

**SPEECH & LANGUAGE THERAPY IN PRACTICE ABSTRACTS, 1997-2000**

**WINTER 2000**

**141.**

**My top resources.**

Tuson W, Nicholson C, Nieuwoudt H, Charles D, Larkin M. Newham Community Health Services NHS Trust, UK. Speech Lang Ther Pract Winter 2000: pback cover

This article provides ten suggestions of resources related to augmentative and alternative communication that the authors have found useful across a range of care group settings. The majority of their clients have severe to profound learning difficulties.

**140.**

**How I . . . manage progressive neurological disorders. An ever changing story.**

Freeman L. Dorset Healthcare NHS Trust, Royal Bournemouth Hospital, Bournemouth, UK. Speech Lang Ther Pract Winter 2000: p28

The last of this set of three articles suggests that adults with progressive neurological disorders benefit from a therapist who is prepared to be flexible with their time. Although caseload pressures limit opportunities to vary the pattern of involvement of SLTs, this can be addressed by planning ahead and involving other professionals and specialists.

**139.**

**How I . . . manage progressive neurological disorders. Shared care.**

McCormick C. Royal Belfast Hospital for Sick Children, Belfast, Northern Ireland, UK. Speech Lang Ther Pract Winter 2000: p26-7

In the second of a set of three articles it is suggested that a regional centre offers the best facilities to children with progressive neurological disorders and their families. However, some intervention may be offered more appropriately and conveniently closer to home. The case example of a child with Kearns-Sayre syndrome is provided.

**138.**

**How I . . . manage progressive neurological disorders. Uncharted territory.**

White M. Central Nottinghamshire Health Trust, UK. Speech Lang Ther Pract Winter 2000: p24-6

This is the first of a set of three articles concerned with the management of progressive neurological disorders. The author of this article works in an area with a higher than average incidence of progressive disease and advocates greater multidisciplinary and inter-agency working is the key to better services for diagnosis, maintenance, complex cases and palliative care.

**137.**

**Early goals bring a result.**

Robinson R, Bailey K. Mancunian Community Health NHS Trust, Manchester, UK. Speech Lang Ther Pract Winter 2000: p20-3

To facilitate a child's speech and language development, parents and professionals need consistent and timely information and the opportunity to share ideas. This article describes how the city wide referral of parents in Manchester to their early intervention group programme is benefiting children with Down Syndrome. The referral system across the city is now highly effective. Group intervention with parents, of six sessions on a monthly basis, begins after two home visits. The sessions focus on a variety of speech and language topics which are outlined in the article, including general principles, play, listening, turn taking, and making sounds. The concept of signing as part of total communication is also encouraged.

**136.**

**Pressures, priorities and pre-emptive practice.**

Cantwell J. [Swindon & Wiltshire Healthcare NHS Trust] now Speech & Language Therapy, Gloucester Royal Hospital, Great Western Road, Gloucester, GL1 3NN, UK. Speech Lang Ther Pract Winter 2000: p16-9

As 'bed-blocking' puts pressure on acute services and the patients concerned, new initiatives strive both to keep people at home for longer and discharge them more quickly. This article describes the Collaboration in Dysphagia project, in which collaborative work with district nurses aims to improve timely access to dysphagia services by people living at home. A variety of learning methods were employed in joint workshops with district nurses which were organised in different locations. The results of questionnaire evaluations are discussed. These showed that the workshops were positively received and that knowledge of dysphagia and of the speech and language therapy service had increased. Improvements in the feedback from SLTs to district nurses about individual patients was requested. Joint visits to patients at home have been arranged although the numbers are small at present. The use of portable suction, responsibility for the procedure, and provision of the equipment are discussed.

**135.**

**The need for leadership.**

Bowles H. Speech Lang Ther Pract Winter 2000: p12-4

Do we make too many assumptions about our own and other professions when we offer and develop training? This article reports the experience of training nurses in dysphagia screening, highlighting the need for change at a strategic level to improve the effectiveness of cross-professional training. Training will not be effective without improved leadership and support. The reasons for training nurses in dysphagia screening, the training protocol, the type of training preferred and differences in responsibility across professions are examined.

