN guideline " Management of Patients with Stroke (No. 64), RCPL and Cochrane reviews

Publishers of materials related to acquired communication disorders

- The Psychological Corporation
- Thames Valley Test Company
- Singular
- Speechmark

- Whurr

National SLT Standards and points of reference

- RCSLT Communicating Quality guidelines in relation to AAC, Acquired neurological disorders,CVA, Neurosurgery, Progressive Neurological Disorders and Traumatic Brain injury and Elderly population, Acquired Dysarthria/Articulation Problems, Acquired Language Disorder/ Adult Dysphasia
- RCSLT Communicating Quality guidelines relating to relevant service locations
- RCSLT Clinical Guideline on Aphasia
- RCSLT Model of Professional Practice and Clinical Competencies
- Recent research on cognitive and behavioural problems arising from stroke, dysarthria, dysphasia, dyspraxia, right hemisphere language problems , dementia and traumatic brain injury
- Range of Outcome measures eg Brisbane, Fim Fam
- For key references to research/ researchers/theoretical issues see clinical guidelines

Local context

- National Health Services eg direct/ drop in centres; GP practices; palliative care and specialist clinics; occupational therapy; physiotherapy : referral procedures and contractual arrangements
- Role and responsibilities of members of multidisciplinary team
- Regulations and systems relating to different contexts eg hospital, community, nursing homes
- Support agencies eg social services, voluntary agencies, support groups, carer support organisations
- Funding issues for communication aids and availability
- Local SLT services and systems

Client Context

- Linguistic, cultural, religious, social, family and work history
- Family circumstances, dynamics and social support
- Cultural, economic and educational factors
- Quality of life / lifestyle
- Awareness of situations in which client needs to communicate

Client History

- Pre-morbid communication and psychological health
- Has the client had previous therapy, with what degree of success?

Acquired communication disorders: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge relating to: Aphasia/Dysarthria-Dyspraxia/Dementia/Traumatic Brain Injury as appropriate)

- Ætiology and effects of stroke; primary and secondary risk factors; anatomy and physiology
- Possible co-occurring impairments resulting from stroke
- Effects of head injury/brain tumour
- Medical vs social model; where, when and why each is appropriate
- Theories of learning
- Typical/atypical language and communication
- Non-verbal communication and functional communication
- Total communication
- Range of AAC including voice output communication Aids
- Packages of care
- Timeliness of intervention
- Psycho social aspects of loss and long term communication difficulties

- Counselling approaches
- Normal ageing vs degenerative neurological disorders
- Natural course of a given medical condition and likely prognosis
- Understanding medical information and its implications
- Medication and its effects

1a: Aphasia: underpinning knowledge and skills

Key background theory and areas of knowledge
(see also background knowledge above)

- Conversational analysis
- Cognitive neuropsychological models of single word sentence level processing (written and spoken language)
- Syntax
- Pragmatics

Related to assessment

- Range of relevant assessments for language, comprehension and expression; spoken and written
- Use of neuropsychological perspective for analysis of auditory processing, phonology, syntax and semantics
- Impact of difficulties on conversation with key communication partners
- Psychosocial impact of Aphasia on individual and family
- Perception of individual and family as to nature and degree of difficulties

Related to Management

- Strategies and activities to develop functional communication, eg:
    - training conversation partners
    - group therapies
- "Living with Aphasia" therapies, eg:
    - adaptation of identity
    - barriers to social participation
    - access to healthy living
- Compensatory, enabling strategies, eg:
    - use of Alternative and Augmentative communication systems
    - including the development of non-verbal communication skills / drawing
- Impairment based therapies ; single word or sentence level
- Computer assisted therapy (eg React / Aphasia Tutors)

1b: Dysarthria/Dyspraxia: underpinning knowledge and skills

Key background theory and areas of knowledge
(see also background knowledge above)

- Range of Dysarthric conditions and their characteristics
- Typical / Atypical vocal and oro-facial tract function
- Typical / atypical speech: respiration, phonation, articulation, prosody, resonance and intelligibility
- Theories of speech organisation and production
- Effects of neurological conditions on speech (eg Motor neurone disease, Parkinson's disease)

Related to Assessment

- Phonetic/phonemic transcription
- Range of appropriate assessments for speech and physiological function eg: Assessment of intelligibility of Dysarthric Speech (AIDS) (Yorkston & Beukelman, 81)
- Perception of individual and family as to nature and degree of difficulties
- Psychosocial impact of Dysarthria / Dyspraxia on individual and family
- Likely effects of neurological condition on speech production

Related to Management

- Range of interventions to enhance communicative competence:
    - Behavioural compensation eg compensatory strategies, rate control, chunking
    - Communication partner strategies
    - Communication skill maintenance
    - Elimination of maladaptive behaviours
    - Prosthetic compensation eg: palatal lift
    - Reducing the impact of difficulties on communication and participation in everyday activities
    - Improving speech production eg physiological exercises
    - Supplementing speech with AAC eg communication charts, Voice Output Communication Aids (VOCAS)
    - Computer assisted therapy eg Dyspraxia drills, Sentence/phoneme intelligibility tests, Sounds on Cue
    - Facial oral tract therapy
- Anticipation of future needs

Key Reference

- *Dysarthria: A physiological approach to assessment and treatment* (1998) Stanley Thornes Publishers

1c: Dementia: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge above)

- Typical ageing process and its effects on speech, language, voice, eating and swallowing
- Patterns of speech, language and communication breakdown in different types of dementia
- Evidence based knowledge of management of confusion and dementia
- Psychiatric conditions
- Medical conditions and treatments
- Effects of medication on speech, language and memory
- Side effects of pharmacological agents
- Concomitant factors eg Visual and hearing impairments
- Prognostic indicators
- Range of AAC support
- Neuroanatomy and neurophysiology
- Models of memory and memory breakdown and factors that facilitate memory / language retrieval
- Factors involved in caregiver stress
- Challenging behaviour in dementia care
- Person-centred approaches to service organisation and care-giving

Related to Assessment

- Triggers in case history taking eg onset and progression; functional skills
- Range of formal and informal assessments
- Differentiation between cognitive, behavioural and psychological factors
- Differentiation between dysphasia / dementia/ right hemisphere language impairment
- Differentiation between different types of dementia
- Psychosocial impact of communication disability on individual, family and significant others
- Caregiver distress
- Effects of wider environment on communication

Related to Management

- Therapies and strategies to facilitate communication eg:

- **Direct Intervention:**
  - Conversational partners
  - Compensatory / Adaptive strategies eg asking for repetition
  - Reminiscence therapy -memory book ; life story work
  - Adaptive validation therapy, eg: reality orientation techniques
  - Multi-sensory therapies
  - Communication groups focused on social skills
  - Individual language therapy
  - Sonas aPc (activating potential for communication)
  - Discourse analysis and planning
  - Psychological support for person with dementia
- **Indirect Intervention:**
  - Dementia care mapping
  - Advice and support to carers on modifying communicative behaviour with client
  - Patient support group
  - Carer support and individual work with carer or with carer and client
  - Advocacy groups
  - Acting as a facilitator
  - Working with carers to improve communicative environment

- Strategies that are helpful to maintaining communication

1d: Traumatic brain injury: underpinning knowledge and skills

Key background theory and areas of knowledge
(see also background knowledge above)

- Dysphasia, dysarthria, oromotor speech disorders, dyspraxia and dysphagia
- Anatomy, physiology and neurology of the larynx, head, neck, diaphragm and respiration
- Neuroanatomy and physiology
- Neurological disorders eg epilepsy
- Tracheostomy (especially local guidelines)
- Effects of brain injury; memory / attention / emotional / cognitive /sensory deficits/executive skills and direct and indirect implications for intervention
- Post-traumatic amnesia
- Related psychiatric disorders
- Addiction
- Facial Oral tract Therapy (FOTT)
- Neurological investigations
- Medical management (especially any respiratory complications/conditions)
- Effects of medication on speech, language and memory
- Side effects of pharmacological agents
- Surgical procedures (especially maxillo-facial & neurosurgery)
- Prognostic indicators
- Minimally conscious state
- Cognitive communication difficulties
- Pragmatic impairment
- High level language difficulties
- Models of cognition

Related to Assessment

- Range of appropriate assessments including awareness of multi-disciplinary assessments used by other disciplines, eg:
  - *The Awareness of Social Inference Test*, Thames Valley Test Company (Uses video footage to evaluate client's abilities in emotional interpretation and social inference. Useful for examining ability to generalise skills developed in a therapeutic setting)
  - *Measure of Cognitive-Linguistic Abilities (MCLA)*, The Speech Bin (Useful as a baseline assessment)

- Discourse analysis
- Neuropsychological assessment
- Effects of visuo-perceptual impairments
- Importance of need to distinguish between linguistic and pragmatic impairment
- Differential diagnosis

Related to Management

- Interdisciplinary management
- Goal setting
- Evidence-base for generalisation of skills developed in therapy
- Community based intervention
- The role of other agencies (eg Social work)
- AAC systems/ methods
- Computer based therapy
- Behaviour management
- Rehab for return to employment
- Sources of support including Agencies eg Headway
    - **Direct Intervention:**
        - Conversational partners
        - Compensatory / Adaptive strategies eg asking for repetition
        - Reminiscence therapy -memory book ; life story work
        - Adaptive validation therapy, eg: reality orientation techniques
        - Multi-sensory therapies
        - Communication groups focused on social skills
        - Individual language therapy
        - SONAS
        - Discourse analysis and planning
        - Psychological support
    - **Indirect Intervention:**
        - Advice and support to carers on modifying communicative behaviour with client
        - Patient support group
        - Carer support and individual work with carer or with carer and client
        - Advocacy groups
        - Acting as a facilitator
        - Working with carers to improve communicative environment
- Strategies that are helpful to maintaining communication

Recommended reading:

- *Collaborative Brain Injury Intervention: Positive Everyday Routines*, Ylivisaker & Feeney 1998 Singlar Publishing (Provides practical clinical applications of theory in TBI)
- *Traumatic Brain Injury Rehabilitation for Speech-Language Pathologists*, Gillis 1996 Butterworth-Heinemann (Provides good overview of role- useful for students or for reference in non-specialist departments)
- *Cognitive-Communicative Abilities following Brain Injury- a functional approach*, Hartley 1995 Singular (Detailed text relating theory to practice)

SPECIFIC CLIENT GROUP: ADULT DYSFLUENCY

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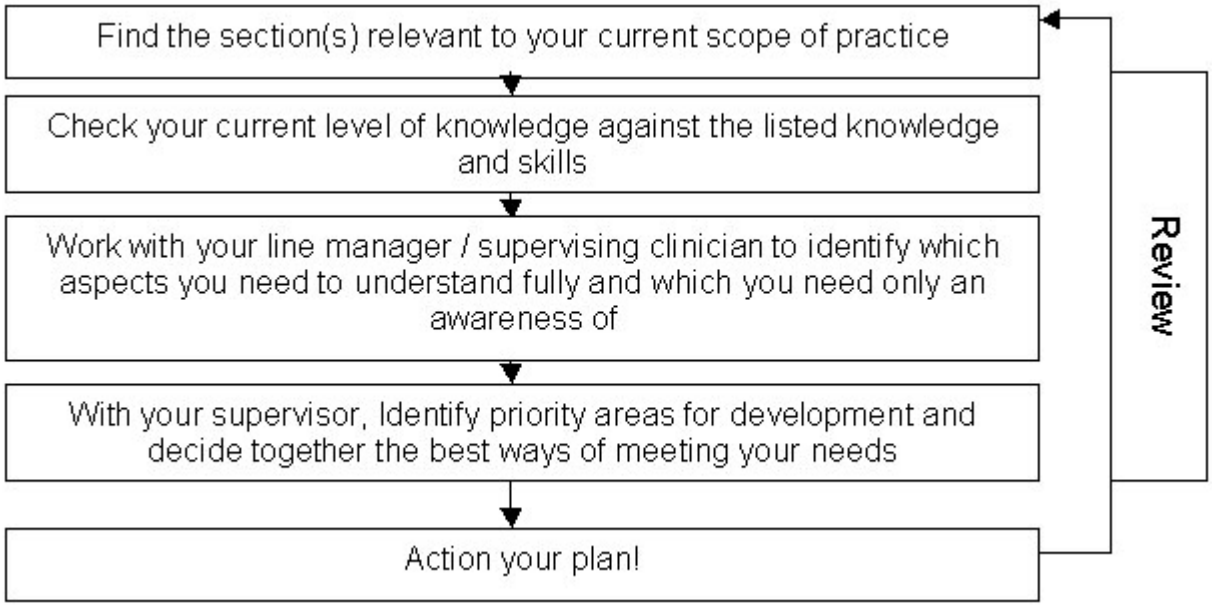

