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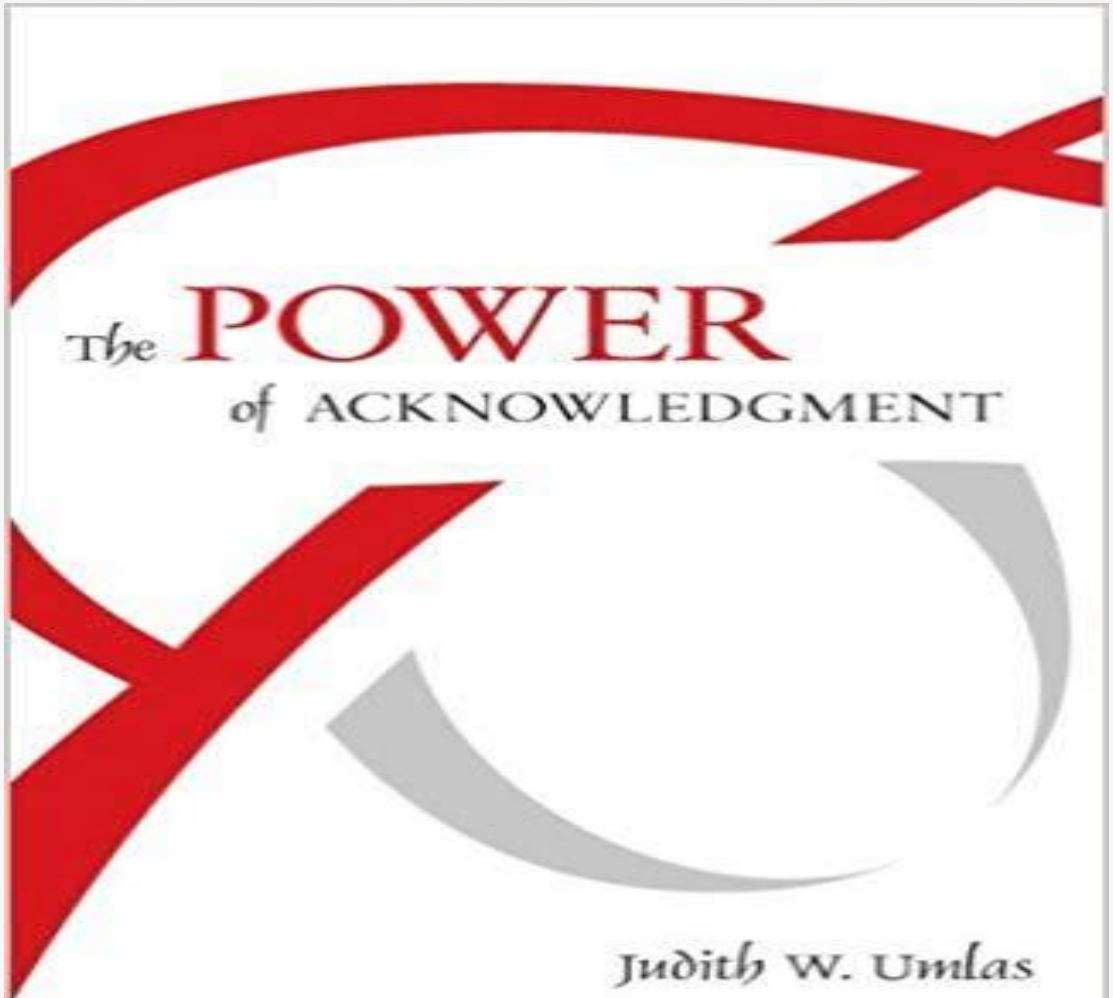
School of Health Sciences
City, University of London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Speech and Language Therapy Works!

WHY, HOW, and HOW DO WE KNOW?

Victoria Joffe

School of Health Sciences
City, University of London

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YOU LOOK AT THINGS
THE THINGS YOU LOOK AT
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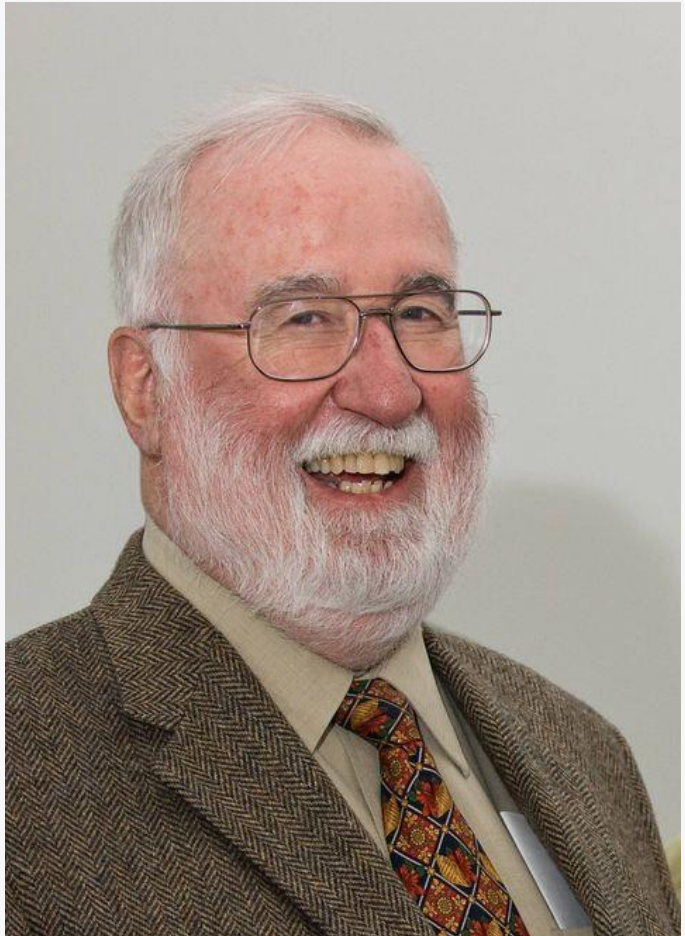

“Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”

Sackett, 1996

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Best Research Evidence
EBP
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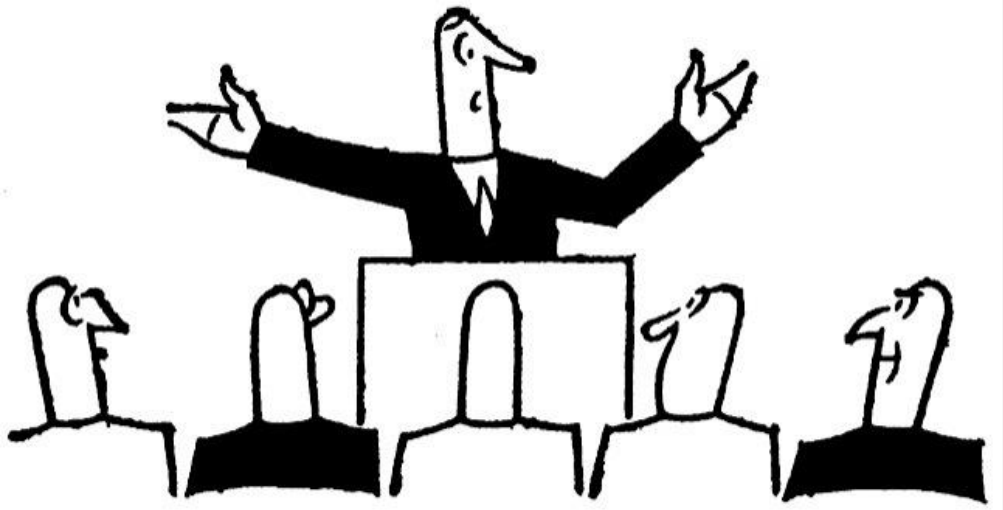
In wider health service delivery, there has been a call for further discourse and discussion around EBP



Reframing and reconceptualising the term and process to suit the reality of what we do and our service users' experiences

HSR HEALTH SERVICES RESEARCH
Impacting Health Practice and Policy Through State-of-the-Art Research and Thinking

Health Serv Res. 2006 Feb; 41(1): 1–8.
doi: [10.1111/j.1475-6773.2006.00504.x]

PMCID: PMC1681528
PMID: 16479681

Is Evidence-Based Medicine Patient-Centered and Is Patient-Centered Care Evidence-Based?

Hasnain-Wynia Romana, Ph.D.

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Are achieving evidence-based medicine (EBM) and cultural competence in medicine (CCM) contradictory goals? In some ways, EBM and CCM are complementary means to improve quality; but it can also appear that, by virtue of their methods of changing medical practice, they are fundamentally at odds. Yet each is an important area for exploration in health services research and both are evolving from marginal to mainstream considerations in changing health policy and as potential strategies to improve quality. It is, therefore, critical that we understand how and when these emerging subfields might be perceived as conflicting and when they can work together.

We begin with definitions: *Evidence-based medicine* is the conscientious, explicit, and judicious use of current best evidence, primarily from clinical trials, in making decisions about the care of individual patients. In general, the goal of EBM has been to improve quality through the standardization of medical care. Indeed, EBM has typically been implemented through clinical guidelines, protocols, or best practices,

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Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence, **primarily from clinical trials,** in making decisions about the care of individual patients. (Romana, 2006)

Clinic ertise
Best
Research
Evidence
EBP
&
ces

A Crisis in Evidence Based Medicine in Health Services?

- **Quality** of evidence
- **Volume** of evidence can be unmanageable
- **Statistically** significant versus **clinically** significance
- Care that is **management driven**, not patient centred
- Evidence based guidelines often map poorly to **complex conditions**/cases/comorbidities

(Greenhalgh, Howick, and Maskrey, 2014, p. 2, BMJ)

What is real evidence based medicine and how do we achieve it?

- Ethical **care** of patient/client = top priority
- Need for **individualised** evidence in a format that clinicians and patients can understand
- Characterised by **expert judgment** rather than mechanical rule following
- **Shares decisions** with patients/clients through meaningful conversations
- Builds on a strong clinician-patient **relationship** and the human aspects of care

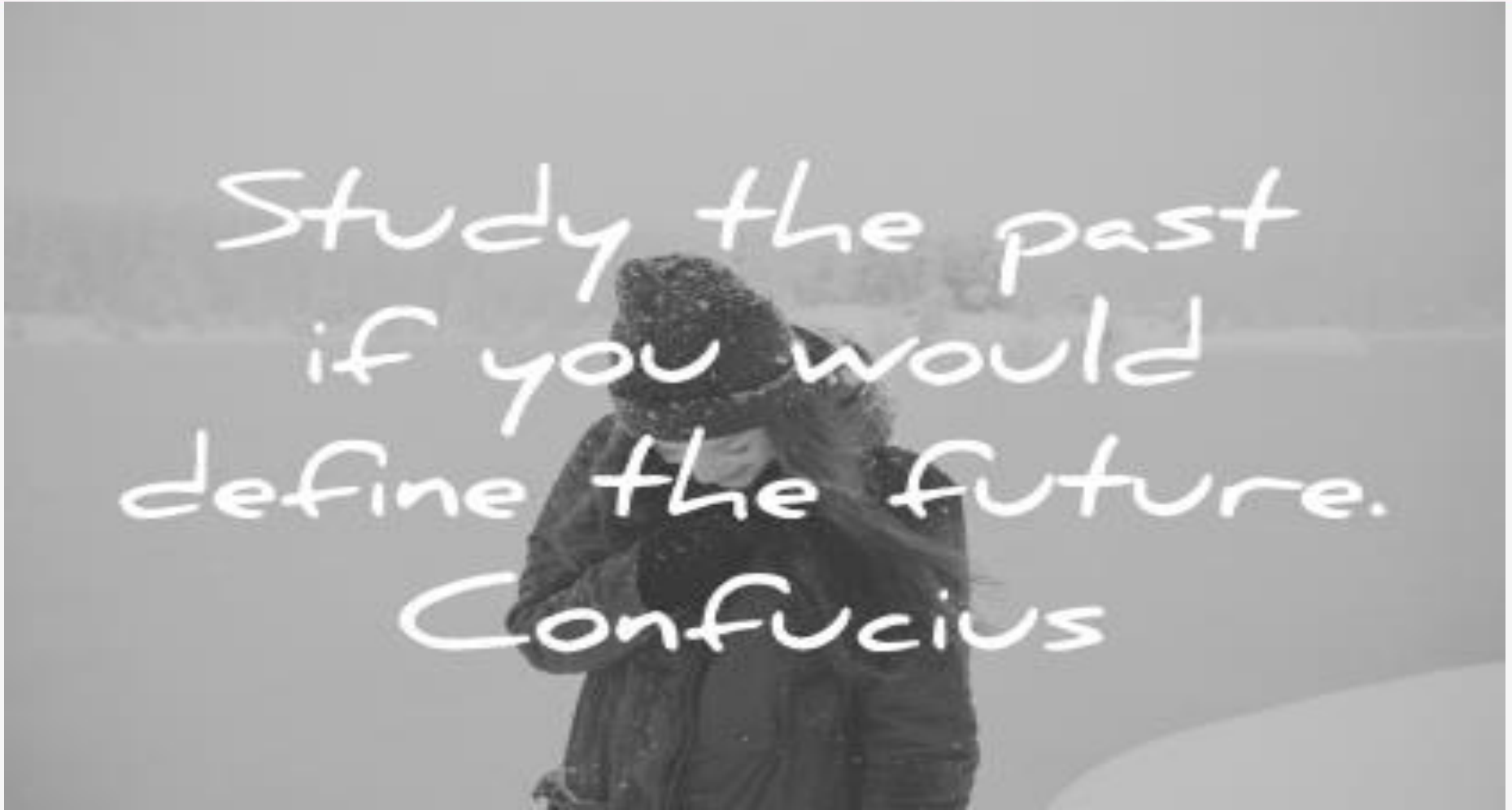
(Greenhalgh, Howick, and Maskrey, 2014)