**134.**

**The right things at the right time.**

Hurd A, McQueen D. Faculty of Health & Community Care, University of Central England, Perry Bar, Birmingham, B42 2SU, UK. Speech Lang Ther Pract Winter 2000: p8-11

Speech and language therapists often despair at educational expectations for children who are unable even to sit and listen. Large numbers of children enter nurseries socially unprepared, with poor speech and few self-help skills. This article describes the Sandwell Accelerated Language initiative which has demonstrated that core skills and literacy attainment can be improved at the same time by incorporating the principles of prevention, intervention, and collaboration with nursery teachers and nursery nurses. The structured programme is delivered to small groups of up to ten children for twenty minutes per day over a total of 100 days.

**133.**

**Flying by the seat of our pants?**

Nicoll A, Taylor C+. Child mental health Learning Disability Service, St George's Hospital, London, UK. Speech Lang Ther Pract Winter 2000: p4-7

In addition to the developmental delay and specific speech and language difficulties caused by fragile X, other characteristic features of the syndrome impact on communication skills. Highlights from two full day presentations by Dr Vicki Sudhalter on her researches into fragile X to the Fragile X Society Family Conferences are presented in this paper. This includes the idea that fragile X should be treated as a social phobia and that eye contact should be actively avoided in therapy. Additional ideas for intervention are suggested to unlock the communication potential of these individuals. It is important to foster relationships with typical peer children and to involve them in mainstream activities. Whilst very little research has been carried out into intervention, difficulties with transitions, anxiety and behaviour problems can be addressed by careful preparation. The genetic basis for the syndrome and recent research findings are outlined.

**AUTUMN 2000**

132.

**My top resources.**

Armstrong L, Parsons A. Tayside Primary Care NHS Trust, Perth Royal Infirmary, Perth, Scotland, UK. *Speech Lang Ther Pract* Autumn 2000: pback cover

Ten resources are described, many of which reflect the challenge of serving clients spread over a large geographical area: car, telephone, colleagues, in-service training and link nurses. Equipment includes a cool bag, assessments, photocopy-free workbooks, group therapy, and the book "Management of Speech and Swallowing in Degenerative Diseases".

131.

**How I . . . manage early feeding difficulties. Changing the pattern.**

Russell S. Yorkhill NHS Trust, Neonatal Unit, Queen Mother's Hospital, Glasgow, Scotland, UK. *Speech Lang Ther Pract* Autumn 2000: p28

Developmental supportive care has led to a reduction in early feeding difficulties in premature babies. This article describes how referral patterns and the SLT's role have changed as a result. Assessment of sucking and feeding, the importance of better positioning, and positive oral stimulation in tube fed infants are described. Causes and treatment of feeding problems, including gastroesophageal reflux which often goes unrecognised, are discussed.

130.

**How I . . . manage early feeding difficulties. From vicious to virtuous circle.**

Marks J. Mancunian Community NHS Trust, Booth Hall Children's Hospital, Manchester, UK. *Speech Lang Ther Pract* Autumn 2000: p27

While the debate about the diagnosis of non-organic failure to thrive goes on, speech and language therapists have much to offer parents who may be resorting to extreme measures to get their children to eat. The process of assessment, individualised treatment and diet modification, and family support are described.

129.

**How I . . . manage early feeding difficulties. Consistency of advice.**

Strudwick S. Kingston and district Community NHS Trust, UK. *Speech Lang Ther Pract* Autumn 2000: p25-6

Small steps over a long period may be needed to resolve early feeding difficulties, so professionals must gain the confidence and trust of parents. In the first of a set of three articles, the benefits of a team approach are described. Consistency of advice from all the members of the team is essential. The approach to therapy includes boosting the confidence of parents and making feeding a relaxed, stress-free and pleasant experience for parents and child.

128.

**Homebase--but not DIY.**

Millard S, Cook F, Fry J. The Michael Palin Centre for Stammering Children, Finsbury Health Centre, Pine Street, London EC1R 0LP, UK. *Speech Lang Ther Pract* Autumn 2000: p20-3

Preschool dysfluent children identified as being 'at risk' of persistent stammering need individualised help before it is too late. Treatment of stammering is more effective and less time-consuming than therapy that is delayed until the child is older. This article describes a new home-based fluency programme which offers help to those who cannot access a speech and language therapy clinic on a regular basis. It exploits the advantages of both home based self-help literature and clinic therapy. Both parents need to be involved and committed to the therapy process, which involves setting aside 'special time' for five minutes of interactive play each day. Up to six targets are introduced one at a time at weekly intervals for approximately six weeks in consultation with the parents. An example of the individual home therapy programme form and details of targets are described. Preliminary findings indicate that the outcomes are comparable to clinic-based therapy. A published format of the programme and short training sessions will be offered in the near future.