Contextual knowledge and understanding

National context

- Treatments currently in the news/public knowledge base (media and internet)
- National client and professional support networks (eg British Stammering Association). Focus and contact details
- Printed information (leaflets and videos)
- Recommended reading and websites
- Specialist Centres eg City Lit in London, Willy Russell Centre in Liverpool
- Network of specialist therapists/ areas of excellence
- National SIG in Disorders of Fluency
- National Legislation (eg Disability Discrimination Act)
- Type and availability of therapy in the private sector

National SLT Standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Dysfluency
- RCSLT Clinical Guideline on Dysfluency
- RCSLT Model Of Professional Practice and Clinical Competencies
- RCSLT Draft Dysfluency Competencies
- Knowledge of range of outcome measures
- Evidence base
- Current Research areas
- Database: core information collected nationwide

Local context

- Local Self Help groups

- Links to all local agencies involved with adults eg: Mental Health Services (state and voluntary), counseling services
- Educational systems: supports and demands (eg: oral exams at University)
- Employment opportunities and precedents of reasonable adjustments made by local employers eg: call centres
- Local Speech and Language Therapy Policies and Protocols in relation to service delivery

Client Context

- Importance and opportunities for communication in client's life
- Social support
- Employment desires and opportunities

Client History

- Pre-morbid communication and psychological health
- Has the client had previous therapy, with what degree of **success**?

2: Adult Dysfluency: Underpinning knowledge and skills

Related to Assessment

- Appropriate range of assessment procedures for speech, language and communication skills generally as well as overt and covert features of stammering
- Potential impact of dysfluency on self esteem and wellbeing
- Potential impact of dysfluency on social, educational and career opportunities and dynamics

Related to Clinical Management

- Belief and value base for services to this client group (eg: person first; dysfluency second, dysfluency in context of broad communication skills)
- Application of theories of dysfluency ie nature and development of types of dysfluency
- Range of theories underpinning therapeutic interventions (eg: Personal Construct Theory, Neurolinguistic Programming, Personality Theory, Behavioural Theory)
- Range of therapeutic techniques (eg: Block modification, interactional approach)
- Managing causal, maintaining and exacerbating factors
- Managing change and anxiety
- How to generalise and maintain skills
- Recognising the linguistic, cognitive and emotional demands of speaking tasks
- Anatomy and physiology of speech production
- Methods used by other agencies (eg: hypnotherapy)
- Theories of change/motivation
- Importance of group work and, if not available locally, of need to cross PCT boundaries

Professional Craft Knowledge Rules of Thumb

- Person who stammers may be covert about it (ie not overtly dysfluent but very fearful)
- Possible denial of extent of emotions associated with stammering
- Possible pitfalls of teaching speech techniques
- Recognise when client needs to try fluency techniques before recognising that there may not be a "cure"
- Know when client is "telling you what you want to hear " rather than what they truly believe
- The higher the client optimism, the better the outcome
- Shared decision making, the better the outcome
- The more the client understands the nature of his/her stammer, the better the outcome
- The need to balance work on behaviours with work on psychological/emotional issues
- Recognition of impact of changes on self and others

SPECIFIC CLIENT GROUP: ADULT LEARNING DISABILITY

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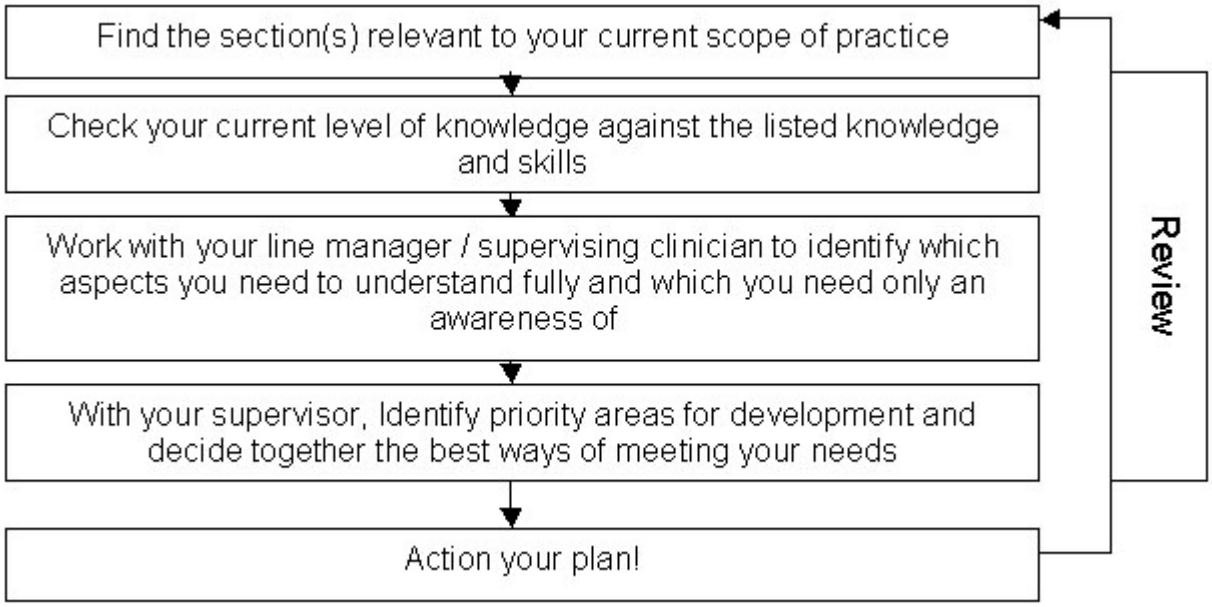


Contextual knowledge and understanding

National context

- Current policies and legislation (eg Valuing People White Paper (England, Wales and N.Ireland) Same as you (Scotland)Human Rights Act, MAPVVA, Action for Justice, DoH guidance on Consent and ALD, Signposts for Success
- National Care standards
- Voluntary Agencies (eg MENCAP, Down Syndrome Association)
- SIGs in adult learning disability
- AAC specialist centres

Local context

- Local Service provision (eg Partnership Boards, Training Strategies including LDAF, private and charitable provision, day centres)
- Local Service policies and initiatives (eg Person Centred Planning, Care programme approach, Care protection, Vulnerable Adult policies)
- Availability of local resources and information (eg Connexions and Employment Agencies, Adult Literacy Support, Leisure opportunities)
- Multi Disciplinary Team working (including local professional networks and advocacy)
- Value base
- Standards

Client Context

- Staff and carer knowledge, capacity and expectations
- Staff and carer attitudes to disability
- Staff value base
- Client cultural and religious background

- Client daily occupation/activities
- Involvement of others (eg circles of support, other health professionals)

3: Adult learning disability: underpinning knowledge and skills

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Adult Learning Disability
- RCSLT position paper on Adult Learning Disability
- RCSLT Clinical guideline on Adult Learning Disability
- RCSLT Model of Professional Practice and Clinical Competencies
- Evidence base
- Current research
- Outcome measures

Key background theory and areas of knowledge

- Process of change
- Models of motivation
- Models of disability
- Challenging behaviour
- Learning styles
- Relationship/sexuality issues
- Prognosis and impact of specific syndromes and medical diagnoses
- Autistic Spectrum Disorders
- Medical concomitants eg epilepsy, mental health, hearing impairment, visual impairment, physical impairment
- Medication
- Ageing
- Eating and drinking

Related to Assessment

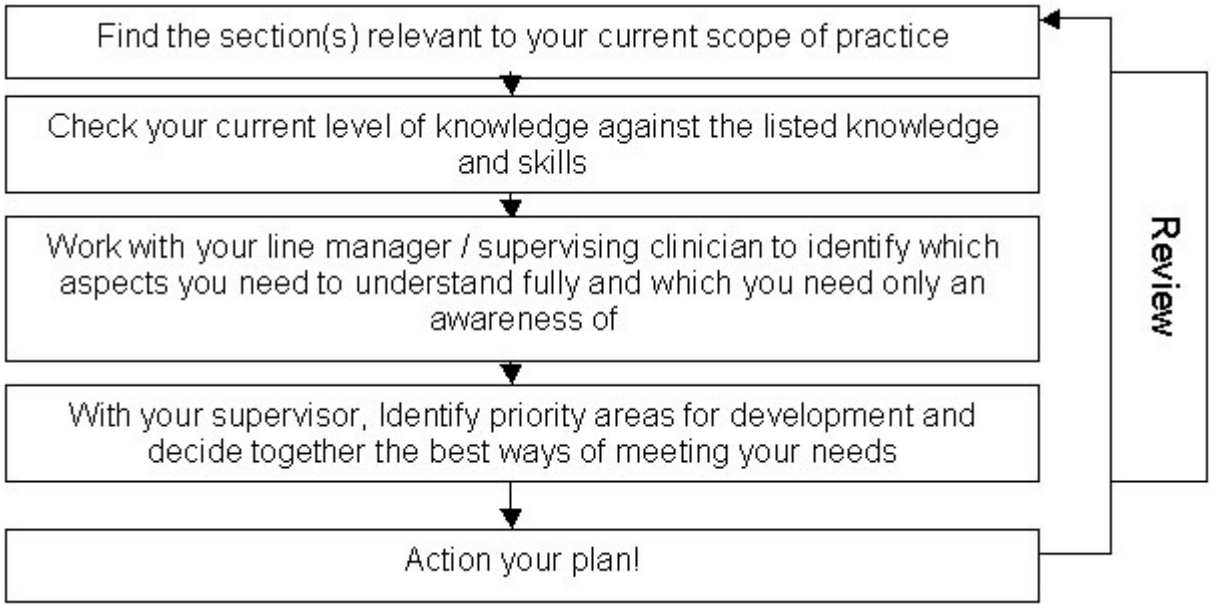
- Range of appropriate assessment approaches to assess functional communication needs and abilities
- Potential factors impacting on communication and their likely effects (eg: communication environment, institutionalisation, medication, medical conditions and sensory impairments, ageing)

Related to Clinical Management

- Communication strategies- potential and choice for all communication partners
- Focus on functional communication
- Multi-sensory environments and approaches
- Holistic approach
- Team work
- Specific current approaches to intervention (eg: Intensive interaction, Sensory integration, Gentle Teaching, Social Skills approaches)
- Knowing how to deal with challenging interactions
- Total Communication (including objects of reference, signs, symbols and VOCA [Voice Output Communication Aid])
- Training resources and specific packages (eg: Take Two, Enable, Intecom, Talking Points, Everyday lives Everyday Choices, Allow Me)

SPECIFIC CLIENT GROUP: CHILDHOOD COMMUNICATION DISORDERS

Remember this is not a prescriptive list, but a set of signposts ……
Whilst some aspects of the knowledge and skills outlined in the framework may need to be developed to a deep level of understanding and use, it may be that other aspects will need to be developed to the level of awareness only. This will need to be judged according to the particular working context.
It is envisaged that any development needs identified become part of your Personal Development Plan (PDP) and the supported process of continuing professional development.
Suggested process:



Contextual knowledge and understanding

National context

- Educational philosophy, context and methods, eg:
  - Inclusion:
    - England, Wales and Northern Ireland:
      - Key stages
      - National curriculum
      - National Literacy and Numeracy strategies
    - Scotland:
      - 5-14 Curriculum and Attainment Levels
      - Additional Support for Learning Bill "The Way Forward"
      - Record of Need
- Education assessment protocols and systems, eg:
  - Foundation Stage Profile;
  - Standard Attainment Targets (SATs);
  - Exam concessions;
  - "p" scales;
  - Code of practice;
  - annual reviews
    - England, Wales and Northern Ireland:
      - Individual Education Plan (IEP)'s
      - Target setting
    - Scotland:
      - Individualised Educational programmes
- National Legislation, eg:
  - Disability Discrimination Act
  - Children's Act
  - Education Act

- Framework for Assessment of Children in Need and their Families DoH 2000
- Medical protocol and terminology
- National/ Regional support organisations, eg:
    - British dyslexia association
    - AFASIC
    - ICAN
    - Communication Aid Centres
    - ACE centres
    - National Autistic Society
    - SCOPE
    - Down Syndrome Association
    - Down Syndrome Education Project
    - Lovaas Institute
    - Division TEACCH
    - Pyramid (PECS)
    - Contact a Family www.caf.org.uk
- Joint Professional Development Framework; Teaching and Speech and Language Therapy
- Range of outcome measures

National SLT Standards and points of reference

- RCSLT Communicating Quality, particularly sections on Developmental Speech and Language Disorders, Acquired Childhood Aphasia, Developmental Dysarthria, Augmentative and Alternative Communication
- RCSLT Clinical Guidelines on Pre-school and School Aged Children
- RCSLT Model of Professional Practice and Clinical Competencies
- Current Literature and Research
- Specific Interest Groups

Local context

- Local Education Authority policies (eg: Code of Practice) and range of educational provision for children with Special Educational Needs
- School- specific policies, systems, strategies and schemes eg: Reading schemes
- Speech and Language Therapy policies and protocols in relation to service delivery
- Parent Support at school level (eg: Respite care, support groups)
- Parent support at pre-school level (eg: Health Visitors, Portage, Homestart, Sure start, respite care, support groups)
- Local Social, Education and Health Initiatives (eg: Health Action Zones, Education Action Zones, Surestart projects)
- Local early language/communication intervention programmes (eg: Talking Partners ref. janevigon@hotmail.com)
- Interpreter services
- Awareness of roles of other professionals (eg: Health Visitors, Clinical psychologist, pædiatrician, audiologist, educational psychologist, SENCo, Occupational Therapist, Physiotherapist, Social workers) and referral routes
- How to access other professionals
- Local professional networks
- Availability of other NHS services
- Multi-agency or multi-disciplinary forums
- Child development Centres
- Specialist Centres
- Procedural information (eg: related to Statementing /Recording or Child protection)
- Information leaflets: Practical advice/ Information on services
- Complaints procedures / tribunals
- Availability of independent SLTs
- Local charities, eg: Barnardos, Spectrum, Help

Family Context

- Familial constellation (eg: siblings, extended family networks)
- Parental pressures, acceptance, capacities and wish for involvement of outside agencies
- Socio-economic, cultural, religious and language issues
- Child domains for communication (home/ nursery/ school/ respite care)

4a: Childhood language and communication disorders: underpinning knowledge and skills

Key background theory and areas of knowledge

- Specific Language Impairment/ dyslexia/ dyspraxia / autism/ cognitive impairment/ General Developmental Delay and key differential features
- Typical / atypical patterns of speech/language /communication / play /attention / cognitive/ motor /psychosocial development
- Typical / Atypical language development in areas of lexis, syntax, pragmatics, semantics, morphology, prosody
- Notion of delay vs. disorder
- Links between written and verbal language
- Literacy development
- Implications of language and communication difficulties for academic, social and emotional development
- Range of conditions eg:
    - Autistic Spectrum Disorder (ASD)
    - Fragile X
    - Attention Deficit Disorder (ADD)
    - dyslexia
    - Down's syndrome diagnoses and implications for communication
- Possible medical concomitants to communication difficulty and effects (eg epilepsy, hearing impairment, visual impairment)
- Effects of medication
- Possible emotional and behavioural disorders and their relationship with language and communication disorders
- Social model of disability: family issues and impact on interaction patterns
- Attention / memory / concentration issues
- Styles of learning
- Language enrichment strategies
- Parent empowerment

Related to Assessment

- Range of what is considered typical in relation to given context
- Child learning style
- Child's general ability levels/ overall potential
- How factors may interact and what may be maintaining difficulties
- Formal/ informal assessment procedures as appropriate to age and judgement about abilities: eg
    - Reynell Language assessment
    - Language Assessment Remediation and Screening Procedure (LARSP)
    - Derbyshire Language Scheme (DLS)
    - Clinical Evaluation of Language Fundamentals - UK 3 (CELF-UK 3)
    - Pre- School CELF (Clinical Evaluation of Language Fundamentals)
    - Preschool Language Scales (PLS)
    - STASS,
    - Test of word knowledge (TOWK)
    - Test of Language Competence (TLC)
    - Test for reception of grammar (TROG)
    - Renfrew assessments, eg:
        - Action Picture test
        - Bus story
        - Word finding

    - Pragmatics Profile
    - German Test of Word finding
    - Living Language
    - Teaching Talking
    - ACE: Assessment of comprehension and expression 6-11 (from NFER)
    - British Picture vocabulary Scales (BPVS)
    - Test of Ambiguity
- Naturalistic/elicited language sampling techniques
- Methods of classroom observation

Related to Management

- Range of strategies that may be used to facilitate and maintain progress, eg:
    - Multisensory approaches
    - Augmentative and Alternative Communication (AAC) including:
        - signing support systems such as:
            - Paget Gorman
            - Makaton
            - Signalong
            - British Sign Language (BSL)
        - symbol support systems such as:
            - Rebus
            - PCS (Picture Communication symbols) for development of communication charts or books/ visual timetables
        - use of technology, eg:
            - electronic thesaurus voice activated software
            - spell checks
            - Voice Output Communication Aids (VOCAs)
- Collaborative working methods and styles
- Intervention schemes at pre-school level, eg:
    - Hanen
    - Sure Start
    - Wilstaar
    - Homestart
    - Portage
- Range of intervention materials/strategies:
    - Social Use of Language Programme
    - Derbyshire Language Scheme
    - Language through Reading
    - Teaching Talking
    - Functional language in the classroom
    - Playscripts
    - Social Stories
    - I Computer assisted therapy for facilitating language and communication development eg: Clicker 4
    - Hanen
    - The Listening Programme (available from The Whole Idea,30 Gardyn Croft, Taverham, Norfolk, NR8 6UZ Tel 01603 264724 twi@pobox.com) For further information see www.advancedbrain.com
    - Colour coding for work on semantics and syntax, eg: John Lea Pattern Colour scheme and Colourful Semantics

4b: Childhood speech disorders: underpinning knowledge and skills

National SLT Standards and points of reference

- RCSLT Communicating Quality, particularly sections on Developmental Speech and Language Disorders, Developmental Dysarthria, Augmentative and Alternative Communication
- RCSLT Clinical Guidelines on Pre-school and School Aged Children
- RCSLT Model of Professional Practice and Clinical Competencies
- Current Literature and Research

Key background theory and areas of knowledge

- Head & Neck anatomy/physiology/neurology: oral structure and function
- Speech development (including babbling pattern development) and relationship with other areas of language development (eg: word learning, storage & retrieval) and implications of difficulties for academic, social and emotional development
- Frameworks/systems for working with phonology (eg Psycholinguistic framework; metaphon)
- Typical / atypical patterns of speech / phonology / phonological awareness / voice development
- Velopharyngeal incompetence (VPI)
- Articulation difficulty /phonological disorder/ dysarthria / dyspraxia / and differentiating features
- Relevant aspects of Sensory Integration framework particularly in relation to the suck, swallow, breathe mechanism
- Oral dyspraxia
- Generalised dyspraxia or Developmental Coordination disorder (DCD)
- Relationship between feeding and speech
- Voice & speech production skills eg manner/ placement of sounds
- Hearing impairments and implications
- Audiograms

Related to assessment

- Formal and informal assessments used to assess intelligibility / phonology / articulation / phonological awareness / oral structure and function, eg:
    - assessments based on the psycholinguistic profile
    - PACS
- Indicators of emergent skills/abilities in relevant areas
- Phonetic transcription

Related to management

- Specific phonological/ dyspraxia treatment techniques, eg:
    - Nuffield therapy
    - Metaphon
    - articulation therapy
    - maximal opposition
    - core vocabulary
    - minimal pairs
- Use of technology, eg: Electropalatography (EPG),
- Computer assisted therapy, eg: Speech viewer
- Use of Augmentative support systems; cued articulation /signing/ communication charts/ Vocal Output Communication Aids (VOCAs)
- Facilitation strategies to maintain progress, eg: multisensory approaches
- Indicators of progress / potential for change

4c: Childhood autistic spectrum disorders: underpinning knowledge and skills

National SLT Standards and points of reference

- RCSLT Communicating Quality, particularly sections on Developmental Speech and Language Disorders, Augmentative and Alternative Communication and Autistic Continuum
- RCSLT Clinical Guidelines on Autism, Pre-school and School Aged Children
- RCSLT Model of Professional Practice and Clinical Competencies
- Current Literature and Research
- National Autism Plan for Children (NAPC) 2003, publ. National Autistic Society

Background theory

- Triad of impairment; Diagnostic Criteria ICD 10

- Typical / atypical development of social interaction, cognitive abilities, language and play (interactive, symbolic, representational and imaginative)
- Particular understanding of prelinguistic development (joint attention, imitation, turn taking, babbling)
- Context bound learning
- Language Disorder / Overlap with speech and language disorders
- Hyperlexia/dyslexia
- Hypernumeracy
- Disorders of perception and processing (ie specific memory deficits and other neuro-cognitive deficits; hypo/hyper sensitivity to stimuli)
- Attentional disorders
- Dyspraxia
- Theories of Autism / Pervasive Developmental Disorder (PDD)
- Features of autism / learning styles / theory of mind / central coherence / executive function
- Eating disorders (organic and behavioural)
- Sleep disorders
- Medical issues related to co-morbid conditions, eg:
    - neurofibromatosis
    - epilepsy
    - Rett syndrome
- Child Psychiatry and psychiatric disorders
- Emotional and psychological development
- Anxiety / Depression / Obsessions
- Communication style: ranging from passive to overactive
- Educational options
- Issues related to management of ASD in mainstream and special schools
- The impact of ASD and associated disorders on the family
- National curriculum issues for ASD
- Educational policies re: bullying, buddy systems and behavioural policies
- Anger management programmes
- Range of therapeutic approaches, eg:
    - Options (Son Rise)
    - Growing Minds
    - Higashi
    - Musical interaction therapy
    - Lovaas

Related to Screening

- C.H.A.T. (Baron-Cohen)
- Aspergers Screen (Gilborg)

Related to Assessment

- Formal and informal assessments, eg:
    - Happe Mind Reading
    - Social Use of Language Profile
    - Rinaldi Test of Ambigulity
    - TOPC
- Written language assessment: inference and prediction
- Differential diagnostic features
- Process of assessment of behavioural disorders
- Detailed observational assessment of play and pragmatic skills

Related to Diagnosis

- D.I.S.C.O.