Broader, more imaginative research is needed

- **Multidisciplinary**
- **Qualitative** focus in experiences of illness
- Gain a better understanding of how **clinicians** and **patients** find, interpret, and evaluate evidence from research studies, and how (and if) these processes feed into clinical communication…and shared decision making
- Greater consideration of **behaviour change**

- Understand the importance of **practice evidence** and pragmatic constraints
- Discussion on how to interpret and **apply evidence to real cases**
- Consider how best to produce **expert clinicians** and **expert patients**
- **Challenge**, interrogate data and be **curious**. Look for the red flags
- **INNOVATE**

Greenhalgh, Howick, and Maskrey, 2014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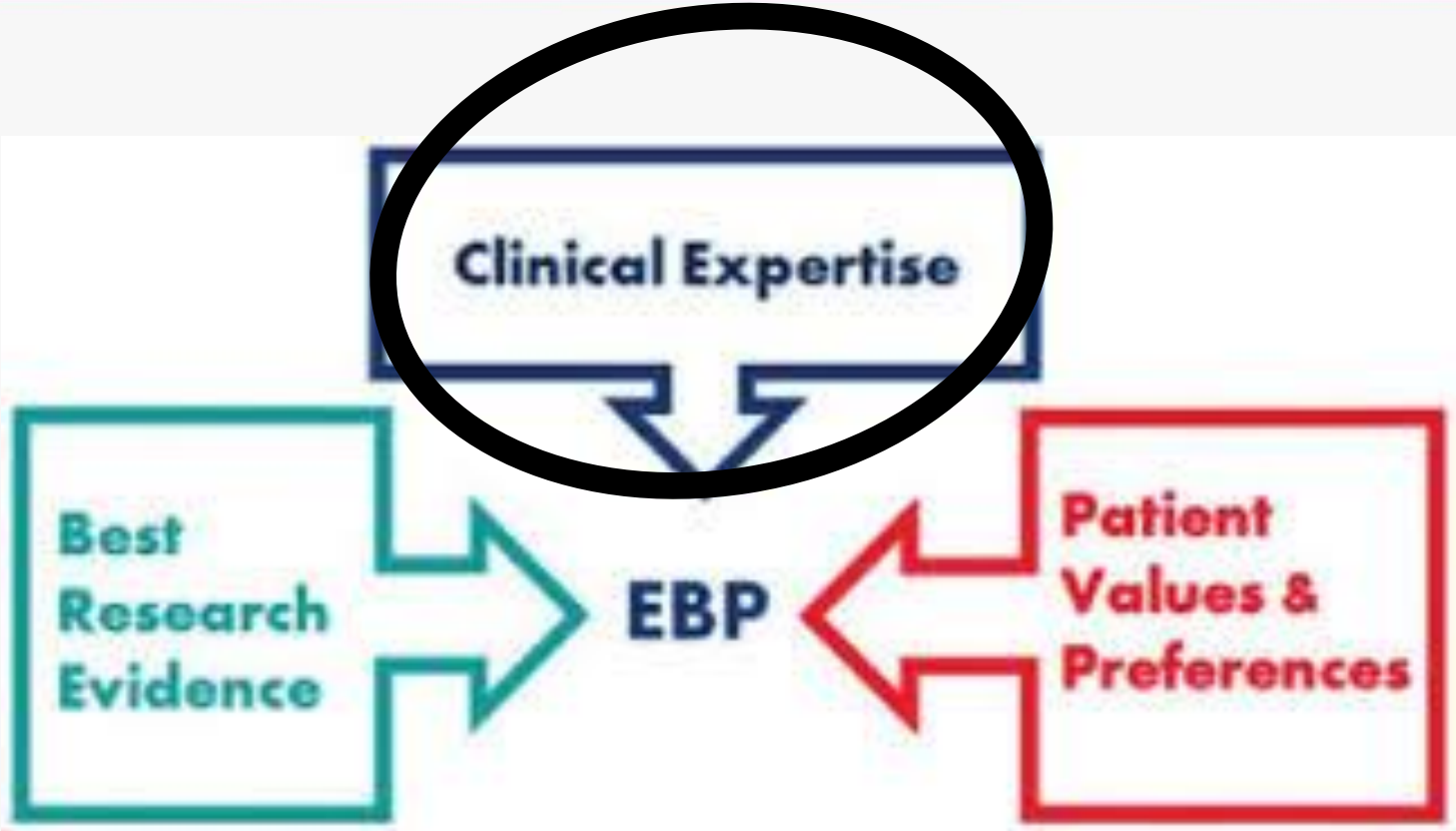
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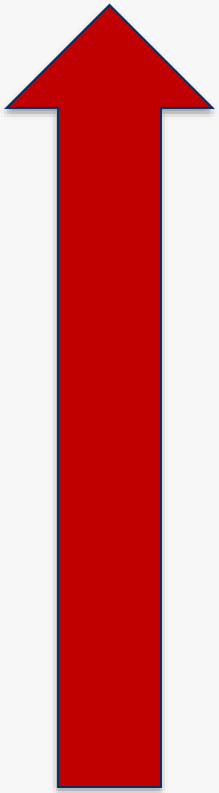
THE TRAVELLING QUACK.

Why is evidence important?



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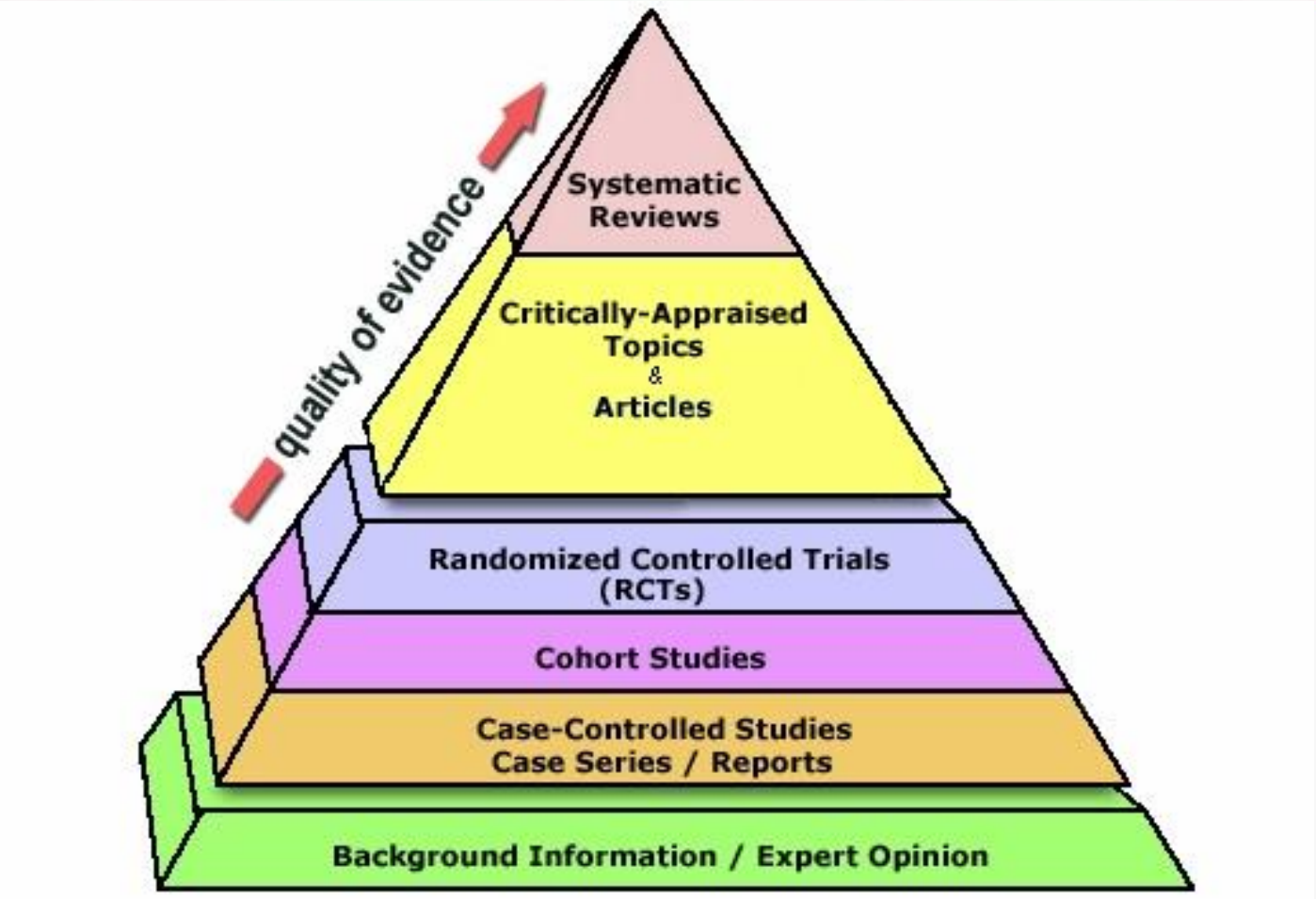
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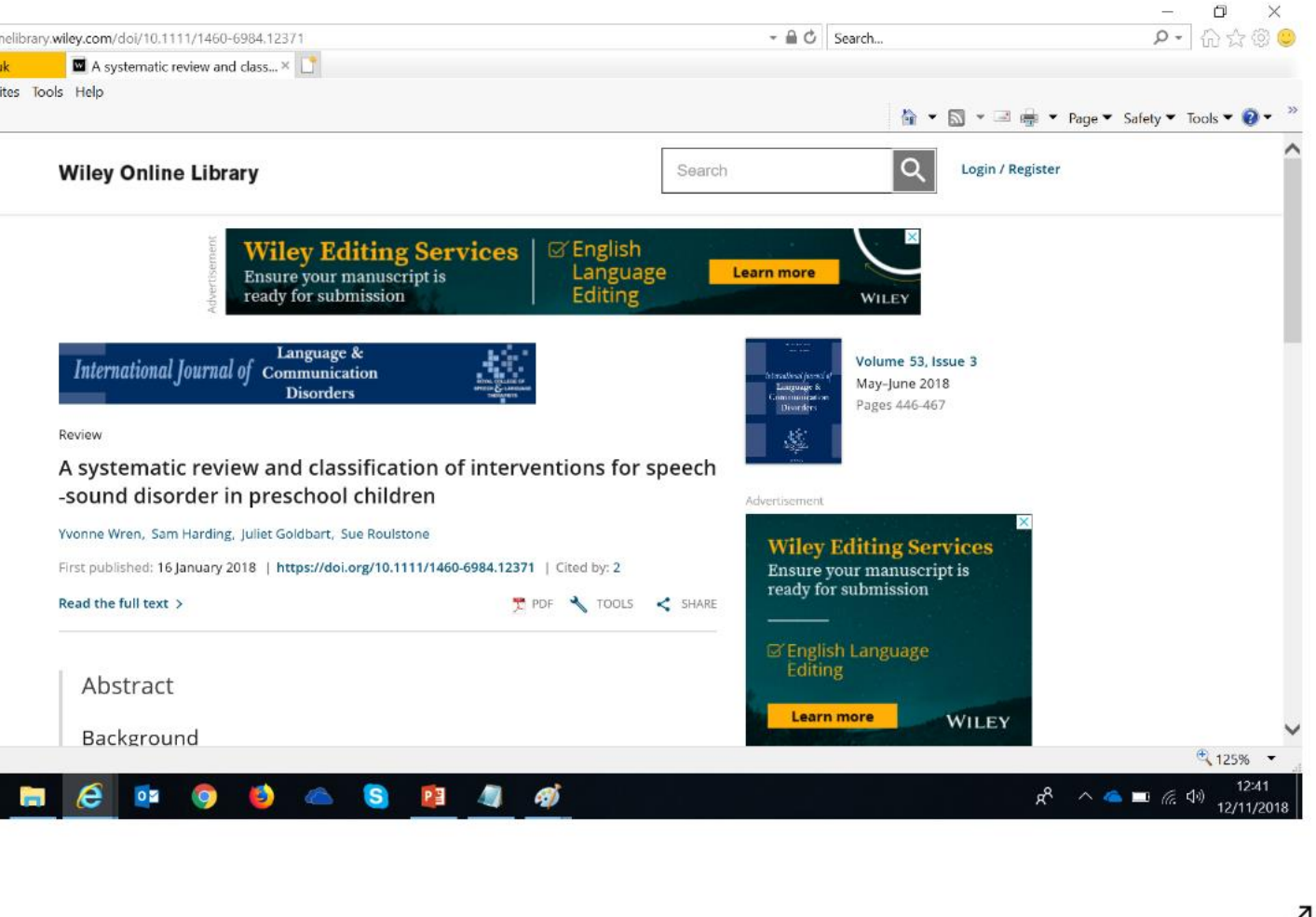
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Review
A systematic review and classification of interventions for speech -sound disorder in preschool children
Yvonne Wren, Sam Harding, Juliet Goldbart, Sue Roulstone
First published: 16 January 2018 | https://doi.org/10.1111/1460-6984.12371 | Cited by: 2
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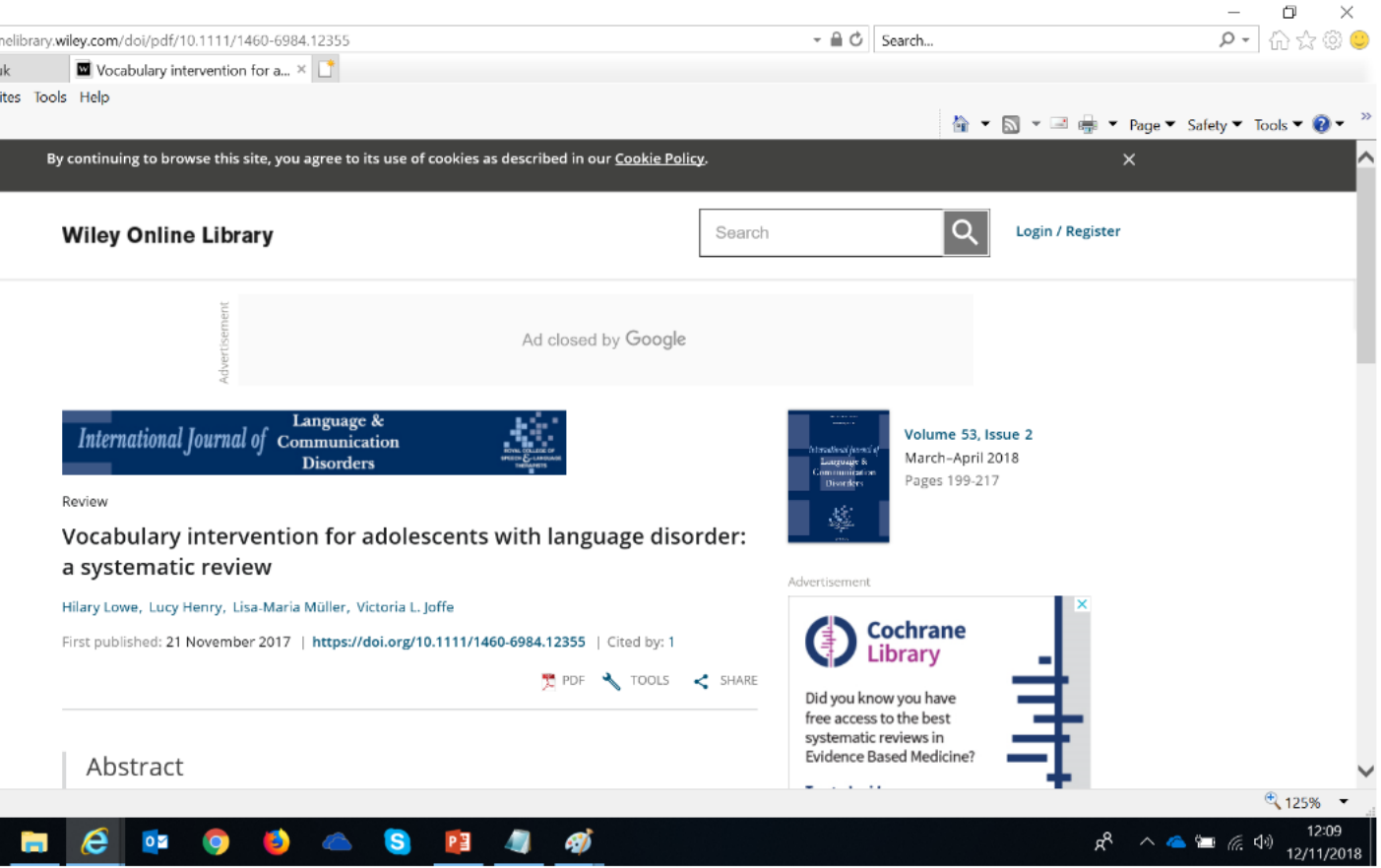
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Vocabulary intervention for adolescents with language disorder: a systematic review
Hilary Lowe, Lucy Henry, Lisa-Maria Müller, Victoria L. Joffe
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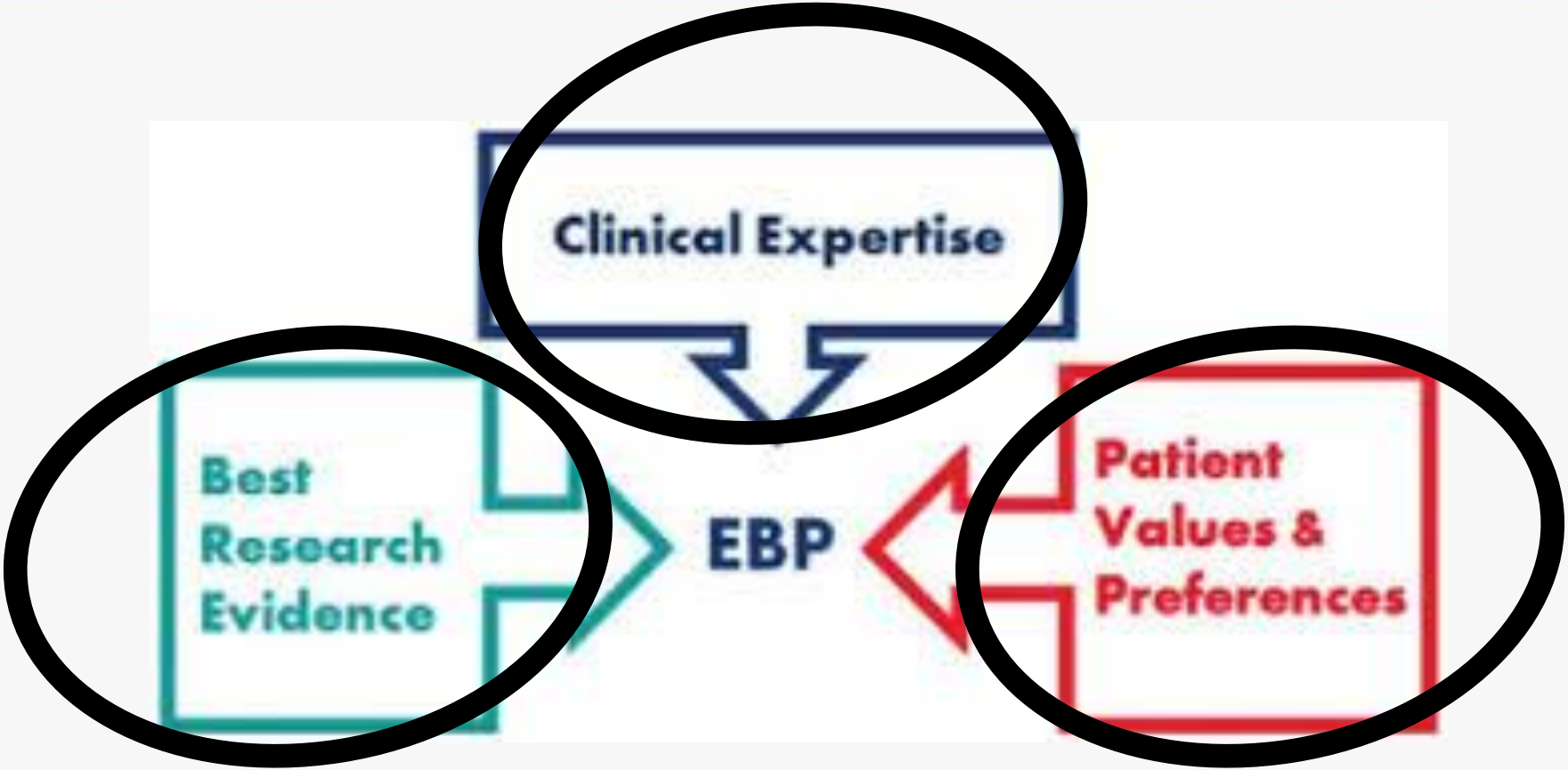
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What are the components of our evidence base?