127.

**Inspiring or expiring? Raising the teacher's voice.**

Cornish C. Speech Lang Ther Pract Autumn 2000: p18-9

There is a growing amount of evidence to show that teaching is hard on the voice. This article exhorts all speech and language therapists to back the case for a national policy of preventative voice care for student teachers. It emphasises that student teachers should be provided with training in the use and care of the voice before they go into the classroom and develop bad vocal habits leading to vocal fatigue and persistent sore throat. A policy is required to prevent the situation getting worse, leading to increased caseloads for therapists. The Voice Care Network UK provides workshops run jointly by a teacher and therapist to raise the profile of voice training for teachers.

126.

**Competence, confidence and commitment.**

Beeke S, Parker A. Department of Human Communication Science, University College London, Chandler House, 2 Wakefield Street, London, WC1N 1PF, UK. Speech Lang Ther Pract Autumn 2000: p14-7

Research shows individuals learn more effectively when given responsibility and encouraged to participate actively. An innovative education programme is described where speech and language therapy students become temporary volunteers for the Stroke Association, a system that benefits people living with dysphasia as well as the students themselves. The aims of the placement are described, together with details of the communication reports written by each student for one of the dysphasic people they visit at home. After completing the placement the student is asked to give written feedback on the experience. This type of work placement provides an alternative model of supervision for speech and language therapy students and gives them real responsibility and a more effective way of learning.

125.

**Getting in synch with suck, swallow, breathe.**

Pate O. Croydon & Surrey Downs Community Health NHS Trust, Sanderstead Clinic, 40 Rectory Park, Sanderstead, CR2 9JN, UK. Speech Lang Ther Pract Autumn 2000: p8-11

When faced with a speech disordered client, therapists often recommend oral motor activities. While these may produce specific 'splinter' skills, any generalised benefit - particularly for speech - is dubious. This article explains how an approach using sensory integrative theory has the potential to transform speech, even before any work on speech itself is undertaken. The M.O.R.E technique provides a method for assessing and developing coordinated sucking, swallowing and breathing (SSB synchrony). This technique classifies oral play in terms of the complexity of Motor (M), Oral (O), Respiratory (R), and Eye/hand (E) involvement. A case example of the use of the technique in a child with severe oral motor dyspraxia and phonological disorder is provided. The approach may also be potentially useful in adults presenting with speech motor difficulties.

124.

**A (sight and) sound foundation.**

Griffiths C, Gedling A. Learning Disabilities Directorate, Bro Morgannwg NHS Trust, Wales, UK. Speech Lang Ther Pract Autumn 2000: p4-7

Therapists may be aware of the effects of visual and hearing impairments on communication, but how often are they taken into account routinely when planning therapy? This article describes how small adaptive changes made a big difference to clients with a learning disability. Vision and hearing were assessed prior to communication assessment and intervention. Videos of client/carer interactions were also analysed for levels of engagement, and matched against the Personal Communication Plan for People with Learning Disability (PCP) for eye contact, initiation, and turn-taking. Treatment plans for clients with profound and mild/moderate/severe disability offered as a regular weekly session over a ten week period are outlined, as well as a weekly environmental programme for staff.

**SUMMER 2000**

123.

**My top ten resources.**

Stow C, Pert S+. 31 Gilbrook Way, Badger Hollow, Rochdale, OL16 4RT, UK. Speech Lang Ther Pract Summer 2000: pback cover

Resources found useful for working with bilingual children in a community clinic are listed, including a bilingual assistant, the Internet, Rochdale Assessment of Mirpuri, the National SIG on Bilingualism, the British Library Reading Room at Boston Spa, Velcro board, computer and laminator, bag books, the right kind of visual aids, and a video camera.

122.