Related to Management

- Various therapeutic and educational approaches as appropriate to age, abilities and context, eg:
    - Multisensory teaching/therapy strategies
    - PECS (Picture Exchange Communication System)
    - Symbol boards
    - TEACCH (Treatment and Education of Autistic and related Communication handicapped Children
    - Earlybird Project
    - Lovaas
    - Hanen More than Words
    - Social skills programmes, eg:
        - *An integrated approach to Social Communication Difficulties: Social Skills Programmes* (2003), Aarons and Gittens, Speechmark
        - Social Use of Language Programme
        - Talkabout
        - Self-awareness training,
        - Circle of Friends
        - Buddy system
        - Social stories
    - Let me Speak
    - Language thr ough reading
    - Intensive interaction
    - Non-directive therapy
    - Comic Strip conversations
    - Thinking Skills:
        - mind reading
        - problem solving
        - mind mapping
    - Stop, Think, Do Programme
- Behavioural issues and modification - use of Applied Behavioural Analysis (ABA), Social Stories,
- PHSE curriculum and how it relates to children with ASD
- Anxiety reduction
- Adapting environment
- Counselling strategies
- Transition Strategies

4d: Childhood physical disability: underpinning knowledge and skills

National SLT Standards and points of reference

- RCSLT Communicating Quality, particularly sections on Developmental Speech and Language Disorders, Developmental Dysarthria, Cerebral Palsy, Augmentative and Alternative Communication
- RCSLT Clinical Guidelines on Pre-school and School Aged Children
- RCSLT Model of Professional Practice and Clinical Competencies
- Current Literature and Research

Key background theory and areas of knowledge

- Typical and atypical speech, language, interaction, play and communication development
- Specific language and perceptual difficulties related to Cerebral Palsy
- Neuroanatomy
- Anatomy and physiology of head, neck and upper respiratory tract and wider motor pattern influences
- Cerebral palsy and other medical conditions
- Intonation, breathing and posture norms
- Dysarthria
- Development of eating and drinking skills
- Eating and drinking problems in cerebral palsy

- Emotional and behavioural sequelae
- Audiometry
- Positional and motor pattern issues
- Positional seating adaptations
- Treatment methods, eg: Bobath
- Effects of ageing
- Effects of drugs
- Sensory impairment
- Influence of additional sensory impairments

Related to Assessment

- Likely prognosis
- Pre-verbal, Language and Speech assessments eg:
    - MORE
    - Test for the Reception Of Grammar (TROG)
    - Clinical Evaluation of Language Fundamentals - Revised (CELF-R)
    - British Picture Vocabulary Scales (BPVS)
- Adaptation of standardised assessments for access for child with Physical Disability
- Awareness of perceptual difficulties and secondary problems (eg fatigue) on assessment

Related to Management

- Alternative and Augmentative Communication (AAC) systems:
    - range:
        - no tech, eg:
            - signing
            - tactile talk
        - low tech, eg:
            - objects of reference
            - photos / symbols in the form of charts or books
        - hi tech, eg:
            - Voice Assisted Communication Aids (VOCAs)
    - access:alternative forms of access, eg:
        - switches
        - eye-pointing
        - availability
- Understanding of other therapy (physio / OT) techniques and their effects on SLT
    - Interpersonal communication and use of non-verbal means during interactions with others
    - Commitment to multidisciplinary team working
    - Specific language disorder related to Cerebral Palsy
    - Knowledge of perceptual problems and their effect on therapy
    - Manual handling techniques learnt through training
    - Multisensory therapy
    - Awareness of curriculum and joint target setting
    - Environmental controls

4e: Childhood traumatic brain injury: underpinning knowledge and skills

National SLT Standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Traumatic Brain Injury
- RCSLT Clinical Guidelines for Pre-school and School aged Children
- RCSLT Model of Professional Practice and Clinical Competencies
- Range of outcome measures
- Current research areas

Key background theory and areas of knowledge

- Dysphasia, dysarthria, oromotor speech disorders, voice disorders, dyspraxia and dysphagia

- Anatomy, physiology and neurology of the larynx, head, neck, diaphragm and respiration
- Neuroanatomy and physiology
- Neurological disorders
- Tracheostomy
- Effects of brain injury; memory / attention / emotional / cognitive /sensory deficits
- Neurological investigations
- Medical management
- Surgical procedures

Related to Assessment

- Range of appropriate assessments

Related to Management

- AAC systems/ methods
- Computer based therapy
- Behaviour management

SPECIFIC CLIENT GROUP: CHILDHOOD DYSFLUENCIES

Remember this is not a prescriptive list, but a set of signposts
Whilst some aspects of the knowledge and skills outlined in the framework may need to be developed to a deep level of understanding and use, it may be that other aspects will need to be developed to the level of awareness only. This will need to be judged according to the particular working context.
It is envisaged that any development needs identified become part of your Personal Development Plan (PDP) and the supported process of continuing professional development.
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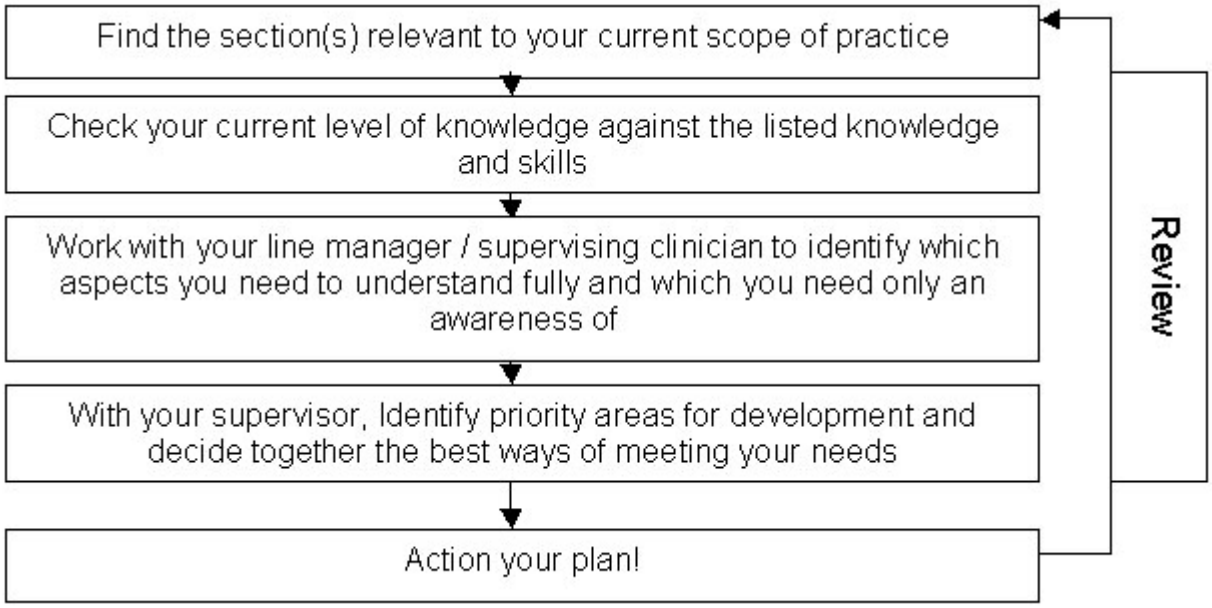

Contextual knowledge and understanding

National context

- What treatments are currently in the news/public knowledge base (media and Internet)
- National support networks (eg: British Stammering Association) Focus and contact details
- Printed information (leaflets and videos)
- Recommended reading and websites
- Specialist Centres (eg: Michael Palin Centre)
- Network of specialist therapists/ areas of excellence
- National SIG in Disorders of Fluency
- National legislation (eg: Children's Act, Disability Discrimination Act)

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Dysfluency
- RCSLT Clinical Guideline on Dysfluency
- RCSLT Model of Professional Practice and Core Clinical Competencies
- RCSLT Draft Specific Childhood Dysfluencies Competencies
- Evidence base
- Range of outcome measures
- Current research areas
- Data Base: collection of core data nationwide

Local context

- Local support networks including local SIGs
- Knowledge of other professionals (role and perspectives) who may be involved or need to be involved (eg: Health Visitor)

- Links to all local agencies involved with children (eg: Child and Family services etc)
- Educational systems; supports and demands (eg: oral work in class)
- Local SLT Policies and Protocols in relation to service delivery (including process that enables crossing of PCT boundaries for specialist therapy/assessment)
- Local community intiatives

Client / Family Context

- Holistic understanding of the child including:
    - Social, emotional, learning and language development
    - Family social background , family dynamics and pressures
    - Peer pressures (eg: existence of bullying)
    - Parental attitude and expectations of therapy/level of commitment
    - Cultural issues

5: Childhood dysfluencies: underpinning knowledge and skills

Key background theory and areas of knowledge

- Typical/atypical speech and language development and possible association with dysfluency
- Typical/atypical dysfluencies
- Dysfluency continuum, nature of developmental dysfluency
- At risk factors eg family history of persistent stammering, gender, time since onset
- Theories of causes of dysfluency
- Models of dysfluency eg Starkweather Demands- Capacity model, multifactorial model
- Understanding of avoidance strategies
- Potential impact of dysfluency on self esteem, well-being, social and educational experiences
- Theory of grieving process
- Theories of change/motivation
- Learning Styles

Related to Assessment

- Appropriate range of assessment procedures for determining the particular demands on and capacities of each child
- Appropriate range of assessment procedures for assessing the impact of dysfluency on self esteem, well-being, social and educational experiences

Related to Clinical Management

- Clarity of belief, value base and purpose of service to this client group
- Range of therapeutic interventions and techniques eg: parent-child interaction, Lidcombe, communication and social skills, fluency techniques, cognitive-behavioural, Personal Construct Profile (PCP)
- Fluency enhancers/inhibitors
- Which approaches are recommended in which circumstances
- Clinical effectiveness/ research base
- Causal, maintaining and exacerbating factors
- How to generalise and maintain skills
- The process of family interaction and the influence on a dysfluent child
- Knowledge of need to liaise with other professionals (eg: Health Visitors, teachers)
- Managing change and anxiety
- Personal and professional limitations
- Adult learning styles in relation to carers and other professionals

Professional Craft Rules of Thumb

- Person who stammers may be covert about it (ie not overtly dysfluent but fearful and/or embarrassed about stammering)
- Possible denial of extent of emotions associated with dysfluency

- Possible pitfalls of teaching fluency techniques
- Possible high expectations of the child's fledgling fluency skills by adults in child's environment with expectation of generalization too soon
- Balance fluency strategies with acceptance of stammering

SPECIFIC CLIENT GROUP: CLEFT PALATE AND VELOPHARYNGEAL DYSFUNCTION

Remember this is not a prescriptive list, but a set of signposts
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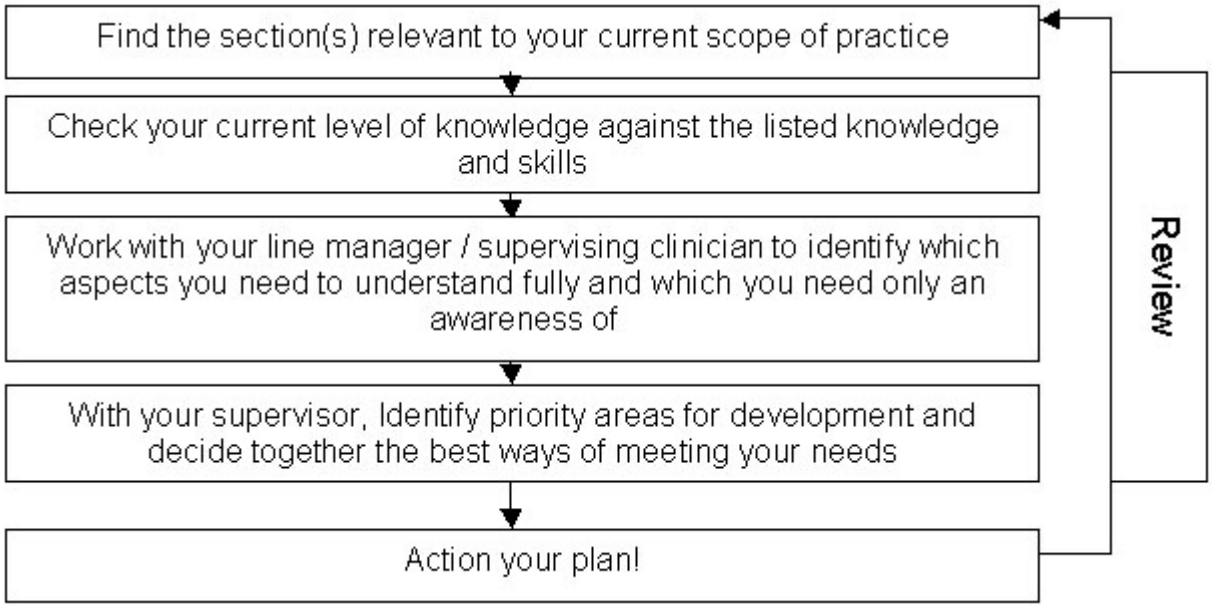