- More sophisticated investigations - not only exploring effectiveness of an intervention, but looking in much more detail at finer essential nuances, including:

  - ingredients for why it works
  - for which specific groups/disorder/client it works best for
  - how much do we need for it to work best – dosage
  - how frequently do we need to deliver it – intensity
  - who is best placed to deliver it – service delivery model

Commentary

Characterizing optimal intervention intensity: The relationship between dosage and effect size in interventions for children with developmental speech and language difficulties

Biao Zeng , James Law & Geoff Lindsay

Pages 471-477 | Published online: 14 Sep 2012

Download citation https://doi.org/10.3109/17549507.2012.720281

Abstract

Although Warren, Fey and Yoder (2007) have described the key components of

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SCIENTIFIC FORUM: RESPONSE

Optimal intervention intensity in speech-language pathology: Discoveries, challenges, and unchartered territories

Elise Baker

Pages 478-485 | Published online: 14 Sep 2012

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Abstract

This article is the final response in a scientific forum on the optimal intensity of intervention in speech-language pathology. It is a reflection on the state of knowledge offered by the 13 commentaries in this issue, addressing the areas of early communication and language impairment, speech sound disorders in children,

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Invited Articles

Conceptualising "dose" in paediatric language interventions: Current findings and future directions

Laura M. Justice

Pages 318-323 | Received 02 Oct 2017, Accepted 19 Feb 2018, Published online: 22 May 2018

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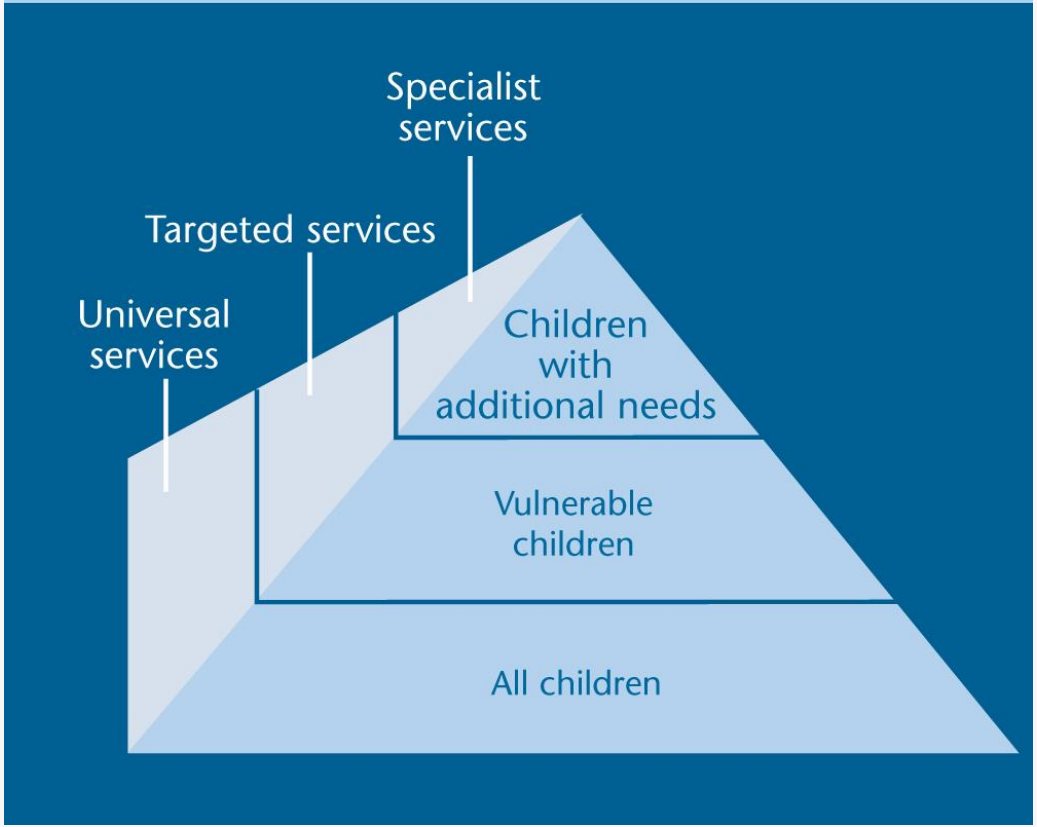
Figure 2 **Population of children and the services provided**



(Gascoigne, 2006, p. 10)

International Journal of Language & Communication Disorders

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VOL. 00, NO. 0, 1–17

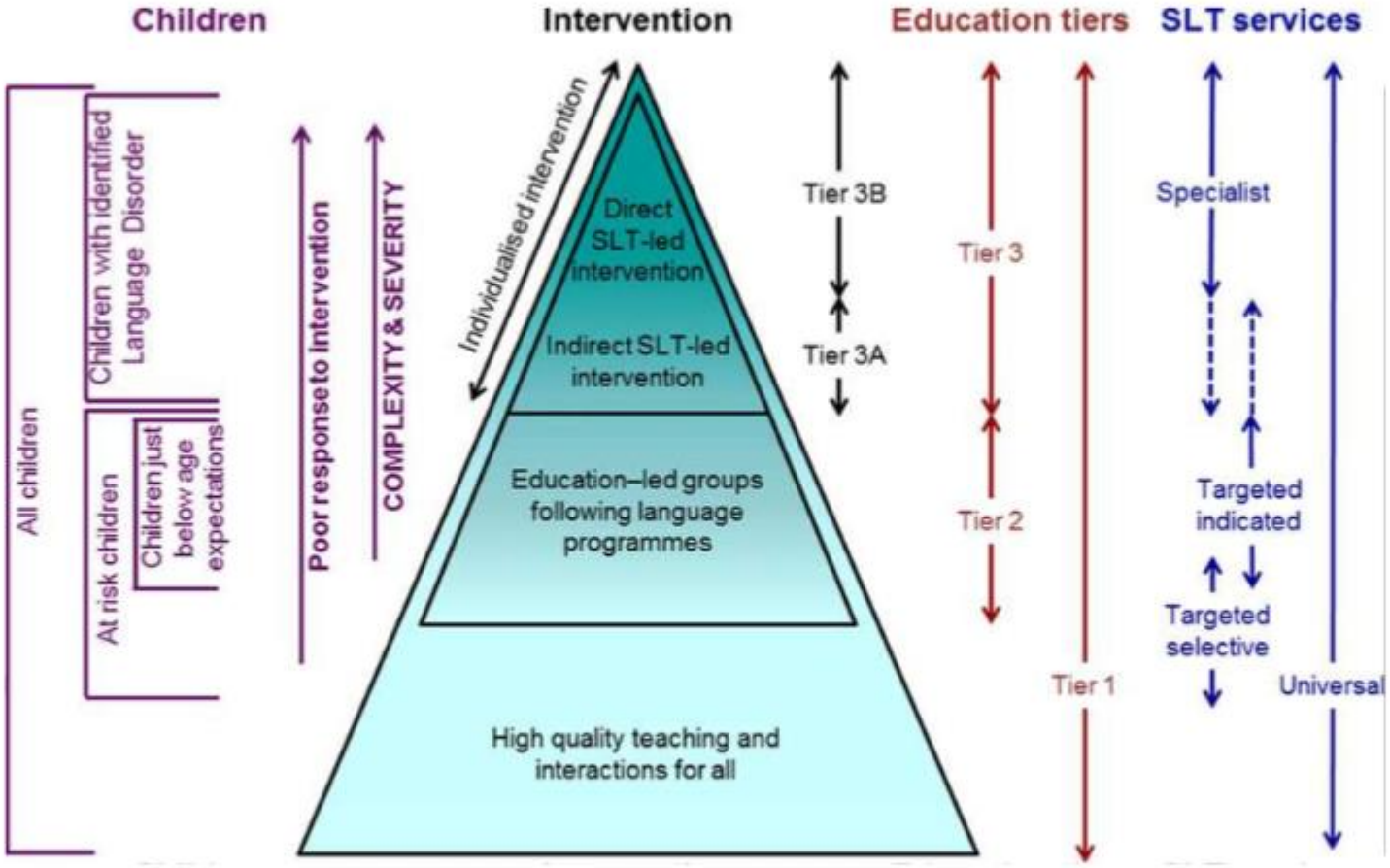
Discussion

Evidence-based pathways to intervention for children with language disorders

Susan H. Ebbels†, Elspeth McCartney‡, Vicky Slonims§, Julie E. Dockrell¶ and Courtenay Frazier Norbury‖

†Moor House School & College, Oxted, UK; Division of Psychology and Language Sciences, University College London
‡Faculty of Social Sciences, University of Stirling, UK
§Children's Neurosciences, Evelina London Children's Hospital, Guy's and St Thomas NHS Foundation Trust, London
¶Institute of Education, University College London, London, UK

ased pathways to intervention for children with language disorders



What are the components of our evidence base?