**How I . . . manage transitions. Commitment, cooperation and coordination.**

Whateley A. South West London Community NHS Trust, UK. Speech Lang Ther Pract Summer 2000: p28

Stroke is a devastating event and, apart from coping with the physical effects, patients will have to undergo a number of other changes in the course of recovery. In order to minimise the stress of transitions between hospital, rehabilitation and social services in South West London, representatives from the local community teams, tertiary rehabilitation centre and the acute hospital meet regularly each fortnight to identify, at an early stage, patients who will be making the transition between services. Communication by means of pre-discharge visits, case conferences, and the allocation of time slots for patients are vital ingredients of the process of discharge, and these are described in the article. Clinical forums to discuss particular clinical issues are also held four times a year, and these have improved knowledge and understanding of the roles of other service providers, a common terminology, and identified skills and special interests.

121.

**How I . . . manage transitions. Taking care of you.**

Johnstone F, Welsher G. Speech & Language Therapy, Community Team for Learning Disabilities, Sanderson Centre, Gosforth, Newcastle-upon-Tyne, UK. Speech Lang Ther Pract Summer 2000: p27

A protocol has been developed to ensure the smooth transfer of children with learning difficulties from preschool to school services. This article indicates that early contact with the children and their parents is vital. The protocol includes (1) a meeting between representatives of the Paediatric Service and the Community Team for Learning Disabilities, (2) a meeting with parents during the summer holidays to explain the service and gather information about the family, (3) an 'All About Me' book about the child compiled by the parents, and (4) allocation of the child to a therapist before starting school.

120.

**How I . . . manage transitions. Perpetual transition.**

Synnuck D. British Forces Health Service, Germany. Speech Lang Ther Pract Summer 2000: p25-6

This is the first of a set of three articles describing the management of change in different situations. This article focuses on the constant change experienced by the children of service personnel and how this influences the assessment, therapy and transfer of children with communication difficulties, the training and involvement of their parents, and the turnover of spouses who work in the kindergartens, as classroom assistants, and nurses. Close liaison with health professionals and education services is required to effect referral as quickly and smoothly as possible.

119.

**Out of the maze.**

Raz Y, Carding P. Speech & Language therapy, Kaplan Medical Centre, Rehovot, Israel. Speech Lang Ther Pract Summer 2000: p20-3

The case of a 34-year-old woman with recurrent inspiratory stridor unresponsive to anti-asthma therapy, and the complex differential diagnosis and management of paradoxical vocal cord movement (PVCM), from which she was found to suffer, is described. The cause of PVCM is unknown, and

several suggested aetiological factors are discussed. A number of conditions with which it is confused are also considered. The most effective treatment for PVCM is psychotherapy combined with symptomatic voice therapy and counselling as part of the multidisciplinary team.

**118.**

**A change in direction.**

Sims P. Speech Lang Ther Pract Summer 2000: p18-9

Does the way we assess and diagnose our clients problems distract us from the cause of their behaviour? Physical causes are often taken for granted even when there is no evidence to support them. This article suggests that we should look more closely at psychological considerations like the role of tension and anxiety in childhood communication difficulties so that we avoid inappropriate treatment. A Personality Check List has been devised by the author which she uses in assessing children with communication problems, and which has helped her to devise a preventative and remedial treatment for dyslexia, and a theory of stammering.

**117.**

**Reshaping opportunities, sharing good practice.**

Gill S, Ridley J+. [Whitefields School & Centre], 13 Broadmead Road, Woodford Green, Essex, IG8 0AX, UK. Speech Lang Ther Pract Summer 2000: p14-7

In the Green Paper on Special Educational Needs (1997), the Government emphasises the importance of inclusive education wherever possible. For some children this will mean partial integration. What are the implications for the children and their teaching/therapy staff. This article offers a model of good practice, where language-based teaching in a special school is combined with a more content-based approach in a secondary mainstream setting. Three 12-year-old children have been integrated, two for two subjects (Design & Technology and Science) and the third for Design & Technology. Accommodations that are required for integration and positive benefits from integration are discussed, including greater awareness in teachers of the level of language they use, and the pupils sense of belonging to a 'proper' school. Practical difficulties that have arisen are also described, including poor social integration and logistic difficulties, which are being addressed through review. This model of integration values both types of school environment equally, allowing the children's complex language needs to be addressed, and their self-esteem and confidence developed in small groups, while also providing access to specialist subject areas and social integration with their peers in mainstream education.