Contextual knowledge and understanding

National context

- National support organisations. eg:
  - Cleft Lip and Palate Association (CLAPA)
  - Craniofacial Society
  - UCFS Support Group
- Delivery of Cleft Lip and palate services: Managed Clinical Network
- Regional specialist services and resources including related services, eg: audiology
- National/International audit protocols
- National/International research, collaborative research and randomised controlled trials

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Cleft Palate and Velopharyngeal Dysfunction
- Evidence base eg RCSLT Clinical Guideline on Cleft Palate and Velopharyngeal Dysfunction
- RCSLT Model of Professional practice and Core Clinical Competencies
- Range of outcome measures
- National SIG in Cleft palate and Velopharyngeal dysfunction "SIG for Cleft Palate and craniofacial Anomalies"
- CSAG Report, HSC 1998/238
- Current research areas and appropriate research methodologies

Regional context

- Relationship between Cleft Centre and local SLT Team

Local context

- Educational systems, policies and procedures
- Medical systems, policies and procedures
- Local SLT policies and protocols in relation to service delivery and managed clinical networks
- Local support organisations, eg: CLAPA
- Other professionals (rôle and perspectives) who may be involved or need to be involved
- Availability of interpreters
- Local application of national policies

Client Context

- Family expectations, commitment and resources
- Cultural background
- Frequency of hospital admissions
- Issues around medical diagnosis
- Parent, child and sibling needs
- Issues about emotional well-being

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6: Cleft Palate and Velopharyngeal Dysfunction: Underpinning knowledge and skills

Key background theory and areas of knowledge

- National/International surgical protocols and implications for management & outcome evaluation
- Multidisciplinary management of Cleft Lip and Palate and related Craniofacial abnormalities including-Surgical, Dental, Orthodontic, Maxillofacial , ENT.
- Types, timings and sequences of surgical and orthodontic interventions & implications for team management.
- Fœtal development especially of head, neck and face www.smbs.buffalo.edu/acb/embryology.html
- Genetic issues in Cleft palate & Craniofacial Conditions
- Psycho-social aspects of Cleft and Craniofacial Disorder.
- Feeding/dysphagia profiles in Cleft palate & related craniofacial conditions
- Objective assessments of structure and Function-Palatal videofluoroscopy, Endoscopy, Airflow, Instrumental assessments e.g Electropalatography, EMG
- Governance in Cleft Palate/Craniofacial patient management
- National/International research and implications for outcome interpretation, management and unidisciplinary/multidisciplinary research.
- Statistics in the field of Cleft Research
- Typical / atypical structure and function of oral tract
- Development of early vocalisations and pre-speech babble
- Typical / Atypical phonological and articulatory development
- Cleft speech characteristics
- Delayed / atypical language development
- Cleft condition and relevant medical conditions
- Types and timings of surgical interventions
- Impact of cleft palate on hearing/ associated anomalies/voice quality/ feeding /dental and occlusal development and self-image
- Resonance, airflow and phonation
- Syndromes associated with clefting and velopharyngeal incompetence, especially Velocardiofacial Syndrome (VCFS) www.widesmiles.org/WS-530.html
- Theories related to bereavement / grieving
- Dealing with the visibly different population

Related to Assessment

- National/International outcome assessment requirements
- Cleft phonetic transcription

- Data recording/archiving to national/international protocols
- Dental, Occlusal, maxillofacial features & implications for assessment outcome/recommendations
- Objective assessment techniques:
    - videofluoroscopy
    - endoscopy
    - electropalatography
    - airflow, eg:
        - Nasometry
        - Perci-sars
- Impact of structure and function on speech assessments
- Impact of chemotherapy/radiotherapy/ degenerative neuromuscular conditions on the assessment of velopharyngeal competence
- Diagnostic therapy as an assessment tool
- Functional features of velo-pharyngeal dysfunction
- Assessment of airflow, resonance and articulation, pre and post surgery and therapy
- Instrumentation; nasendoscopy; video-fluoroscopy
- Phonetic transcription
- Phonetic/ phonological analysis
- Significant features for prognosis
- High quality audio / video recordings

Related to Clinical Management

- Current therapy approaches: Golding; Kushner; Harding; Alberg
- Burden of Care
- Understanding of the Interdisciplinary team management of palatal / velopharyngeal anomalies
- Identification of surgical vs prosthetic vs SLT management of presenting VPI
- Principles of articulation and phonological therapy techniques related to cleft palate / velopharyngeal dysfunction eg articulatory / phonological, hypernasality / nasal airflow
- Electropalatography therapy
- Visual feedback therapy-endoscopy, airflow, micronose
- Diagnostic therapy approaches
- Prosthetic management of Cleft VPI/Fistulae and non-cleft- obturators, palatal lifts
- Surgical, Dental, Maxillofacial aspects of management and implications for timing of unidisciplinary / multidisicplinary management.
- Management issues & approaches in non-cleft VPI, eg:
    - muscular dystrophy
    - motor neurone disease
    - cancer
- Augmentative and Alternative Communication (AAC) systems
- Avoidance of secondary difficulties

Recommended reading

- Controversial book is *Therapy Techniques for Cleft Palate Speech and Related Disorders* by Golding-Kushner, K.J
- *Working with Cleft Palate*, Stengelhofen,J
- *Cleft Palate Sourcebook*, Albery,J and Russell,J (good for working at local community level)
- *Cleft Palate and Speech Management; a multi-disciplinary approach*, Shprintzen, R.J and Bardach, J
- *Feeding and Swallowing Disorders in Infancy*, Wolf,L and Glass,R

SPECIFIC CLIENT GROUP: DEAFNESS

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Whilst some aspects of the knowledge and skills outlined in the framework may need to be developed to a deep level of understanding and use, it may be that other aspects will need to be developed to the level of awareness only. This will need to be judged according to the particular working context.
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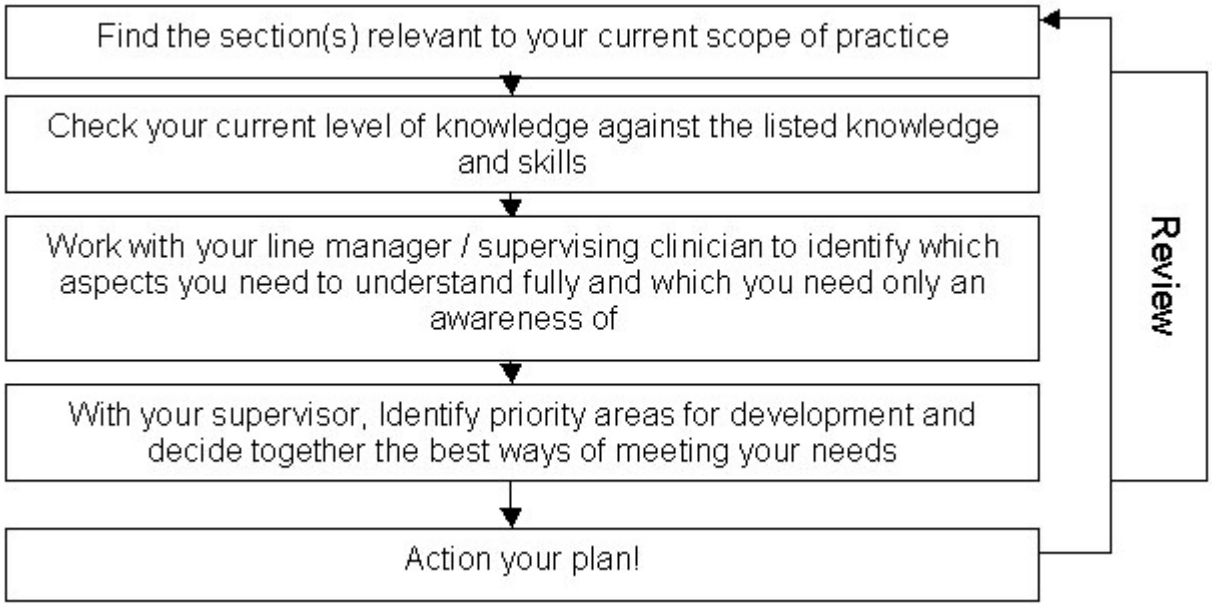

Contextual knowledge and understanding

National context

- National initiatives, eg:
  - neonatal screening
  - digital hearing aids
  - cochlear implants
  - Relevant national support organisations (including remit and contact details) eg:
  - DELTA
  - BDA
  - NDCS
  - CICS
  - FYD
  - Hearing Foundation
  - RNID
  - Cued speech association
  - NADP
- Specialist resources, eg:
  - IT
  - telephones & modifications available
- National Legislation, eg:
  - Disability Discrimination Act
  - Education Act
  - Human Rights Act
- Information available on Deafness, eg:
  - RNID Guidelines
  - web-sites and help-lines
  - Forest Bookshop

    - NCDS-omnidirectory
- Deaf culture awareness and current issues
- Signed TV programmes; subtitles; signed performances (concerts /plays)

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Deafness
- RCSLT Clinical guideline on Deafness
- RCSLT Model of Professional practice and Core Clinical Competencies
- Knowledge of range of outcome measures
- Evidence base
- Current research areas
- BCIG/ISLT guidelines for working with cochlear implants
- RCSLT regional advisors, SIGs

Local context

- Links with other professionals and referral systems, eg:
    - audiologists
    - teachers of the Deaf
    - social workers
    - ENT
    - audiological scientists
    - hearing therapists
    - IT
    - deaf family workers / link workers
- Further education and Work opportunities
- Local support organisations. eg:
    - NDCS
    - parent support groups
    - professional support networks
- Educational provision and policies
- Access to interpreters/Lipspeakers
- Local Protocols in relation to multi-disciplinary service delivery, eg:
    - care pathways
    - children's audiology working groups
- Local application of national policies

Client Context

- Family/Carer/client knowledge and expectations
- Family/Carer/client / perceptions of deafness
- Use of hearing aids
- Language used at home
- Cultural background
- Primary mode of communication
- Educational/Work setting and history
- Type and onset of deafness
- Prognosis
- Threshold levels of hearing
- Accessed frequencies
- Previous therapy input

7: Deafness: underpinning knowledge and skills

Key background theory and areas of knowledge

- Ætiology of Deafness including Anatomy and physiology of hearing
- Types of hearing loss and use of residual hearing
- Acoustics

- Hearing aids (digital/analogue/radio aids) and other aids to hearing including Cochlear Implants
- Language and communication development in deaf people
- Voice and speech production
- Communication options:
    - British Sign Language (BSL) History; development of; linguistics of…..
    - Sign Supported English (SSE)
    - Cued Speech
    - Lip reading
    - Auditory/oral
- Communication Policies
    - Total communication/ bilingualism / oral
- Speech perception
- Deaf awareness:
    - Effective communication between hearing and deaf people
    - Environmental factors (eg background noise, visual environment)
    - Deaf cultural issues
- Associated syndromes and additional needs
- History of education of deaf people
- Current development and research in relation to assessment

Related to Assessment

- Skills related to assessment will vary according to local setting and may include:
    - Signing to CACDP stage 2 level, eg: Herman & Woll
    - Advanced phonetic transcription skills and analysis, eg: PETAL
    - Appropriate assessments, eg:
        - PETAL
        - HARPA
        - PASS analysis
        - GRASPS
        - connected discourse tracking
        - Speech Intelligibility Rating
        - sign transcription
    - Appropriate modifications to assessment, eg:
        - Sign support
        - Visual support
        - written support
    - Interpretation of audiological information

Related to Clinical Management

- Within the context of multidisciplinary team working, the following knowledge and skills are felt to be key:
    - Auditory training and listening
    - Multi modal teaching/therapy methods:
        - VDU
        - BSL
        - SSE
        - SE
        - cued speech
        - symbols
        - lipreading
    - Functional communication in a variety of context
    - Counselling approaches
    - Voice conservation/preservation
    - Improving speech intelligibility
    - Functional use/care of aids to hearing