- Expansion in use of qualitative methodology allowing for the experiences and views of the service users and their families

What about qualitative research? (it's not all about quantitative data

Qualitative research focuses on the beliefs, experiences and interpretations of participants, addressing psychosocial questions

Victoria Joffe & Vanessa Rogers

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

Give qualitative research a go

We love getting feedback from members. Most of you do not hold back about what we are doing well and what we could

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

To begin with, qualitative research methods can

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

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

Interviews

Semi-structured interviews are common in qualitative research. They provide enough

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Research Report

Language development, delay and intervention—the views of parents from communities that speech and language therapy managers in England consider to be under-served

Julie Marshall, Sam Harding, Sue Roulstone

First published: 20 December 2016 | https://doi.org/10.1111/1460-6984.12288

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What are the components of our evidence base?

- Expansion in use of qualitative methodology allowing for the experiences and views of the service users and their families

- Challenging long held beliefs about and uses of diagnostic terms

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CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children

D. V. M. Bishop, Margaret J. Snowling, Paul A. Thompson, Trisha Greenhalgh, CATALISE consortium

Published: July 8, 2016 • https://doi.org/10.1371/journal.pone.0158753

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Original Articles

Labels, identity and narratives in children with primary speech and language impairments

Rena Lyons & Sue Roulstone

Pages 503-518 | Received 13 Nov 2015, Accepted 20 Jul 2016, Published online: 15 Sep 2016

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In this article

Abstract

Abstract

Purpose: There has been debate about labels in relation to speech and language impairments. However, children's views are missing from this debate, which is risky considering that labels with negative associations may result in stigma. The aim of

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What are the components of our evidence base?

- Expansion in use of qualitative methodology allowing for the experiences and views of the service users and their families
- Challenging long held beliefs and uses of diagnostic terms
- Explicit selection of range of outcome measures to measure meaningful changes
- Exploring effectiveness from a wider base of stakeholders

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Marnie Seabrook, Maria Schwarz, Elizabeth C. Ward & Bernard Whitfield

Received 18 Jan 2017, Accepted 11 Sep 2017, Published online: 27 Sep 2017

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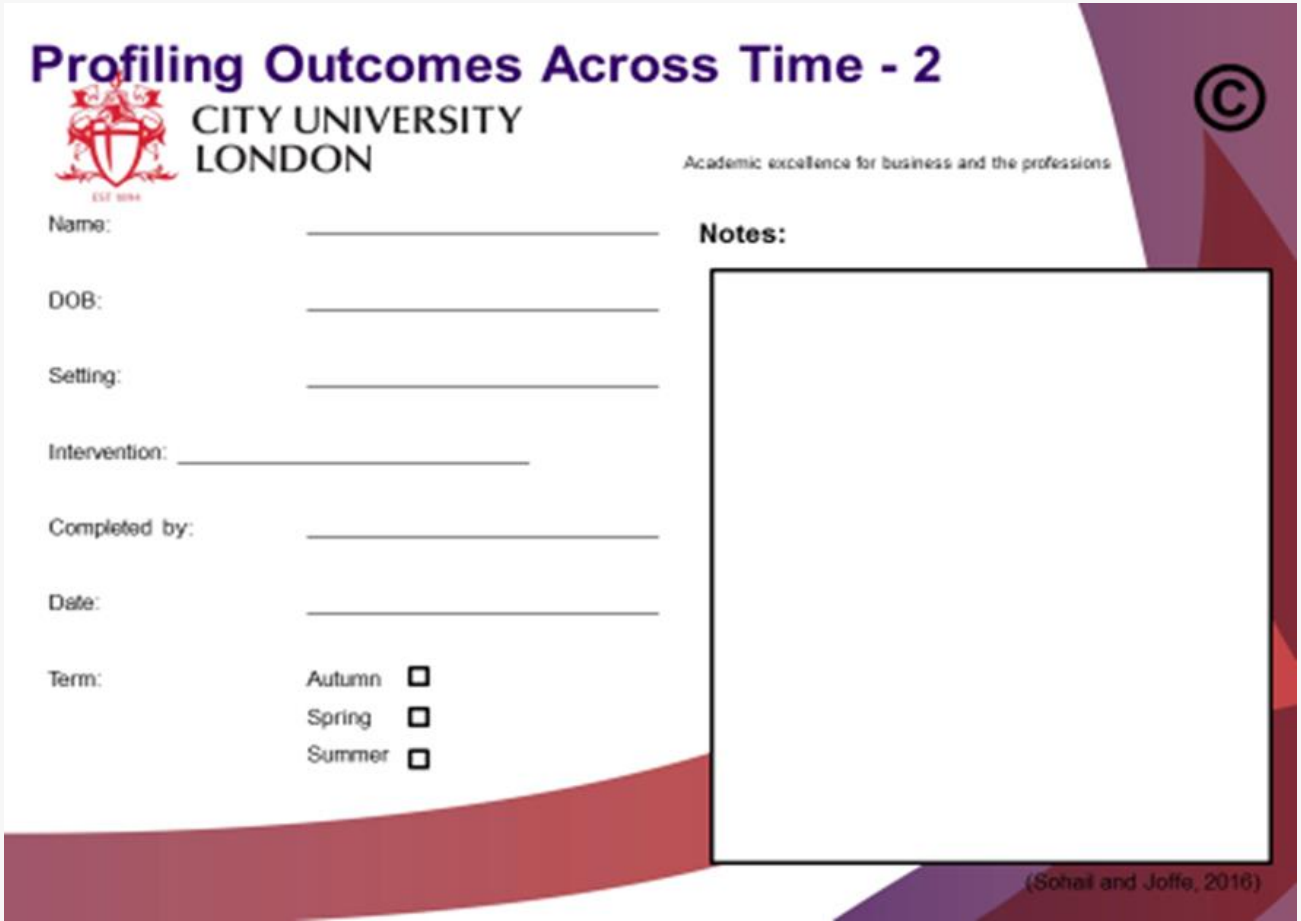
- **Therapy Outcome Measures (TOMS):** describes the relative abilities and difficulties of a client in the four domains of
  - **impairment**
  - **activity**
  - **participation**
  - **wellbeing**

Enderby P, and John A. (2015). *Therapy outcome measures for réhabilitation professionals* 3rd edition. Guilford: JR Press, http://tinyurl.com/n7kzc2k

POAT - 2 (Profiling Outcomes Across Time) tool:



Sohail and Joffe, 2016

The **POAT – 2** consists of a series of nine rating scales including:

- Pre-verbal communication
- Talking and listening
- Speech
- Fluency
- Voice
- Social skills
- Emotional well-being
- Behaviour
- Eating and drinking.

TALKING AND LISTENING

	Never	Rarely	Sometimes	Frequently	Always	N/O
Listens & pays attention	☐	☐	☐	☐	☐	☐
Understands one or two words or short sentences	☐	☐	☐	☐	☐	☐
Understands long sentences	☐	☐	☐	☐	☐	☐
Talks using one or two words or with short sentences	☐	☐	☐	☐	☐	☐
Talks using long sentences	☐	☐	☐	☐	☐	☐
Uses lots of different words	☐	☐	☐	☐	☐	☐
Understands words with different or hidden meanings, for e.g. figurative language	☐	☐	☐	☐	☐	☐
~~Struggles to find the right word~~ *	☐	☐	☐	☐	☐	☐
Talks appropriately with other people	☐	☐	☐	☐	☐	☐
Shows frustration when not understood	YES ☐		NO ☐		NOT OBSERVED ☐	

* = please note change in scoring: never = 5; rarely = 4; sometimes = 3; frequently = 2; always = 1

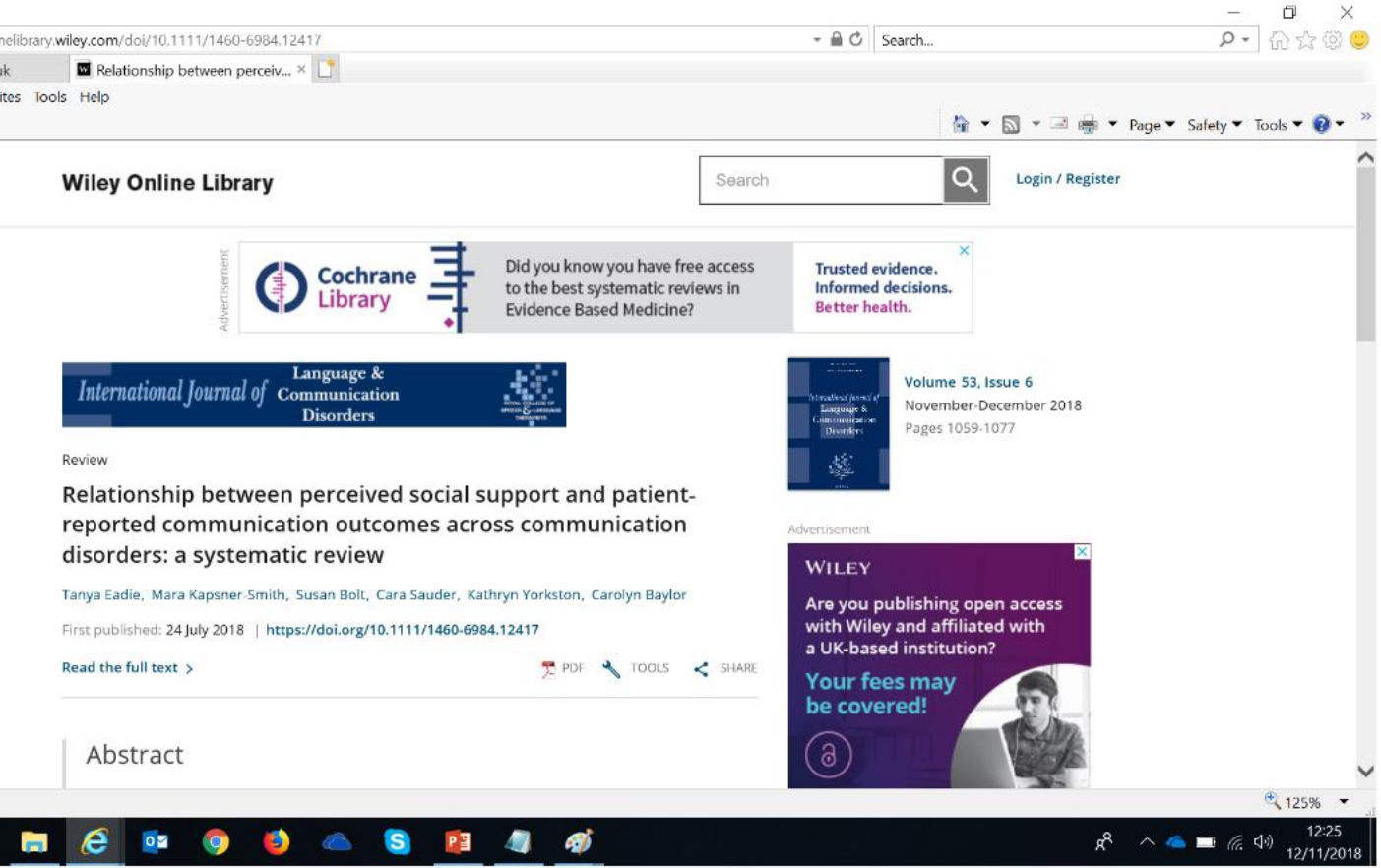
(Sohail and Joffe, 2016)

EMOTIONAL WELL-BEING

	Never	Rarely	Sometimes	Frequently	Always	N/O
Shows feelings appropriately	☐	☐	☐	☐	☐	☐
Shows good self esteem	☐	☐	☐	☐	☐	☐
Shows appropriate levels of confidence	☐	☐	☐	☐	☐	☐
Participates/engages appropriately in class	☐	☐	☐	☐	☐	☐
Joins in & participates appropriately in the playground	☐	☐	☐	☐	☐	☐
Participates in extra-curricular activities	☐	☐	☐	☐	☐	☐
Shows an appropriate level of interest in a hobby/hobbies	☐	☐	☐	☐	☐	☐
Shows an awareness of what is happening around them	☐	☐	☐	☐	☐	☐
Has friends	☐	☐	☐	☐	☐	☐
Is happy	☐	☐	☐	☐	☐	☐
Is aware & responsive to people's feelings	☐	☐	☐	☐	☐	☐

