



### **27<sup>th</sup> IALP World Congress**

*Ann French finds much to interest and inspire at the 27<sup>th</sup> World Congress of the International Association of Logopedics and Phoniatics, Copenhagen, 6-9 August, 2007.*

The International Association of Logopedics and Phoniatics (IALP) World Congress is a large, international conference held every three years, in locations varying from Edinburgh (1983) to Cairo (1995). I was fortunate this summer to have the opportunity to attend the 27<sup>th</sup> Congress at the Technical University of Copenhagen, in the suburb of Lyngby.

The IALP, founded by Emil Froeschels in 1924, “represents persons involved with scientific, educational and professional issues related to speech-language, hearing, and voice and swallowing disorders in more than 55 countries around the world.” The congresses bring together members, associates and other professionals to “influence the development of communication disorders treatment on a global scale” (IALP 2007). The 27<sup>th</sup> World Congress was attended by 600 participants from 47 countries, from Africa, the Americas, Australia, and Europe.

The programme was extremely varied, and it would have been difficult to come away without having heard or read something to interest and inspire further study. It consisted of five elements:

1. Three main reports from invited specialists. Despite relating their presentations to their own specialist subjects, each speaker had something to offer everyone.
2. Thirteen themed symposia organised by subcommittees of the IALP. The themes were: terminology of communication disorder; speech language and literacy in multilingualism; craniofacial abnormalities; quality of life; the cerebellum and language; child language; voice; dysphagia; stuttering; motor speech; education in Speech-Language Pathology; aphasia therapy; and audiology. Invited speakers delivered different perspectives on the selected theme.
3. Around 160 free papers grouped into many different themes, including head and neck cancer, evidence based practice, and alternative and augmentative communication, as well matching many of the symposium themes.

4. Around 90 posters on a wide range of subjects.
5. The 3<sup>rd</sup> Estill World Voice Symposium, a three-day event running examining the implications of current voice research for voice training.

At any one time therefore, aside from the main reports, there was a choice of between six and eight parallel sessions to attend, plus a one-hour workshop on 'Child Language Development - a Whole Brain Approach'. Naturally there were also many opportunities to share ideas with fellow participants, and to put faces to some of the names familiar from journal papers. A display of books and other published resources filled in any otherwise spare moments.

As a lecturer in Speech Pathology / Clinical Linguistics, a number of presentations were of particular relevance to my teaching and research interests. Although I have related my evaluation to teaching in higher education, the ideas discussed are also relevant in a clinical practice / teaching context.

The main report by **Dr Simon Fisher** on 'Molecular windows into speech and language disorders' was an excellent exposition of genetics for the 'almost-lay' listener, and in particular of the role of the FOXP2 gene in the development of speech. FOXP2 has a key role in sensor-motor integration, and in learning and production of skilled co-ordinated movements (including articulation). Mice with impaired FOXP2 genes vocalise less often than their litter mates and are slower to learn how to run on a tilted running wheel, although achieving the same level of skill eventually. Despite the possible role of this gene in developmental speech disorders, a FOXP2 'error' has only been identified in a small number of cases. Even when it is known to be a factor (for example in the KE family, beloved of researchers), additional symptoms such as grammatical and nonverbal impairments are not obviously attributable to this cause.

Dr Fisher reiterated a point I have heard made by other recent presenters: that complex behaviours such as language cannot be determined by single genes, but instead arise from a complex interaction of genes and hormones. This suggests that the concept of narrowly defined language 'syndromes' is inappropriate (a conclusion I had been arriving at in my own research, but from a different perspective). Dr Fisher's report also included the intriguing nugget of

information that male mice sing to their mates, but because much of the song is above the human pitch range it just sounds like squeaking to the human ear!



*Listening to Kathryn Yorkston*

**Kathryn Yorkston's** main report contained some good suggestions for keeping on top of the information explosion, including the idea of 'just-in-time learning' which made me feel a little less inadequate. I recall during my early years as a lecturer trying to read each issue of relevant journals in order to extract information that might be relevant to my teaching. The number of journals and other information sources now makes that impossible, and forces the 'just-in-time' approach of specifically searching for recent publications relevant to a particular lecture. Dr Yorkston's main focus was on degenerative dysarthrias. I was particularly struck by her point that speech and language therapy is the only allied health profession to intervene with both clients and partners. Also of interest was a study of intelligibility which identified 'good' listeners (to dysarthric speech) as those who used more strategies, particularly more linguistic ones. I include conversational analysis in my undergraduate teaching, but had not previously thought to consider this angle.

The third main report, by **Barbara Dodd**, was a useful summary of the current state of the art with Evidence Based Practice in Speech-Language Therapy. Listening to Dr Dodd made me realise the importance of making explicit links for undergraduate students from the teaching of linguistic analyses to the evidence base on client evaluation and management. This can provide a clearer motivation for students to learn these skills, and help to create clinicians who understand the need for good documentation of clients' abilities when assessing treatment efficacy.