7a: Cochlear implants: underpinning knowledge and skills

Background theory

- Pros and cons of cochlear implants (related to cost, health, hearing, procedure/tuning, deaf identity)
- Equipment and process of implantation
- Hearing thresholds *vs* aided hearing
- Process followed in relation to implants (switching on; tuning)
- Effects on Deaf culture
- Cochlear Implant team rôle
- Regional network around Cochlear Implant

Related to Clinical Management

- Liaison with CI team for information on timings of process and advice
- Liaison with local team of professionals involved with client
- Competence in relation to checking functioning of equipment
- For other management issues, see general "Deafness" section above

SPECIFIC CLIENT GROUP: DISORDERS OF FEEDING, EATING, DRINKING AND SWALLOWING (DYSPHAGIA)

Remember this is not a prescriptive list, but a set of signposts ……
Whilst some aspects of the knowledge and skills outlined in the framework may need to be developed to a deep level of understanding and use, it may be that other aspects will need to be developed to the level of awareness only. This will need to be judged according to the particular working context.
It is envisaged that any development needs identified become part of your Personal Development Plan (PDP) and the supported process of continuing professional development.
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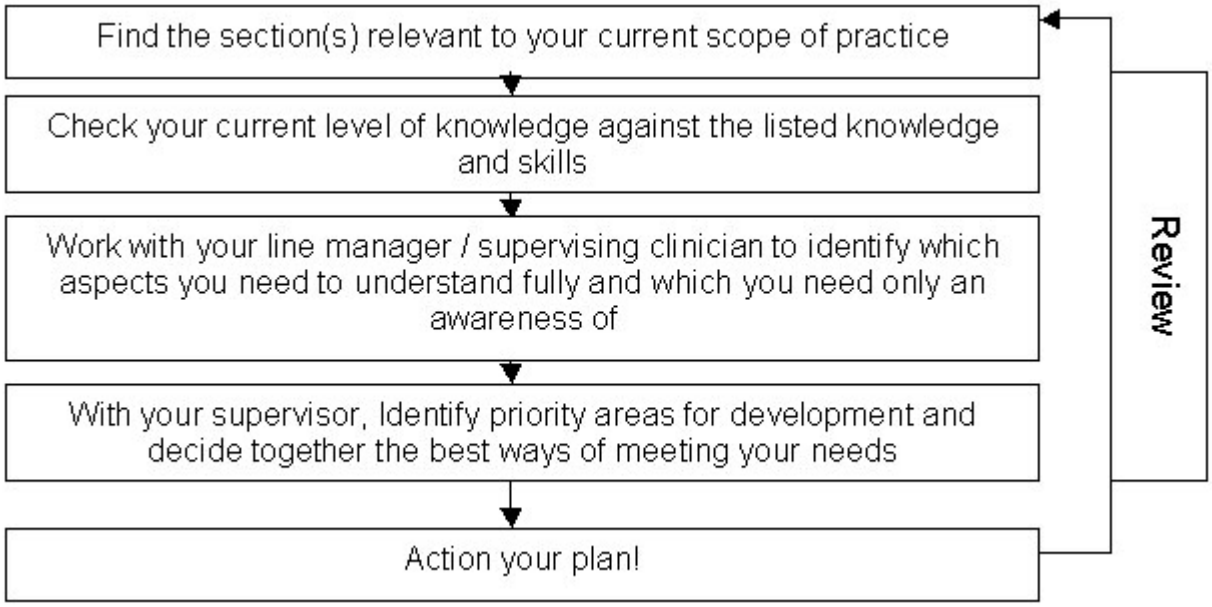

Contextual knowledge and understanding

National context

- National legislation, eg:
  - Disability Discrimination Act
  - Human Rights
  - Children's Act
  - Adults with Incapacity Act
- Current national/ international guidelines, eg:
  - SIGN Guidelines for Dysphagia (1997, due for review in 2003)
  - RCPL
  - AHCPR (US)
  - Cochrane
  - AGA (US)
- Information sources, eg:
  - www.dysphagia.com/articles.htm
  - The CaF Directory - Index of Specific Conditions and Rare Conditions www.cafamily.org.uk/home.html
- Medico-legal issues, eg: consent / capacity and risk
- Ethical issues / decision-making guidelines eg BMA
- AHP prescribing literature - especially around SLTs prescribing thickeners and artificial saliva
- Clinical Governance issues
- Support Groups, eg:
  - CHSS
  - SA
  - SMNDA

    - MSSOC
- PINNT (support group for parents of non-orally fed children)
- Association for children with Tracheostomy (ACT)
- Living with Reflux UK

National SLT Standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Dysphagia and Eating and Drinking Difficulties in Children
- RCSLT Model of Professional Practice and Core Competencies
- RCSLT and BDA consistencies guidelines
- RCSLT position paper on invasive procedures
- Recent research and evidence-based practice/ best practice documentation (eg RCSLT Clinical Guideline on Dysphagia; Modernisation Agency website on best practice)
- Outcome measures
- Models of training eg accredited courses / in-house /supervised practice
- RCSLT SIGs

Local context

- Care pathways
- SLT policies, standards and protocols in relation to dysphagia, videofluoroscopy, invasive procedures (eg: FEES)
- Information-giving systems locally, eg: patient held notes vs medical/nursing notes
- Availability and access to products
- Health & Safety policies - food handling issues
- Rôle of other professionals within the team
- Child Protection systems
- Medical systems and specialist services
- Voluntary agencies
- Local dysphagia nurse training programmes and dysphagia screening tools

Client Context

- Client's lifestyle
- Family/Carer expectations, level of involvement & capacities particularly in the areas of food preparation and nutritional knowledge
- Carer networks
- Cultural and religious background
- Dietary preferences and needs
- Existence of living will
- Quality of life / ethical considerations

Client History

- Pre-morbid function
- Patient's pre-existing attitude to food eg anorexias / aversions etc
- Concomitant aetiologies which may affect the SLT outcome of assessment, eg:
    - COPD
    - psychological status
    - GI disorders
    - medical decisions

8: Dysphagia: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge relating to: Adult acquired dysphagia / Dysphagia and dementia / Dysphagia and Adult Learning Disability / Childhood Dysphagia / Neonate Dysphagia / Dysphagia related to Head and Neck Cancer as appropriate)

- Role of SLTs and "proxy" therapists - especially around feeding guidelines / training carers / staff / family to carry out SLT advice and texture modification

- Relevant anatomy and physiology of babies/children/adults as appropriate
- Typical sucking, eating, chewing, drinking and swallowing patterns in babies/children/adults/elderly as appropriate
- Patterns of atypical sucking, eating, chewing, drinking and swallowing
- Neurology especially cranial nerves
- Hydration and nutritional needs
- Respiration and impact of Dysphagia on respiration
- Effects of surgical interventions
- Effects of other treatments eg: medication, chemotherapy; radiotherapy on feeding and appetite
- Effects of reflux
- Respirators, ventilators and effects of chest infections
- Effects of neurological, medical & other conditions as appropriate eg Learning disability including Profound and Multiple Learning Disability (PMLD), Head & Neck cancer, Stroke, Progressive disorders, Pre-term babies
- Tracheostomies and speaking valves: types, sizes, structure, function and effect on swallow
- Non-oral methods of feeding eg PEG, Nasogastric (NG) tube
- CPR
- Risk management
- Oral hygiene and relationship to aspiration
- Psychology of loss
- Best practice related to independent and assisted feeding
- Range of possible assessment techniques (eg: Cervical Auscultation and Pulse Oximetry) and their degree of acceptance within the profession

8a: Adult acquired dysphagia: underpinning knowledge and skills

Related to Assessment

- Bedside assessments (see: Logemann 28 point scale bedside checklist, locally agreed procedures; Daniels; Dysphagia Evaluation protocol)
- Dysphagia screens and dysphagia link nurses
- Consistencies and safety - hierarchy of trials - where to start
- Role and nature of possible assessment methods, eg:
    - cervical auscultation
    - pulse oximetry
    - videofluoroscopy
    - FEES
    - EMG
    - Manometry
- Clinically significant signs related to change in dysphagia status (eg: overt / silent aspiration) and when to intervene
- Indicators for second opinions / use of other professionals (eg: radiologists, ENT, respiratory / gastro teams, therapists etc) and SLTs
- Effects on Dysphagia of stress, posture, medication, behavioural & emotional responses

Related to Clinical Management

- Working within a multi-disciplinary team
- Therapeutic strategies, eg:
    - EMG
    - thermal-tactile stimulation
    - Facial Oral Tract Therapy
    - Deep Pharyngeal Neuromuscular Sensation (DPNS)
    - exercises for oral control and laryngeal elevation SHAKER
- Compensatory strategies, eg:
    - manœuvres
    - use of thickeners

    - texture changes
    - positional changes
- Awareness of decannulation protocol
- Appropriate foods and drinks in terms of texture and consistency
- Appropriate consistency of medication
- ITU awareness and decannulation
- Palliation and end of life decisions / withdrawal of input

8b: Dysphagia and Dementia: Underpinning knowledge and skills

Key background theory and areas of knowledge
(see also background knowledge above)

- Factors associated with ageing which influence eating and swallowing. These include anatomical and physiological changes, eg: appetite changes, changes to taste buds
- Stages of dementia
- Types of dementia
- Medication specific to dementia
- Common feeding, eating and swallowing difficulties in the differing dementia conditions
- Awareness of pica (craving unnatural articles as food)
- Potential effects of commonly used medication (eg antipsychotic medication) on the processes involved in swallowing
- Benefits, burdens and risks of tube feeding at different stages in the dementia process
- Palliative approaches to care
- Issues of patient competence and consent
- Ethical and psychological issues involved in non-oral feeding in dementia care
- Ethical and psychological issues involved in withholding food
- Issues around self-feeding versus being fed
- Issues around patient refusing food

Related to Assessment

- Role and nature of:
    - cervical auscultation,
    - pulse oximetry
    - videofluoroscopy
- Signs of aspiration
- Bedside assessment and its limitations
- Observational and informal assessments
- Effects of mood, behaviour and posture on eating and swallowing
- Caregiver feeding techniques
- Effects of environment on eating and swallowing
- Appropriate timing of assessment to take into consideration possible concentration deficits or specific behavioural issues
- Effects of environment and possible long established feeding behaviours and patterns

Related to Clinical Management

- Modification of textures (not always puree)
- Modification of eating context and strategies/techniques in use
- Behavioural modification techniques, eg: by using appropriate and repeated verbal and physical prompts
- Increase sensory stimulation eg using strong tasting finger foods
- Postural modification
- Ways of modifying feeding techniques

8c: Dysphagia and adult learning disability: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge above)

- Coexistence of CVA / dementia
- Effects of medical, respiratory and cardiac conditions on eating and drinking
- Effects of any medication or surgery
- Effects of oro-aversion / sensory disorder
- Ageing
- Challenging behaviour
- Ethical issues around consent
- Risk assessment

Related to Assessment

- Dysphagia screening assessments, eg:
    - Logemann
    - Daniels
    - Dysphagia Evaluation Protocol
    - Jays observational assessment
- Consistencies and safety - hierarchy of trials - where to start
- Rôle and nature of assessment methods, eg:
    - cervical auscultation
    - pulse oximetry
    - videofluoroscopy
    - FEES
    - EMG
    - manometry
- Clinically significant signs related to change in dysphagia status (eg: overt / silent aspiration) and when to intervene
- Indicators for second opinions / use of other professionals (eg: radiologists, ENT, respiratory / gastro teams, therapists etc) and SLTs
- Effects on Dysphagia of stress, posture, medication, behavioural & emotional responses
- Environment / mobility /carer knowledge base

Related to Clinical Management

- Compensatory strategies, eg:
    - appropriate textures and consistencies of food / drink / medication
    - use of thickening agents
    - amounts of food and drink presented
    - manner of presentation of food/drink
    - positioning of client and helper
    - appropriate equipment and seating
- Use of consistent/recognised formula to identify different textures etc
- National BDA descriptors

8d: Childhood dysphagia: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge above)