Bullies others	YES ☐	NO ☐	NOT OBSERVED ☐		
Is being bullied	YES ☐	NO ☐	NOT OBSERVED ☐		

(Sohail and Joffe, 2016)



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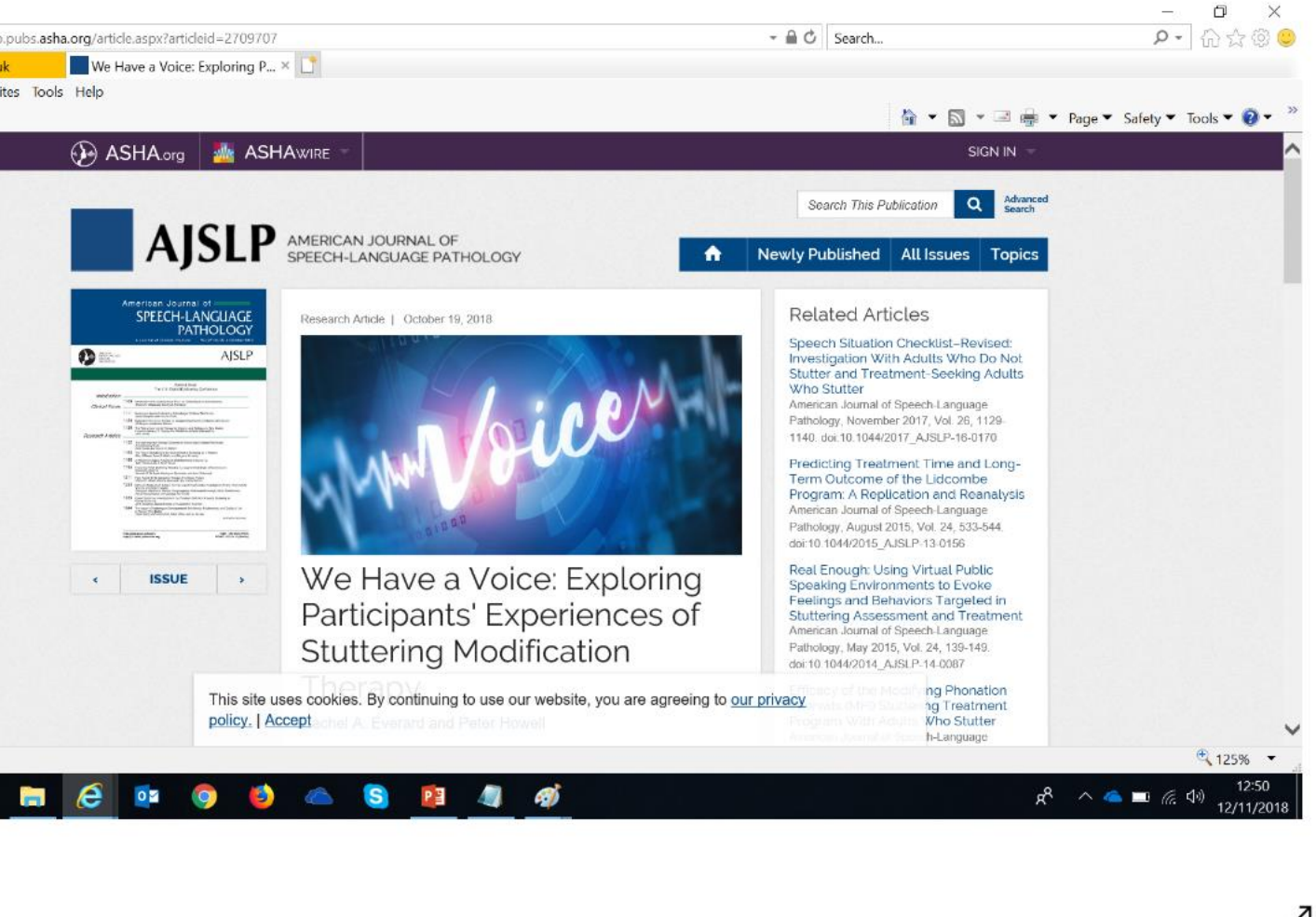
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Real Enough: Using Virtual Public Speaking Environments to Evoke Feelings and Behaviors Targeted in Stuttering Assessment and Treatment
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Meredith O'Connor, Elodie O'Connor, Joanne Tarasuik, Sarah Gray, Amanda Kvalsvig & **Sharon Goldfeld**

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Volume 58, November–December 2015, Pages 74-90

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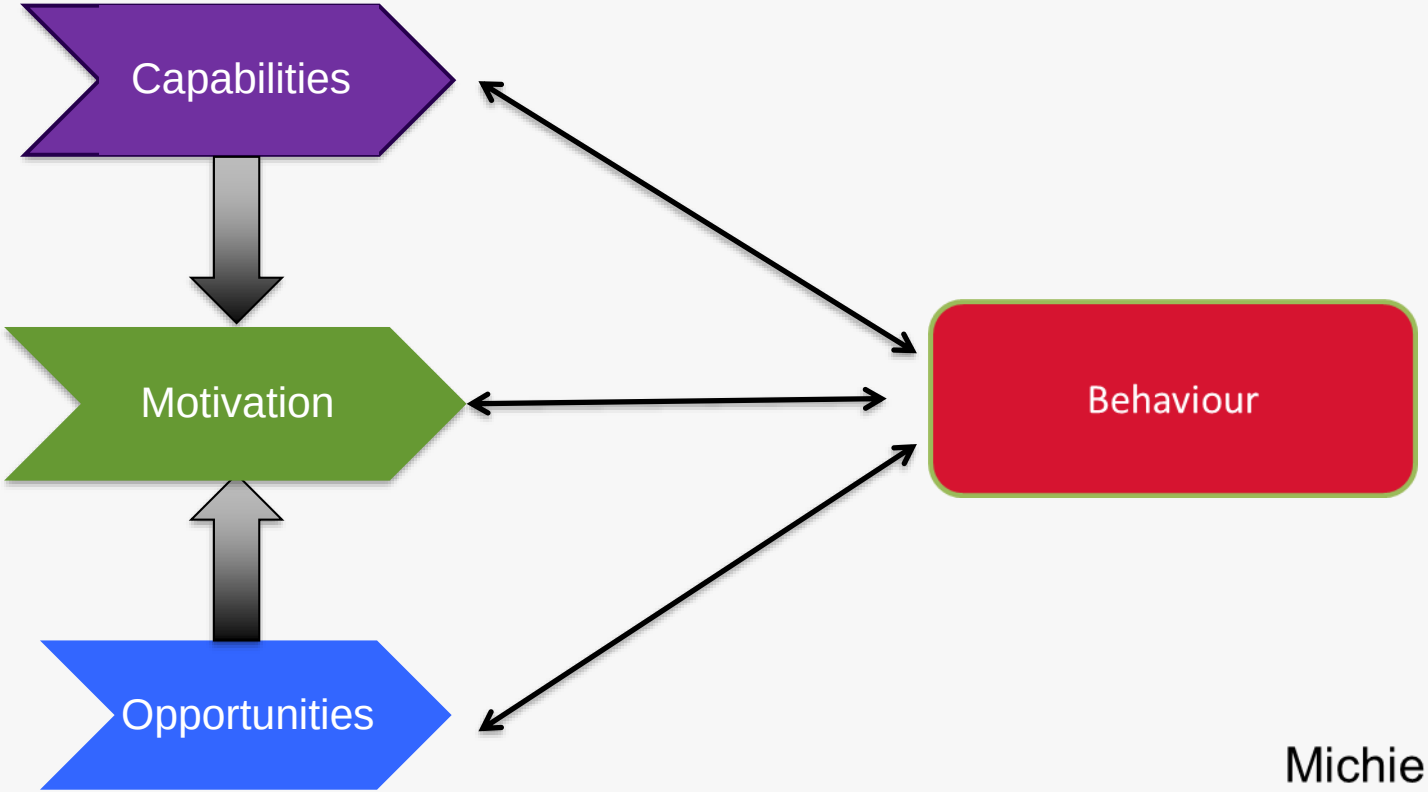
- Interventions that best meet the needs of individuals – cultural diversity – patient-centred care
- Greater consideration of **behaviour change** and **implementation science**

COM-B Model of Behaviour Change



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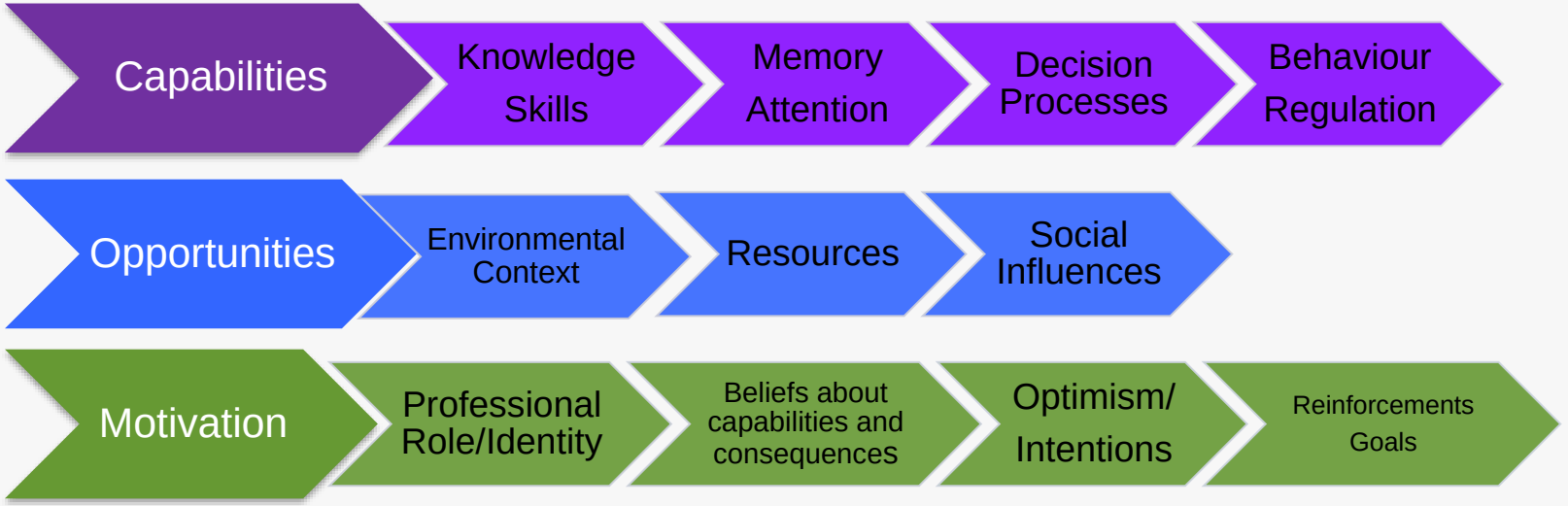

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Patricia J. McCabe

Pages 300-309 | Received 12 Dec 2017, Accepted 25 Feb 2018, Published online: 03 May 2018

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Evidence-based practice (EBP) is a well-accepted theoretical framework around

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What are the components of our evidence base?

- Interventions that best meet the needs of individuals – cultural diversity – patient-centred care
- Greater consideration of behaviour change and implementation science
- Using research evidence to **advocate** on a larger social and political platform

Policy Brief

Synthesising research evidence to inform policy

NUMBER 2 MAY 2017

CENTRE OF RESEARCH EXCELLENCE Child Language

Developmental Language Disorder — a public health problem?

Developmental Language Disorder (DLD) is a condition where a child has difficulties understanding and/or producing language and these difficulties impact on their everyday life.

Approximately 5 to 8 per cent of children may have DLD.[1,2] Studies suggest DLD is as prevalent as childhood obesity, reported to be 7 per cent in Australia.[3]

In population-based studies, which use broader criteria for DLD, prevalence estimates are even higher, with some studies reporting 14 to 20 per cent of 4-5-year-old children may be affected by DLD. Similar levels are also reported at 7 years of age.[4,5,6]

What is a public health problem?

Is DLD a public health problem? For a health condition to be considered a public health problem, the following criteria must be met:[7,8]

- It must place a large burden on society, a burden that appears to be increasing.
- The burden must be distributed unfairly (i.e. certain segments of the population are unequally affected).
- There must be evidence that early preventive strategies could substantially reduce the burden of the condition.

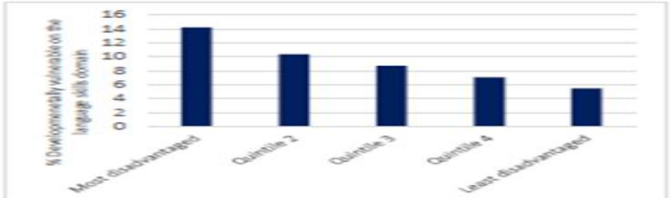
The societal burden of DLD

- In Australia, there has been a major increase in the number of speech pathology service claims made to Medicare, Australia's publicly funded universal health care system. The speech pathology Medicare service items increased from 3,051 in 2004-05, to 115,167 in 2012-13, with majority of services for children aged 0-14.[9]
- Early language problems are shown to be associated with externalising (e.g. physical aggression) and internalising (e.g. anxiety) mental health problems.[10] Children are often identified with either a language or a behaviour problem although in reality these difficulties often co-occur,[11] accentuating the difficulties the child experiences in school.[12] This overlap between behaviour and language often goes undetected by teachers or psychologists[13] and children are more likely to be referred to services because of concerns about their behaviour than because of concerns about language skills.[10] There are also potential long-term consequences with evidence to suggest [illegible] DLD is associated with adult mental health problems.[14,15] The increased risk of behavioural difficulties for children with persistent DLD puts them at risk of
- Language is an essential foundation for educational progress. Crucially, the transition to literacy in the first three years of school will not be successful without well-established language skills. Children with DLD are likely to struggle with this transition and their academic and vocational trajectories are significantly curtailed. Leaving school without the skills required for employment or further training predisposes children to a life on the social and economic margins. This is a particular issue for young males, for whom unskilled jobs are disappearing as labour-markets are increasingly reliant on technology and higher levels of education.[17] Low literacy levels impose a range of direct and indirect costs on governments, industry and communities[18] and difficult to rectify.