A symposium on the new *International Classification of Functioning, Disability and Health for Children and Youth* (ICF-CY) framework for children and young people was of particular interest. Papers by **Tanya Gallagher** (USA), **Roswitha Romonath** (Germany), **Caroline Westby** (USA), **Alessandra Tavano** (Italy), and **Annette Fox** (Germany) illustrated the breadth of the framework and its ability to draw together a wide range of information about a client, incorporating body structure and function, activity and participation. Speakers demonstrated ways in which the framework might assist in the detailed description of a wide range of communication impairments. I am not absolutely sure of the value of assigning numerical codes to each component, but that may just reflect my lack of facility with numbers. I found the organisation of the framework interesting, and it supplied a very different viewpoint to the traditional rather narrow delimitation of syndromes. Another strength of the ICF-CY is a reduction of profession-specific terminology, which should make inter-professional communication more effective.

So, for example, rather than considering 'specific language impairment' as a clearly identifiable condition, within the ICF framework one would identify the components of structure, function, activity and participation involved for each individual client. This is probably much closer to what speech and language therapists do in practice, and allows the management process to be tailored to the client. It might also help to solve some of the thorny problems in the subject literature, such as whether children with 'specific language impairment' do, or do not, have nonverbal impairments. Getting rid of classificatory labels altogether may present challenges for service organisation, for example with criteria for entry to specific provisions. But is this a good reason not to pursue an approach which may be a closer fit with reality? If, as noted above, language behaviours arise from a complex interaction of genes and hormones, it is probably unlikely that any two clients will share the same strengths and weaknesses, meaning that classification into 'syndromes' can only be a very gross measure.

Additionally, a 'component' rather than a 'syndrome' framework may be more appropriate for clinical research. **Barbara Dodd's** report suggested that randomised control trials on therapy effectiveness are inappropriate in speech and language therapy for a number of reasons, one

being that client 'groups' are so diverse that between-client differences are likely to sabotage any significant results. Dr Dodd called instead for 'patient-specific hypothesis testing', replacing randomised control trials with case-based research until such time as we have a clearer picture of what parameters can and should be used to group clients and / or therapy techniques.

A number of free paper and posters (including those by **Helen McGrane** and **Minna Laakso**) examined the efficacy of Constraint Induced Aphasia Therapy. These suggested that short periods of intensive therapy can be as efficacious as longer periods of less intensive therapy. They also showed that adults with acquired aphasia demonstrate capacity for new learning, and that learning new behaviours can alter brain structure (for example by creating or enhancing neuronal connections). When teaching on acquired brain damage I have tended to suggest that the brain damage is a given, and that the speech and language therapist has to work to maximise the function of the remaining brain and / or to find ways of by-passing the impairment. This reminder of neural plasticity reinforces my view of the value of developing good learning techniques, both for clients and for higher education students.

A couple of posters caught my attention for very different reasons. One looked at speech and language therapy education across Europe, and showed that the difficulty we experience in the UK in recruiting male Speech-Language Therapists and those from ethnic minorities is shared by the many other countries. This suggests that we need to broaden our thinking about widening participation. If the problem is not specific to the UK, what similarities can we find across European countries that might help us understand the causes of the narrow recruitment pool? If we can identify the causes more clearly, we may be able to find some better solutions.

The other poster addressed the incidence of dysphagia in the normal 'elderly'. As someone who will never see 50 again, I was somewhat dismayed to find that the 'elderly' in question were defined as people over 50! A salutary reminder that young speech and language therapy students and graduates can find it hard to visualise the lives of older clients, which may explain why their ideas on clients' 'functional communication needs' tend to be restricted to supermarket shopping!

The Congress was very well organised by the Danish Association of Logopedics and Phoniatics, in cooperation with the Danish Speech Hearing Association. (This was Copenhagen's third time of running the Congress; practice must make perfect!) One quibble I had was with IALP policy to present all papers in English, with no translation provided (unlike other international conferences such as CPOOL). While many presenters made me feel ashamed of my limited foreign language skills in contrast to their fluent English, some struggled to speak intelligibly in what was clearly a very unfamiliar tongue.

As at many conferences, presenters of free papers were limited to 15-20 minutes. It can be hard to say anything very informative in such a short space of time and means that there is little time for discussion. While this can be frustrating, it does allow as many researchers as possible to get their work into the public domain.

Copenhagen is a very attractive city with excellent public transport and a range of impressive buildings, from the early 17<sup>th</sup> Century Rosenborg Palace to the very new Opera House, where the Congress dinner was hosted. The weather, amazingly for this summer, was hot and dry.



*A sunny lunch hour in the University quadrangle*

The next Congress, scheduled for 2010, will take place in Athens and I am sure will be an equally packed and interesting programme.

The Congress proceedings are available on the IALP website at

[http://proceedings.ialp.info/IALP2007\\_fullprogram\\_w.pdf](http://proceedings.ialp.info/IALP2007_fullprogram_w.pdf).

Sincere thanks go to the IALP Edinburgh Trust Fund and to the British Academy who provided significant financial assistance towards my attendance at the Congress.

*Ann French is a Senior Lecturer, Division of Professional Registration, Manchester Metropolitan University, Elizabeth Gaskell Campus, Hathersage Road, Manchester M13 0JA, e-mail [a.french@mmu.ac.uk](mailto:a.french@mmu.ac.uk).*

18 October, 2007