- Effects of prematurity, brain damage, respiratory conditions, neuromuscular conditions, cardiac conditions, syndromes, anatomic dysfunction on feeding, eating and drinking and developmental issues
- Effects of any medication or surgery
- Effects of oro-aversion/sensory feeding disorder
- Effects of illness, hospitalisation on parental bonding and child development
- Effects of reflux
- Multi-disciplinary rôles within management of childhood dysphagia

Related to Assessment

- Rôle and nature of assessment methods, eg:
    - cervical auscultation

    - videofluoroscopy
- Schedule for Oral Motor Assessment (SOMA) Reilly, Skuse and Wolke
- Clinically significant signs related to change in dysphagia status (eg: overt / silent aspiration) and when to intervene
- Effects on Dysphagia of stress, posture, medication, behavioural & emotional responses

Related to Clinical Management

- Modifying the risk of aspiration
- Desensitisation
- Compensatory techniques, eg: appropriate foods and drinks in terms of texture and consistency
- Appropriate consistency of medication
- Therapeutic interventions, eg: taste and sensory stimulation
- Awareness of pica
- Social context of mealtimes
- Effect of posture on eating and drinking skills
- Dietary requirements
- Problems with dribbling
- Management and development of feeding skills

Recommended reading

- *Prefeeding Skills*, Morris and Dunnklein (assessment and management /good for self learning/very practical)
- *Feeding Problems in Infancy*, Wolf and Glass (good for younger children)
- *Pædiatric Feeding*, J.Arvedson (good for theory and case examples)

Further recommendations

- Importance of working alongside other professionals as part of a feeding team
- Importance of considering clinical dilemmas with others (eg: developing independence *vs* optimum nutrition)

Clinical Hunches/Observations

- One CDC has been using MORE for feeding work and feels that the child's sound inventory has been enhanced

8e: Neonate dysphagia: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge above)

- Effects of prematurity, brain damage, respiratory conditions, neuromuscular conditions, cardiac conditions, syndromes, anatomic dysfunction and gastro-œsophageal reflux on feeding
- Effects of any medication or surgery
- Effects of oro-aversion/sensory feeding disorder
- Effects of illness, hospitalisation on parental bonding and child development
- Developmental care
- Fœtal development especially head neck and face
- Neonatal observation
- Maturation of suck/swallow/breathe
- Oro-motor stimulation

In Relation to Assessment

- Presence of primitive reflexes
- Effects of respiration on swallowing
- Rôle and nature of assessment methods, eg:
    - NOMAS
    - Wolf and Glass assessment

    - videofluoroscopy
    - FEES
- Clinically significant signs related to dysphagia status (eg: overt / silent aspiration) and when to intervene
- Influence of environment, positioning, medication, co-existing health concerns, reflux, feeding method and social issues on infant feeding

In Relation to Clinical Management

- Modifying the risk of aspiration
- Compensatory strategies, eg:
    - positioning
    - type of feeding equipment
- Therapeutic interventions, eg:
    - desensitisation

8e-bis: Dysphagia related to head and neck cancer: underpinning knowledge and skills

Key background theory and areas of knowledge

(see also background knowledge above)

- Detailed understanding of resection and methods of reconstruction (incorporating structural & neurological impact) and relating this to swallow function
- Awareness of complications post treatment eg: fistula & implications for rehabilitation
- Awareness of impact of radiotherapy/chemotherapy/ brachytherapy & impact on swallow but also associated issues eg: mucosistis, oedema
- Ethical / legal issues around feeding during palliative or terminal care
- Tracheostomies and speaking valves: types, sizes, structure, function and effect on swallow
- Oral hygiene issues
- Understanding of medical factors in relationship to dysphagia eg: chest status, effects of medication

In Relation to Assessment

- Assessment of swallowing ability via VF / FEES or self reporting eg: SWAL-QOL

In Relation to Clinical Management

- Prognosis around feeding, eg: PEG may be placed pre-treatment if long term dysphagia anticipated
- Knowledge of prosthetic devices for swallowing
- Use of instrumentation as biofeedback tools eg: FEES, EPG
- Knowledge of feeding aids / therapy devices

SPECIFIC CLIENT GROUP: HEAD AND NECK CANCER

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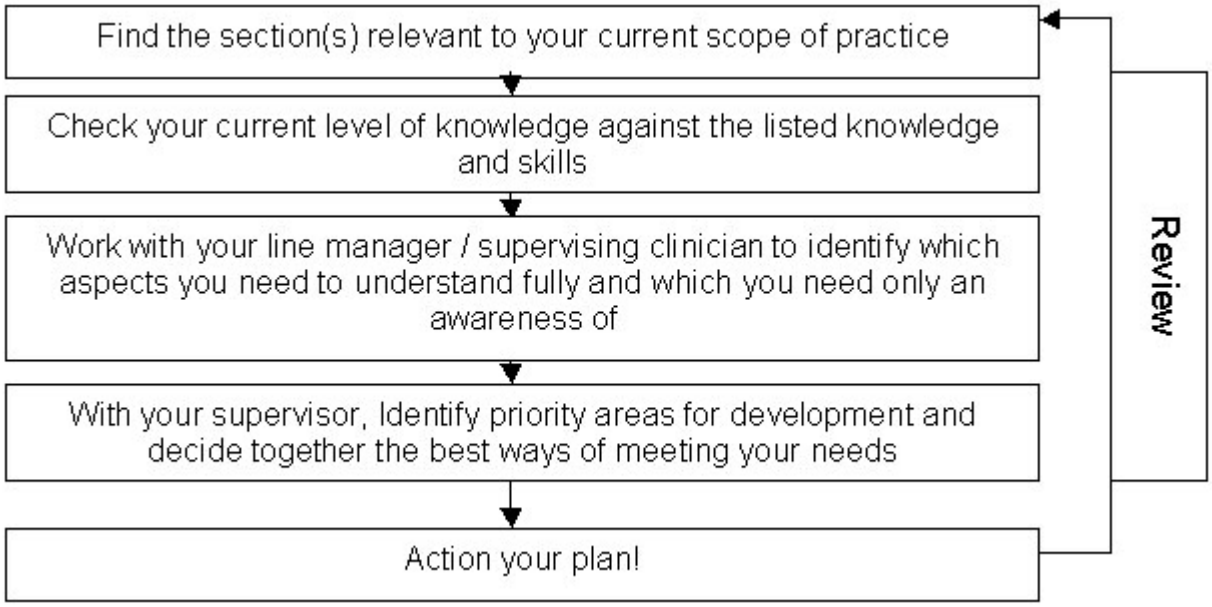

Contextual knowledge and understanding

National context

- National frameworks (eg NHS Cancer Plan/ Calman Hine/ Saving lives: our healthy nation) and associated government led targets
- Managed clinical networks for head and neck cancer
- NICE Guidelines for head and neck cancer: *Improving Supportive and Palliative Care for Adults with Cancer*
- British association of head and neck oncologists (BAHNO) guidelines: *EJSO Practice care guidance for clinicians participating in the management of head & neck cancer patients in the UK*
- British association of otolaryngologists (BAO) guidelines: *Effective head & Neck Cancer Management Third Consensus Document 2002* (BAO-HNS)
- Help/ support groups (eg: Cancer charities, Lets Face It , Changing faces)
- National Organisations eg: National association of laryngectomy clubs (NALC)
- Latest product developments
- Help lines and other sources of information eg: CLAN newsletter from National Association of Laryngectomy Clubs (NALC)
- National legislation (eg: Disability Discrimination Act)
- National multidisciplinary team datasets (DAHNO)
- AHP National Cancer Strategy

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Head and Neck cancer
- RCSLT Clinical guidelines on Head and Neck cancer and dysphagia
- RCSLT Model of Professional Practice and Core Clinical Competencies
- RCSLT position paper on invasive procedures -TEP
- Specific Interest Groups

- Range of outcome measures
- Current research areas

Local context

- Local and regional services / organisations eg: ENT/ OMFS provision
- Care pathways and procedures eg: non ITU post-operative care
- Support Groups eg: laryngectomee clubs
- Multi-disciplinary team roles and responsibilities (listed in Calman Hine for SLT)
- Local Speech and Language Therapy policies and protocols in relation to service delivery
- Funding and availability of Augmentative and Alternative Communication (AAC) Aids
- Local medical services/ infection control policies with reference to equipment used with this group
- Palliative care services / hospices
- Literature and availability of interpreters for ethnic minorities with cancer
- Cancer networks and relevant groups eg: head & neck site specific group, AHP groups
- Sources of support for dependency issues eg: smoking cessation /alcohol addiction

Client Context

- Environmental factors including alcohol and tobacco use
- Pre-morbid function
- Concomitant medical factors
- Client/ Carer needs, wishes and expectations
- Current medical regime (surgery/ chemotherapy, radiotherapy)
- Prognosis
- Psychosocial factors

9: Head and neck cancer: underpinning knowledge and skills

Key background theory and areas of knowledge

- Head and neck cancer: oncology, disease process and causative factors
- Principles of general oncology and specific head & neck oncology
- Awareness of members of MDT and respective roles
- Awareness of rôles & accessibility of other support services, eg: lymphoedema services, counselling
- Risk management, complications and action required, eg: leaking around prosthesis
- Availability of resources eg: educational videos & literature
- Psychosocial issues relating to loss of function, disfigurement, coping styles & adaptation
- Palliative care issues, changes in management style from rehabilitation to readaptation
- Counselling skills / breaking bad news (for functional issues)
- Equipment management with respect to health cost benefits eg: selection of prostheses, associated stoma care equipment
- Surgical procedures and techniques
- Head and neck anatomy and physiology, pre and post surgery and treatment
- Surgical techniques in relation to function eg: myotomy, type of reconstruction
- Effects of radiotherapy, surgery and, to a lesser extent, chemotherapy on swallowing and speech
- Recovery patterns
- Medication eg: pain relief
- Grieving and loss process/ fear of recurrence
- Typical/atypical voice and speech production
- Articulation/phonology/phonetics/oral prostheses
- Tracheostomy and knowledge of different tubes eg: cuffed/uncuffed
- Recurrent laryngeal nerve problems experienced by patients with other types of cancer (eg: thyroid, lung, breast, œsophageal cancer)

Related to Assessment

- Range of appropriate formal and informal assessments
- Oral motor assessments
- Use of instrumentation, eg:
    - fibreoptic endoscopic evaluation of swallowing (FEES)
    - videofluoroscopy
    - manometry
- Psychosocial impact
- Quality of life measures, eg: Washington Index
- Special consideration for pre-treatment assessment
- See also voice assessments in Voice section

Related to Clinical Management

- Rehabilitation options for communication and swallowing eg: Botox
- Range of Augmentative and Alternative Communication (AAC) options
- Timing of SLT intervention in the context of the decisions of the multi-disciplinary team
- Compensatory techniques
- Changes in function as early indicators of recurrent disease

9a: Laryngectomy: UNDERPINNING knowledge and skills

Specific to Clinical Management of Laryngectomy

- Laryngeal / alaryngeal voice production
- Acquisition of alaryngeal voice - Surgical Voice Restoration (SVR) as main focus; consideration of other alaryngeal methods
  Voice restoration prostheses and related products, eg
    - electronic larynx
    - Servox
- Respiratory restoration products and their management, eg:
    - filters
    - heat moisture exchange systems
    - external hands-free valves
- Medical issues, eg: infections
- Sterilisation procedures and prosthesis care
- Range of SVR product ranges
- Alternative nutritional methods - naso-gastric feeding and PEG
- Stoma and valve care
- Botox
- Timing of therapy

9b: Oral / Oropharyngeal / Laryngeal Conservation Treatment: underpinning knowledge and skills

- Detailed understanding of resection and methods of reconstruction (incorporating structural & neurological impact) and relating this to speech, swallow & voice function
- Awareness of complications post treatment eg: fistula & implications for rehabilitation
- Assessment of swallowing ability via VF / FEES or self reporting eg: SWAL-QOL
- Use of instrumentation as biofeedback tools eg: FEES, EPG
- Speech analysis pertinent to oral resection
- Awareness of impact of radiotherapy/chemotherapy/ brachytherapy & impact on swallow but also associated issues eg: mucosistis, œdema
- Prognosis around feeding, eg: PEG may be placed pretreatment if longterm dysphagia anticipated
- Knowledge of prosthetic devices for speech & swallowing
- Ethical / legal issues around feeding during palliative or terminal care
- Voice therapy techniques with respect to cordectomy / post radiotherapy dysphonia