The unfair distribution of DLD

The burden of DLD is distributed unfairly: more socially disadvantaged children are likely to have poorer developmental skills than their more advantaged peers.[19,20] In a national report using data from the Australian Early Development Census (AEDC), which measures the development of children in Australia in their first year of full-time school (around 5 years of age), a linear relationship was found between social disadvantage and child language skills. In 2015, children from the most disadvantaged areas were shown to be three times more likely to be developmentally vulnerable than children from the least disadvantaged areas (see Figure 1).

Figure 1: Social gradient in oral language skills amongst 5-6 year-old children on the Australian Early Development Census (AEDC) in 2015



(Law et al, 2017)

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A systematic scoping review of speech and language therapists' public health practice for early language development

Clare Smith, Emma Williams, Karen Bryan

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Pamela C. Snow & Mary N. Woodward

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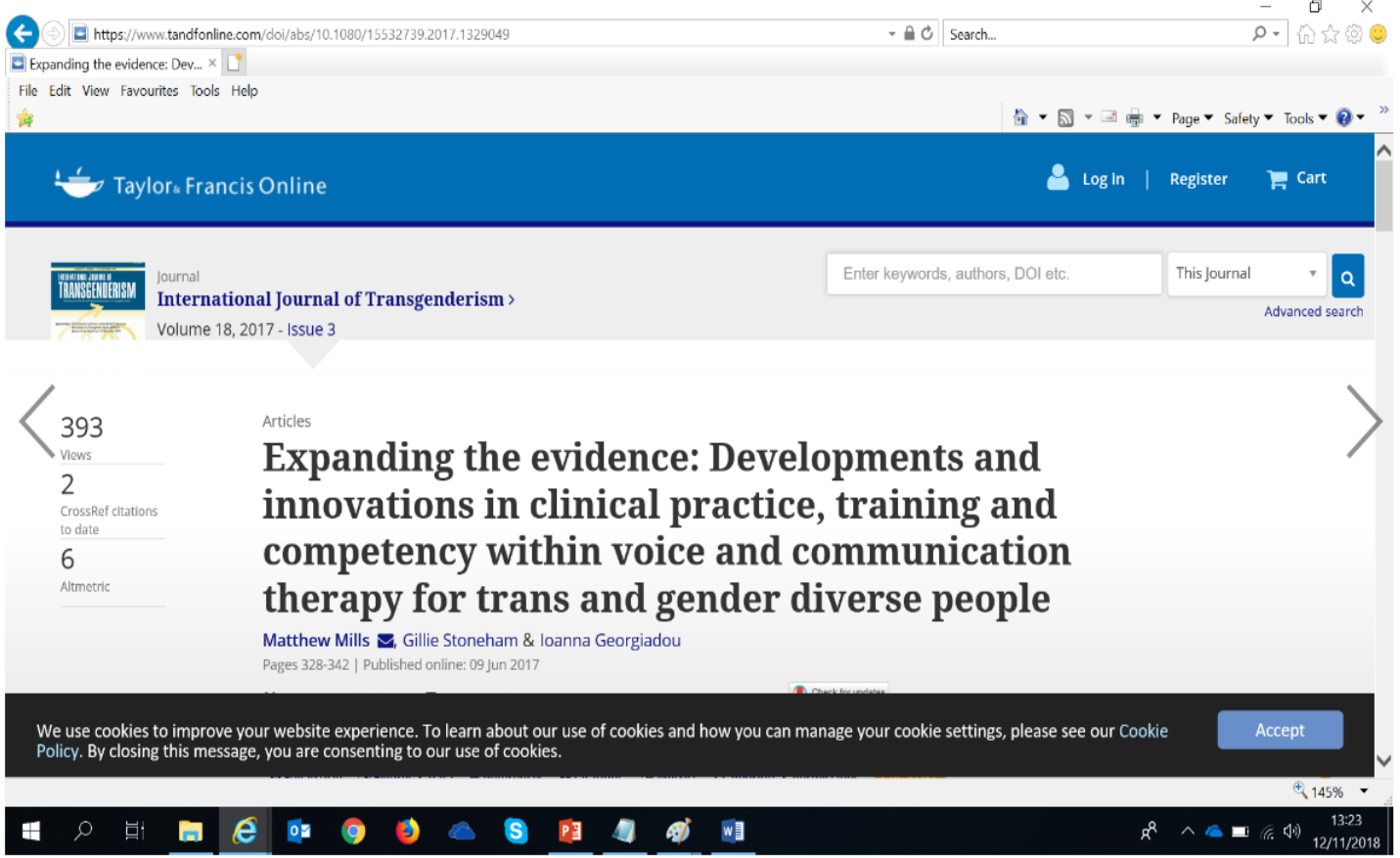
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Matthew Mills, Gillie Stoneham & Ioanna Georgiadou
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Michelle Bennett, Jade Cartwright & Jessica Young

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Ashleigh Pascoe, Lauren J. Breen, Naomi Cocks

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Cristina McKean, James Law, Karen Laing, Maria Cockerill, Jan Allon-Smith, Elspeth McCartney, Joan Forbes

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Lauren Parsons, Reinie Cordier, Natalie Munro & Annette Joosten

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Sharon K. Millard,[a,b] Patricia Zebrowski,[c] and Elaine Kelman[a]

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A pilot study to evaluate the effectiveness of an individualized and cognitive behavioural communication intervention for informal carers of people with dementia: The Talking Sense programme

Colin J. Barnes, Chris Markham

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There is an increasing emphasis on supporting the oral language needs of children in the classroom. A variety of different measures have been developed to assist this process but few have been derived systematically from the available research evidence. A Communication Supporting Classrooms Observation Tool (CsC Observation Tool) for children aged 4–7 years (that is, in Reception and Key Stage 1 classrooms) was devised following a review of the research literature. The evidence derived from 62 research papers was rated based on the studies' research design following specific rating criteria. Based on the review of the literature and rating of the evidence, three main areas were identified and included as dimensions in the CsC Observation Tool: *Language Learning Environment*, *Language Learning Opportunities* and *Language Learning Interactions*. A

Talk about Talk: A programme, focused on developing young people's communication skills, to enable them to co deliver communication awareness training to organisations either in the criminal justice system or those that may offer **employment** or **volunteering** opportunities.

Employer Survey of Communication Skills

Top 5 Communication Priorities for Employers

The employee:

- ✓ checks when confused (39/53)
- ✓ works well in a team (31/53)
- ✓ is a good listener (29/53)
- ✓ is able to adjust her/his style of talking (24/53)
- ✓ is friendly and approachable (24/53)

(ICAN, 2017, p.7)

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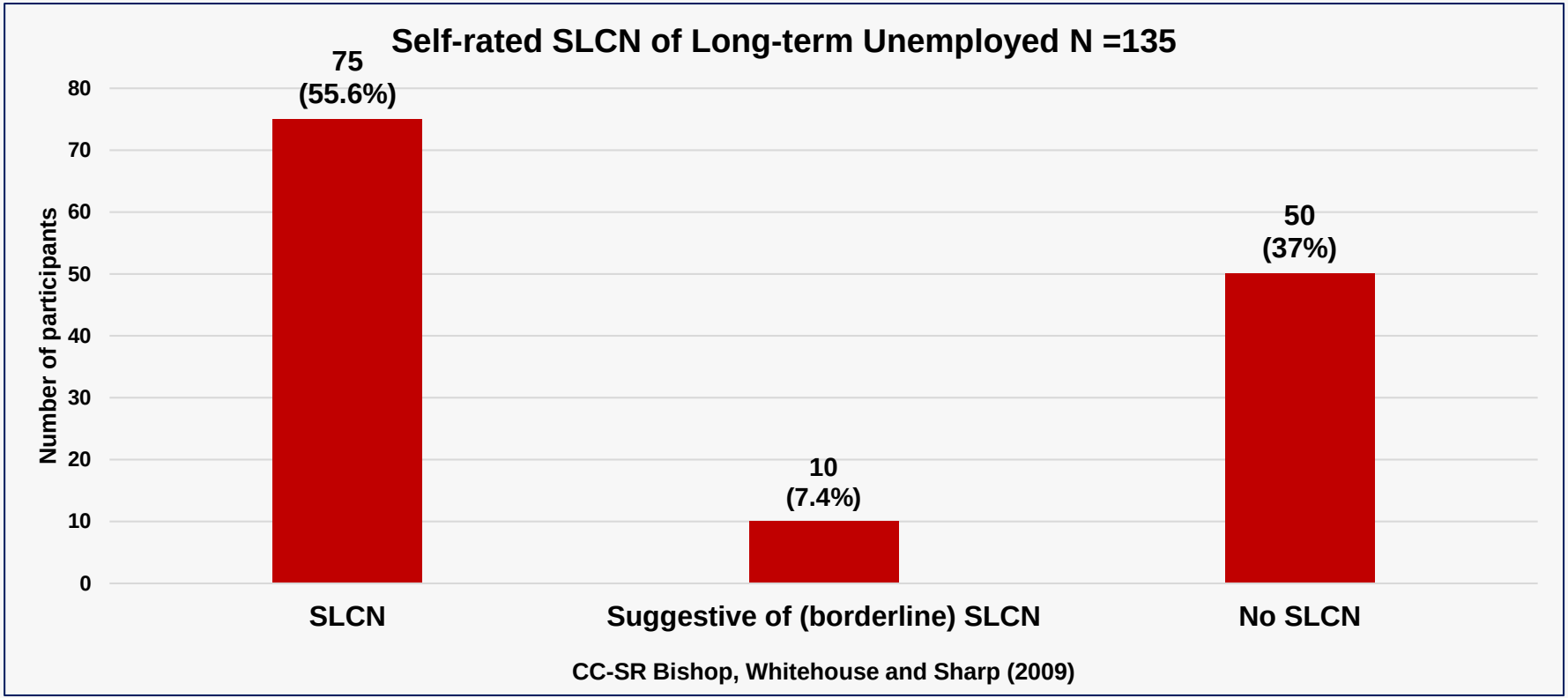

Joffe & Walinger, 2017

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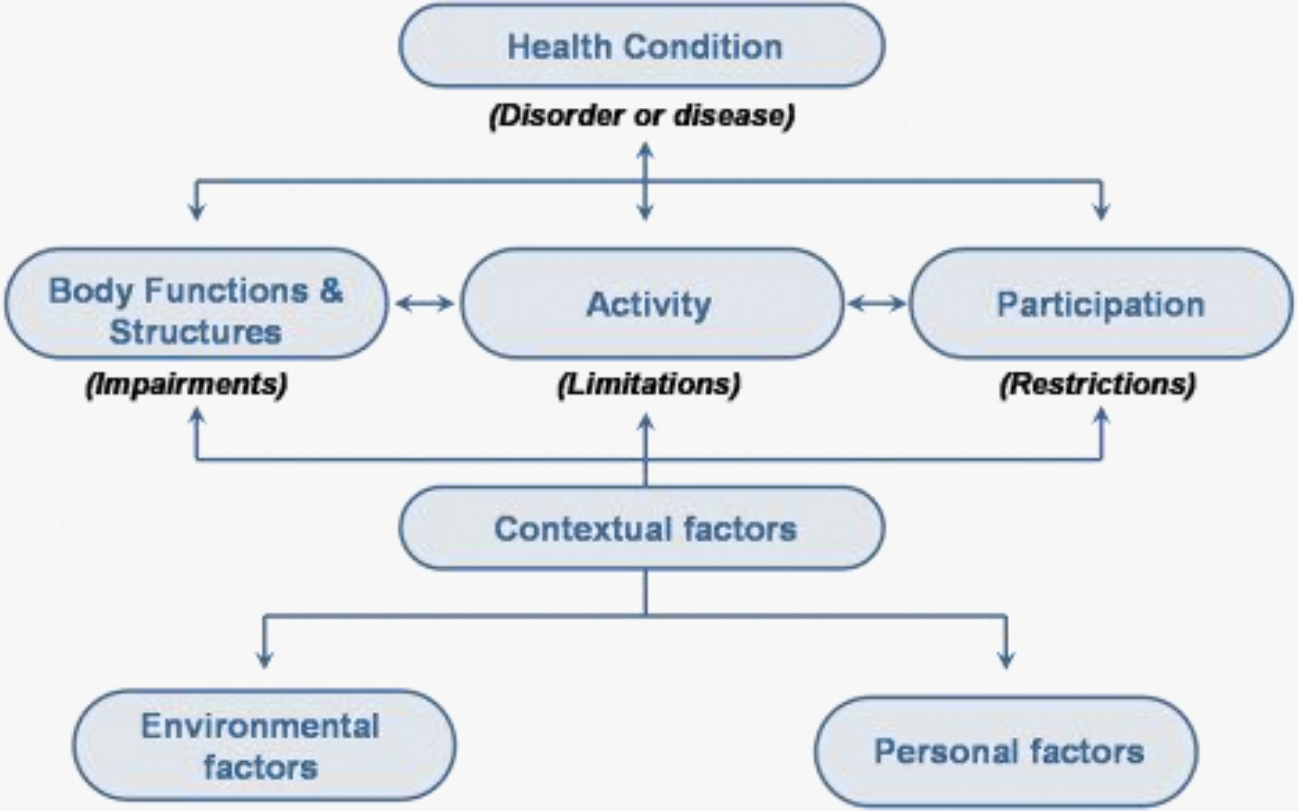
- Working with and through others as appropriate
- Working across different contexts
- Focus of our work has shifted, expanded and grown more **holistic**


Health Condition
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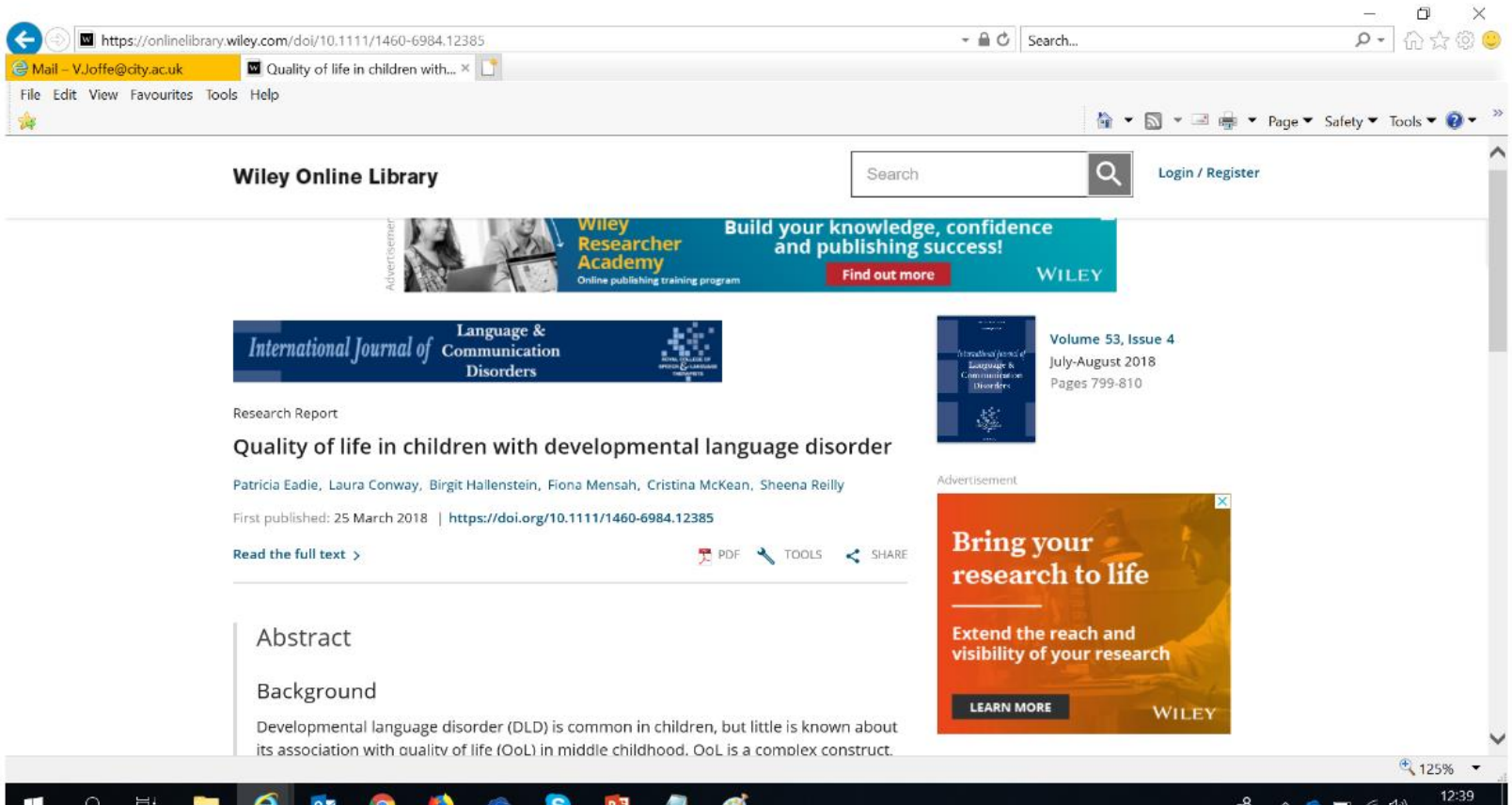
Body Functions & Structures
(Impairments)
Activity
(Limitations)
Participation
(Restrictions)
Contextual factors
Environmental factors
Personal factors

Socio-Ecological Model

(From Bronfenbrenner, 1977)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Volume 53, Issue 4
July-August 2018
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Research Report
Quality of life in children with developmental language disorder
Patricia Eadie, Laura Conway, Birgit Hallenstein, Fiona Mensah, Cristina McKean, Sheena Reilly
First published: 25 March 2018 | https://doi.org/10.1111/1460-6984.12385
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Abstract
Background
Developmental language disorder (DLD) is common in children, but little is known about its association with quality of life (QoL) in middle childhood. QoL is a complex construct.
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Well-Being and Resilience in Children with Speech and Language Disorders

Lyons, Rena; Roulstone, Sue

Journal of Speech, Language, and Hearing Research, v61 n2 p324-344 Feb 2018

Purpose: Children with speech and language disorders are at risk in relation to psychological and social well-being. The study was to understand the experiences of these children from their own perspectives focusing on risks to their well-bei protective indicators that may promote resilience. Method: Eleven 9- to 12-year-old children (4 boys and 7 girls) were rec using purposeful sampling. One participant presented with a speech sound disorder, 1 presented with both a speech and disorder, and 9 with language disorders. All were receiving additional educational supports. Narrative inquiry, a qualitativ was employed. Data were generated in home and school settings using multiple semi-structured interviews with each chi 6-month period. A total of 59 interviews were conducted. The data were analyzed to identify themes in relation to potentia factors to well-being and protective strategies. Results: Potential risk factors in relation to well-being were communicatio impairment and disability, difficulties with relationships, and concern about academic achievement. Potential protective s

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Research Article | August 08, 2018

Victimization, Bullying, and Emotional Competence: Longitudinal Associations in (Pre)Adolescents With and Without Developmental Language Disorder

Neeltje P. van den Bedem, Julie E. Dockrell, Petra M. van Alphen, Shareen V. Kalicharan, and Carolien Rieffe

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Metaphoric Comprehension in Adolescents With Traumatic Brain Injury and in Adolescents With Language Learning Disability
Language, Speech, and Hearing Services in Schools, April 1993, Vol. 24, 100-107. doi:10.1044/0161-1461.2402.100

Early Development of Emotional Competence (EDEC) Assessment Tool for Children With Complex Communication Needs: Development and Evidence
American Journal of Speech-Language Pathology, February 2018, Vol. 27, 24-36. doi:10.1044/2017_AJSLP-16-0058

Reducing Vulnerability to Bullying for Children and Youth Who Are Deaf and Hard of Hearing
Perspectives of the ASHA Special Interest Groups, December 2017, Vol. 2, 72-82. doi:10.1044/persp2.SIG9.72

International Journal of Communication Disorders

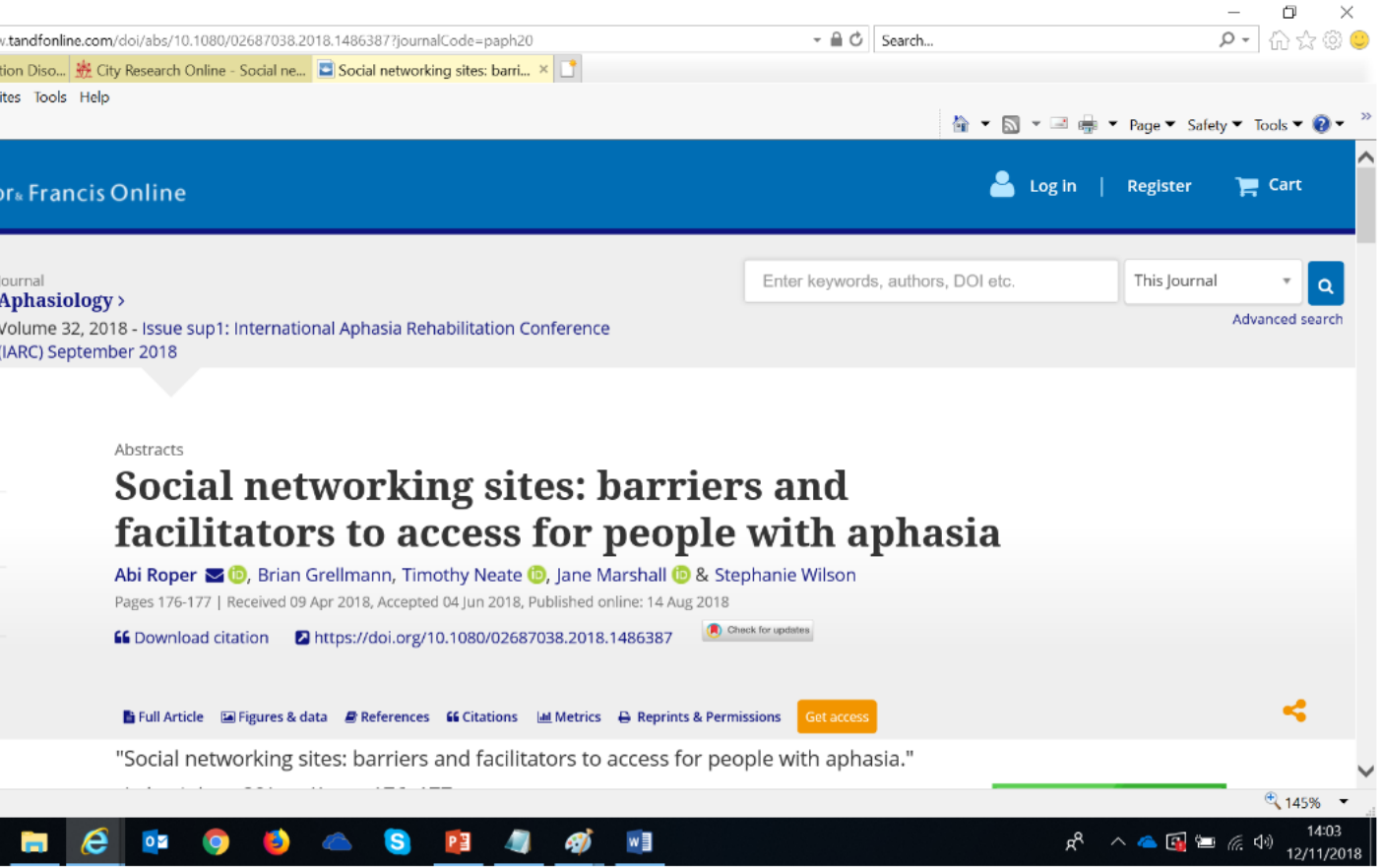
INT J LANG COMMUN DISORD, NOVEMBER–DECEMBER 2018,
VOL. 53, NO. 6, 1110–1123

Research Report

Depressive symptoms and emotion regulation strategies in children with and without developmental language disorder: a longitudinal study

Neeltje P. van den Bedem† , Julie E. Dockrell‡, Petra M. van Alphen§, Mark de Rooij†, Andrea C. Samson¶, Elina L. Harjunen‖ and Carolien Rieffe†#

†Institute of Psychology, Leiden University, Leiden, The Netherlands
‡Department of Psychology and Human Development, University College London, London, UK
§Royal Dutch Kentalis, Sint-Michielsgestel, The Netherlands
¶Swiss Center for Affective Sciences, University of Geneva, Geneva, Switzerland
‖Psychology, University of Helsinki, Helsinki, Finland
#NSDSK, Amsterdam, The Netherlands