- Tracheostomies and speaking valves: types, sizes, structure, function and effect on swallow
- Oral hygiene issues
- Understanding of medical factors in relationship to dysphagia eg: chest status, effects of medication
- Knowledge of feeding aids / therapy devices

SPECIFIC CLIENT GROUP: VOICE DISORDERS

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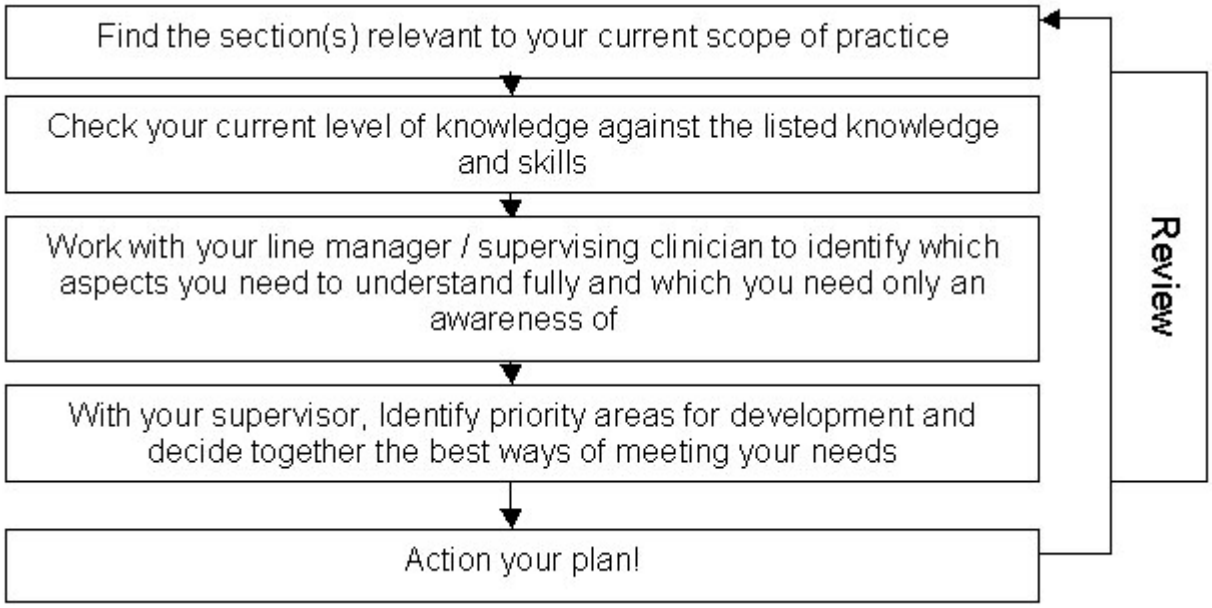

Contextual knowledge and understanding

National context

- National Legislation (eg: Disability Discrimination Act)
- ENT Forum
- National support agencies (eg: British Association of Performing Arts Medicine, British Voice Association, Voice Care Network)
- Printed information

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Clinical Voice Disorders
- Evidence base, eg: RCSLT Clinical Guideline on Clinical Voice Disorders
- RCSLT Model of Professional Practice and Clinical Competencies
- RCSLT Advisory network
- Specific Interest Group in Clinical Voice Disorders
- Range of outcome measures
- Current research areas

Local context

- Other local and specialist services:
    - Ear, Nose and Throat,
    - thyroid and botox clinics
    - gastroenterology services
    - mental health services
    - audiology
    - osteopathy
    - counselling services
    - singing training

    - voice coaching
    - occupational therapy
    - physiotherapy
- Local support groups (eg stop-smoking clinics)
- Local Speech and Language Therapy policies and protocols in relation to service delivery

Client Context

- Employment issues
- Family history and background - environment, work/ social, lifestyle, cultural
- Medical factors
- Parent/ partner/ school/ work expectations and level of support
- Demographic factors

10: Cleft palate and velopharyngeal dysfunction: underpinning knowledge and skills

Key background theory and areas of knowledge

- Anatomy, physiology and neurology of the larynx, head, neck, diaphragm and respiration
- Typical / Atypical voice quality, pitch, volume, resonance, prosody, paralinguistic elements
- Possible causes of dysphonia; organic/ functional conditions
- Recurrent laryngeal nerve problems experienced by patients with types of cancer (eg: thyroid, lung, breast, oesophageal cancer)
- Chronic cough
- Medical and surgical intervention
- Vocal abuse - underlying conditions: polyps, nodules, Reinkes œdema, contact ulcers
- Neurodegenerative voice disorders
- Awareness of complementary medicine and alternative therapies
- The singers voice
- Role of ENT
- Gender reassignment
- Counselling techniques

Related to Assessment

- Assessment techniques: formal and informal
- Technical equipment and interpretation of results, eg:
    - laryngograph
    - nasendoscopy
    - video-stroboscopy
- Vocal profile analysis, Buffalo, GRBAS
- Implications of medical diagnosis
- Underlying factors: medical, emotional, environmental
- Impact of voice disorder - quality of life measures

Related to Management

- Vocal hygiene/ care / conservation
- Therapeutic techniques:
    - voice production techniques
    - Voicecraft
    - Visipitch
- Palpation and manipulation
- Assertive techniques
- Helping client to modify environment (work and home) and lifestyle.
- Posture,relaxation and breathing techniques:
    - Alexander
    - Felden Krais
    - Neurolinguistic Programming

    - Rogerian
    - PCP
    - Accent Method
- Alternative and Augmentative Communication
- Awareness of abuse of relationship, transference, secondary gain,conversion
- Anxiety reduction techniques
- Solution / Brief therapy

SPECIFIC CLIENT GROUP: MENTAL HEALTH DISORDERS

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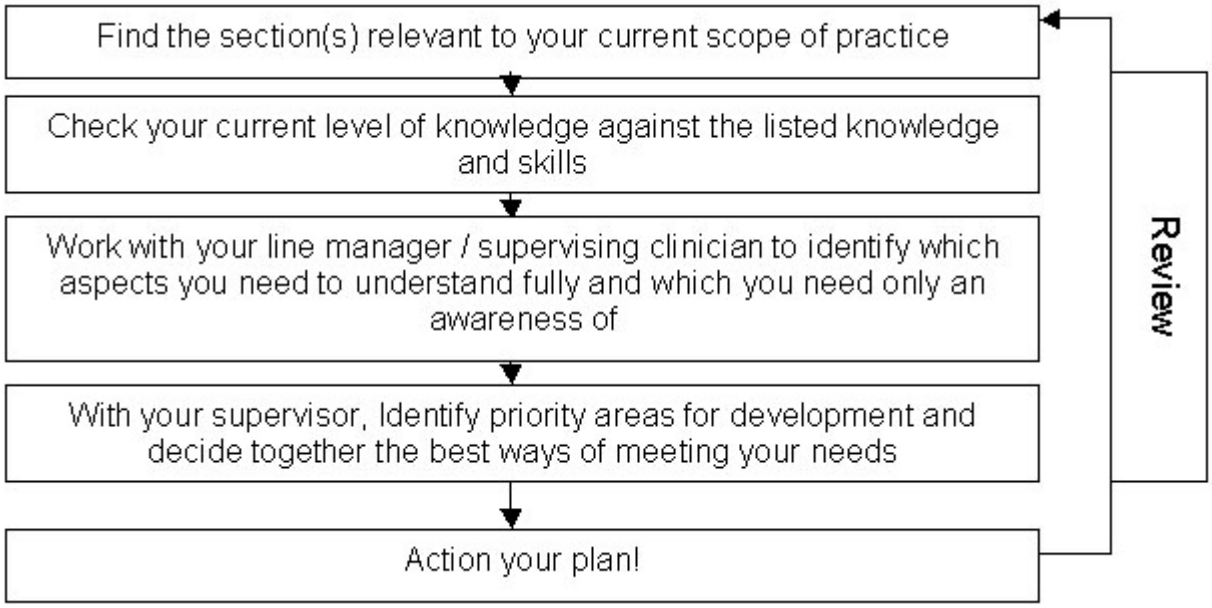

Contextual knowledge and understanding

National context

- NSF for Mental Health
- National legislation, eg:
  - Mental Health Act 1983
  - New Draft Mental Health Act
  - NHS and Community Care Act 1990
- NICE Guidelines for Schizophrenia
- HC(90)23LASSL(90)11 *The Care Programme Approach for People with a Mental Illness*
- Modernising Mental Health Services
- Publications by the Sainsbury Centre for Mental Health
- European Convention on Human Rights: The Human Rights Act, 1998
- Royal College of Psychiatrists publications
- National Support agencies, eg:
  - SANE
  - MIND
  - Specific Interest Groups

National SLT standards and points of reference

- RCSLT Communicating Quality guidelines in relation to Mental Health
- RCSLT Communicating Quality guidelines relating to relevant service locations
- RCSLT Model of Professional Practice and Clinical Competencies
- Mental Health SIG
- Working with Offenders SIG (forensic)
- Relevant recent research papers.
- Range of outcome measures

Local context

- National Health Services, eg:
    - secure/ forensic provision
    - inpatient care
    - community provision
    - day centres/drop in centres
- Child and Adolescent Mental Health Services
- Private/ Voluntary provision of residential and day care
- Rôles and responsibilities of members of the MDT
- Regulations and systems relating to various contexts
- Support agencies, eg:
    - voluntary agencies
    - probation services
    - social services
    - carer support organisations
- Local SLT services and systems

Client Context (within Stress-Vulnerability Model this would be environmental stressors)

- Linguistic, cultural, religious, family and work history - (Forensic history if relevant)
- Family circumstances, dynamics and social support
- Cultural, economic, gender and educational factors
- Quality of life/ lifestyle, including issues around housing/environment
- Awareness of demands on client's communication
- Awareness of stigma issues
- Inappropriate environments
- Financial situation

Client History - (within Stress-Vulnerability Model this would be personal stressors)

- Premorbid communication
- Mental Health
- Genetic or pre-natal influences
- Developmental factors, including history of communication problems, emotional problems or behavioural disorder
- Drug use, both prescribed and illegal
- Developmental history
- Family and other Relationships, including physical, emotional or sexual abuse
- Co-morbid conditions, eg:
    - personality disorder
    - learning disability
    - head injury
    - PTSD
    - ADHD
    - dyspraxia
- Significant lifechanges
- Issues relating to self-esteem or self-image

11: Mental health disorders: underpinning knowledge and skills

Key background theory and areas of knowledge

- The ætiology of mental disorder.
- Neurology and brain injury - effects on communication
- Neuropsychiatry and language
- Possible co-morbid conditions.
- Effects of mental health disorder on communication.
- Psychosocial interventions including the Stress-Vulnerability Model of Intervention.
- Cognitive behavioural therapy

- Theories of learning
- Typical/atypical language and communication
- Medication and side-effects, including dysphagia
- Counselling approaches
- Family work
- Challenging behaviour
- Substance misuse - effects on mental health and communication
- Patterns of communication breakdown related to different types of mental disorder.
- Hearing impairment
- Models of memory and memory breakdown and factors that facilitate memory/language retrieval

Related to Assessment

- Range of formal and informal assessments
- Differentiation between dysphasia, right hemisphere language impairment and communication problems resulting from mental disorder
- Differentiation between different types of mental disorder

Related to Clinical Management

- Range of interventions to enhance communicative competence.
- Reducing the impact of difficulties on communication and enhancing participation in everyday activities
- Skill development and maintenance
- Communication groups focused on pragmatic skills
- Discourse analysis
- Advice and support to carers on modifying communicative behaviour with client
- Enhancing communicative environment (including staff training)
- Supporting effective access to other therapies
- Awareness of need for flexibility in order to respond to fluctuations in mental health which affect skills and presentation