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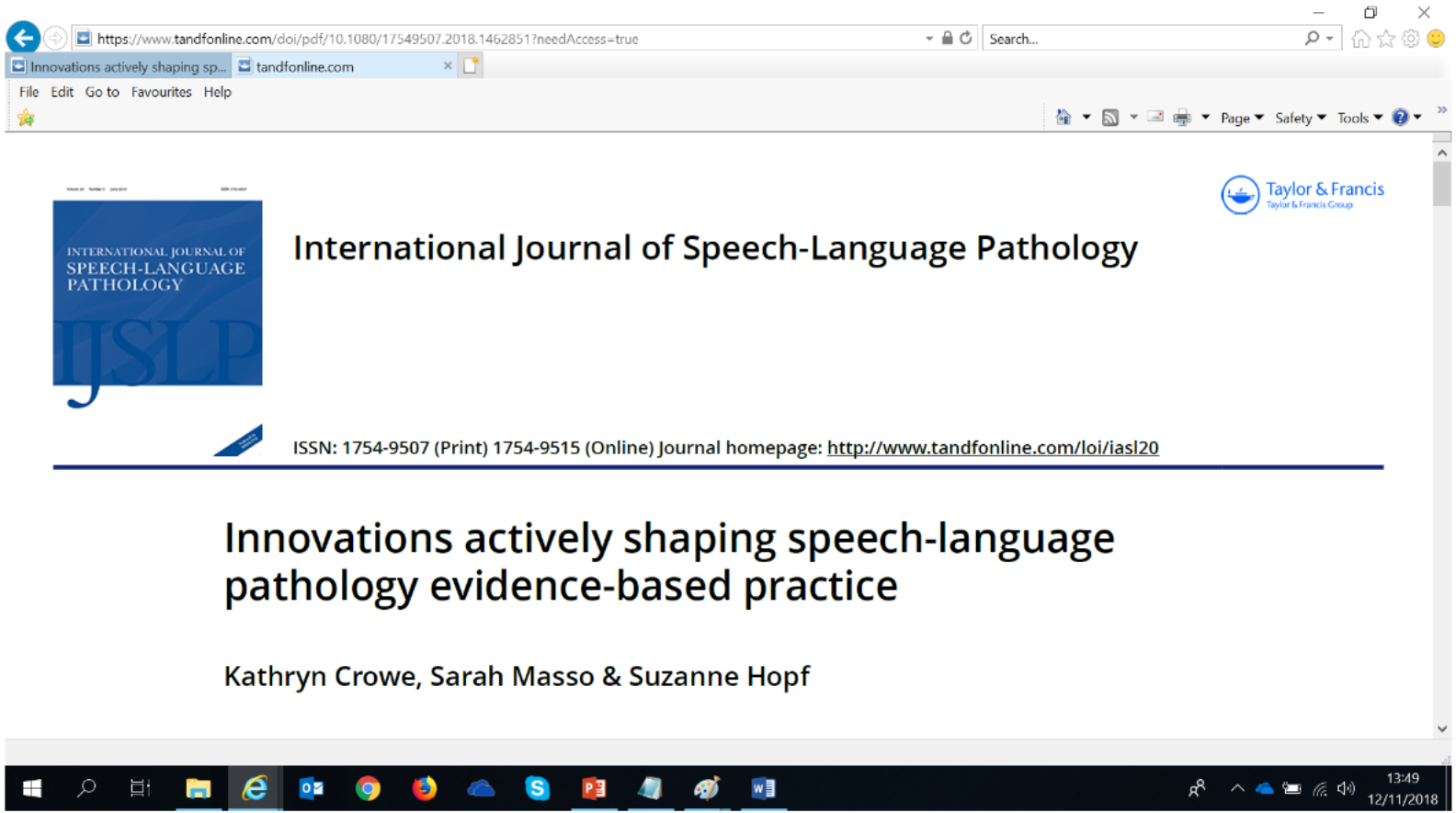
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Kathryn Crowe, Sarah Masso & Suzanne Hopf
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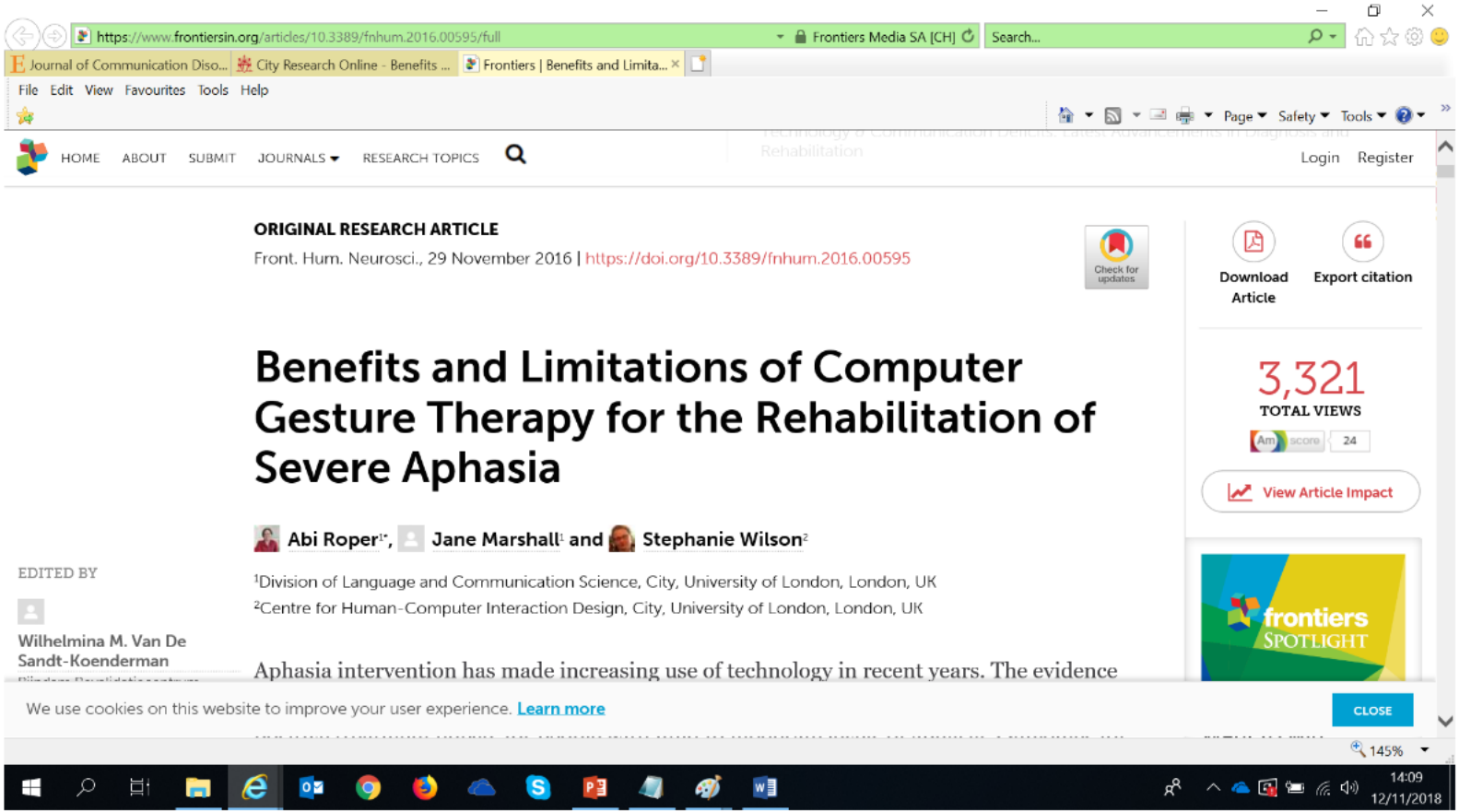
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Abi Roper[1]*, Jane Marshall[1] and Stephanie Wilson[2]
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[1]Division of Language and Communication Science, City, University of London, London, UK
[2]Centre for Human-Computer Interaction Design, City, University of London, London, UK
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Aphasia intervention has made increasing use of technology in recent years. The evidence
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The impact of the telerehabilitation group aphasia intervention and networking programme on communication, participation, and quality of life in people with aphasia

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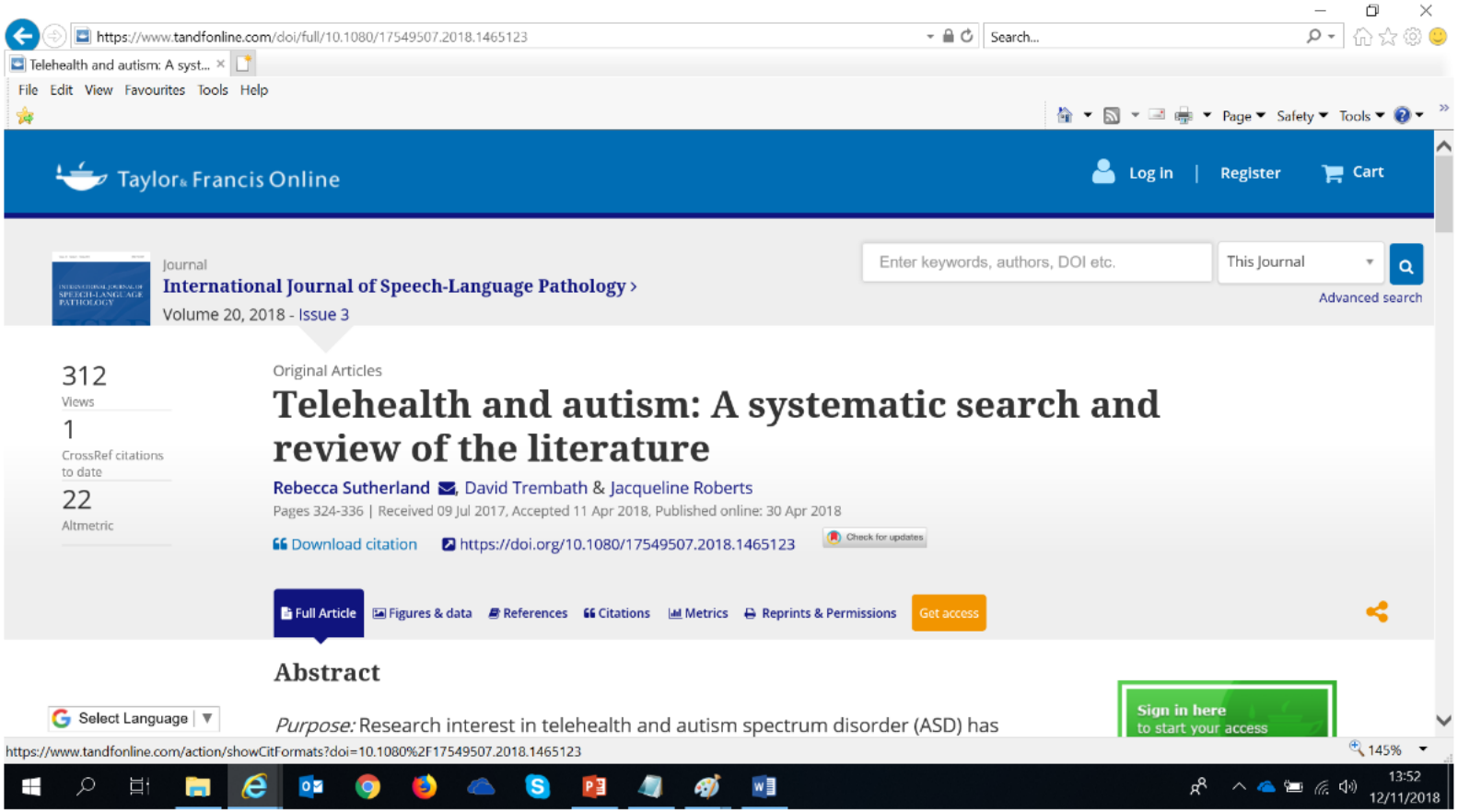
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SUPERB (SUpporting wellbeing Through PEeR Befriending) is an Exciting interdisciplinary project involving partners from SLT and and mental health, led by Dr Hilari from City, University of London, and funded by the Stroke Foundation.

Stroke survivors with long-term aphasia will be trained as peer befrienders and will then be paired with individuals with aphasia who have had more recent strokes to offer conversation, help with problem solving and social activities.

https://www.tandfonline.com/doi/abs/10.1080/02687038.2018.1489120?journalCode=paph20
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Abstracts

SUpporting well-being through PEeR-Befriending (SUPERB) trial: an exploration of fidelity in peer-befriending for people with aphasia

Nicholas Behn, **Katerina Hilari**, Jane Marshall, Alan Simpson, Sarah Northcott, Shirley Thomas, ...Show all

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An intervention for people with aphasia delivered in a novel virtual reality platform called EVA Park. (led by Jane Marshall and colleagues in language and communication science and Computer Interaction Design at City University of London)

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association

EVA Park

- An enclosed island built with Open Sim
- Contains distinct regions, e.g.:
  - Houses
  - A Cafe
  - A Tropical Bar
  - A Versatile Counter (e.g. for booking a holiday)
  - A Health Centre
  - A Hair Dressers
  - A Disco
- Election narrative

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there is an assortment of teas, juices and
waters in the beverage cooler
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Empower People
Inspire People
Leadership
Lead Change
Shared Vision

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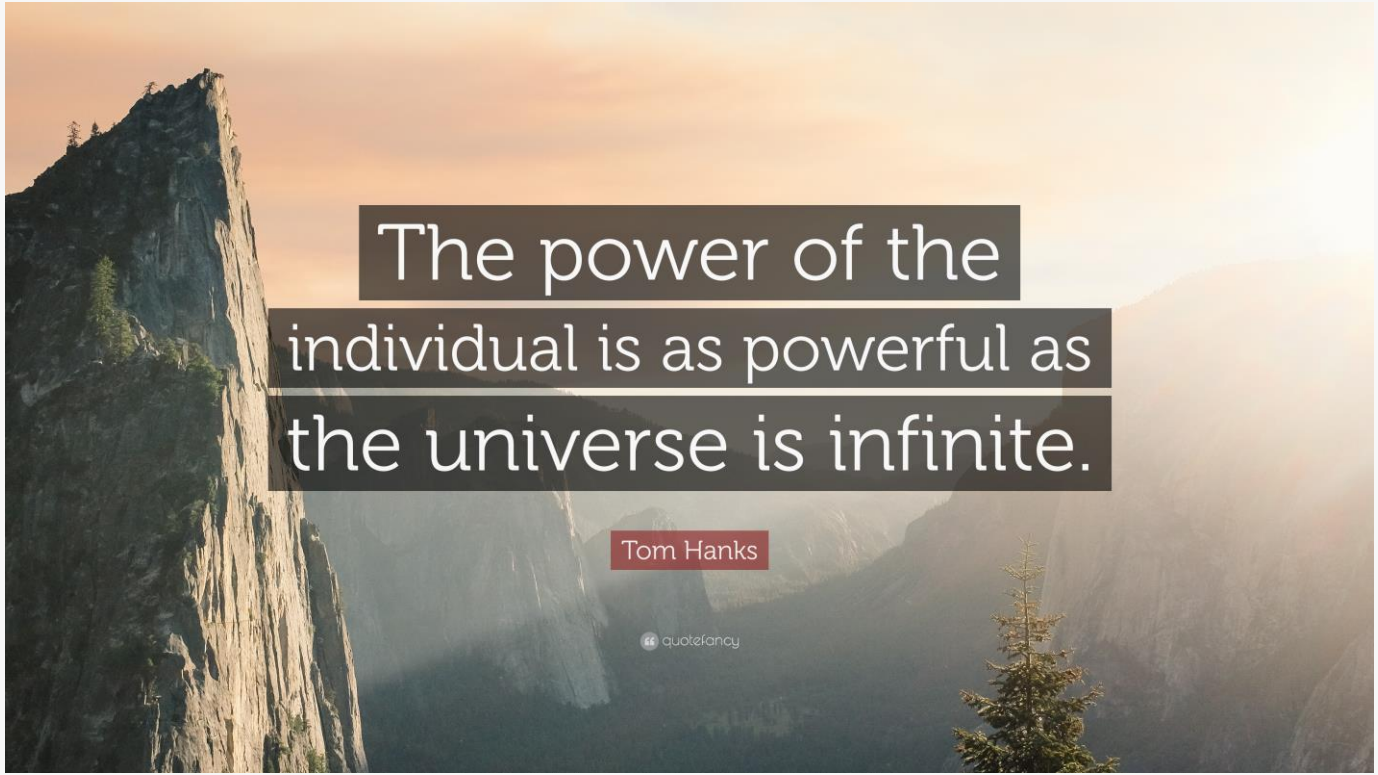
The power of the
individual is as powerful as
the universe is infinite.
Tom Hanks
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Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

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