**116.**

**Reaching the parts others don't.**

Sage RJ. University of Leicester, Leicester, UK. Speech Lang Ther Pract Summer 2000: p8-11

Dysfluency is as much a social problem as a personal one. For therapy to succeed, it must help clients interact effectively in spite of any continued dysfluency. This article examines how courses at The Apple House in Oxford have achieved success with participants over the past 32 years. An audit of the course has identified five core principles, which are described: 1. speech education, 2. communication opportunities, 3. group support and influence, 4. attitude and behaviour change through therapy, and 5. maintenance activities. Four cases chosen at random were examined for real life issues, and a questionnaire was sent to 200 past course participants to evaluate present satisfaction with communication skills and the outcome of the training, as well as situations in which the course has not helped. The basis for the success of the course is discussed as the interplay between neurology and psychology of stammering, and changes in behaviour.

**115.**

**Making an impact.**

Moore T, Irwin A. Adult Learning Disabilities Service, Dudley Priority Health NHS Trust, UK. Speech Lang Ther Pract Summer 2000: p4-7

The success of therapy often depends on the staff or carers we work through, and training significant others has to be a speech and language therapy priority. It is frustrating when what is taught is not

translated into a long-term change in practice. This article describes how this problem was addressed with a client-centred approach in a Social Education Centre for adults with learning disabilities with communication difficulties, which was generating a large number of referrals. A training package was developed for staff working with individual clients on a regular basis. The objectives and topics covered in the training package are listed, together with examples of items requiring action identified by staff, which were written into their action plans. Advantages and disadvantages of the approach are listed, as well as improvements in working practice brought about by the increase in awareness and knowledge of staff. Course participants required more support in developing action plans than had been anticipated, and modifications to the course which will be included in future are described.

## **SPRING 2000**

**114.**

### **My top resources.**

Thomason L. Speech & Language Therapy Cleft Service, Leicestershire & Rutland NHS Trust, UK. Speech Lang Ther Pract Spring 2000: pback cover

The Great Ormond Street Speech Assessment (GOS.SP.ASS) and its training video, the International Phonetic Association chart, Detail Reflector, See-Scape, View-Master 3d, Sound Pictures, the Mead Johnson very soft bottle, Palate Function Diagrams (Harland & Bowden 1997) and Feeding and Swallowing Disorders in Infancy by Lynn Wolf & Robin Glass (Winslow) are the resources chosen for use with clients with cleft lip and palate.

**113.**

### **How I . . . put practice into research. The burning questions.**

Langhorne P, Legg L, Pollock A, Sellars C. STEP, Academic Section of Geriatric Medicine, 3rd Floor Centre Block, Glasgow Royal Infirmary, Glasgow, G4 0SF, Scotland, UK. Speech Lang Ther Pract Spring 2000: p27-8

The multidisciplinary Stroke Therapy Evaluation Programme (STEP) team believes that evidence-based rehabilitation care for stroke should be daily practice. Finding time to obtain, read, and make informed decisions about published clinical trials is a major barrier. This is being tackled by (1) producing systematic reviews of rehabilitation treatments, (2) disseminating the results of relevant research, and (3) identifying priority areas for future research. To date there have been relatively few systematic reviews of randomised controlled trials (RCTs) in stroke rehabilitation. The problems of conducting RCTs for speech and language therapy and other treatments are discussed, but achieving evidence based care is seen as a realistic if challenging goal. Dissemination of results is via a quarterly newsletter, the S-Files, containing summaries of articles, glossaries and explanations of statistical terms, and by means of workshops. Although systematic reviews are designed to produce a clear cut statement about the effectiveness of a particular treatment intervention, it has not been possible to do this for aphasia therapy due to lack of evidence. There is a need for well-designed research into all areas of stroke rehabilitation, particularly into the views of stroke patients and their carers.

**112.**

### **How I . . . put practice into research. No assumptions.**

Valentine C. Speech & Language Therapy, Down Lisburn Health & Social Services Trust, Northern Ireland, UK. Speech Lang Ther Pract Spring 2000: p26

There has been a steady shift from a focus on individual communication to extrinsic factors such as the physical environment and the need for communication within the adult learning disability service. Research has shown that the ability of staff to communicate effectively with those who use their service varies widely. How staff perceive their own communication styles and the communication competencies of those they work with has been investigated, and whether communication styles can be altered to enhance communication has also been explored. It has become clear that one should not make assumptions, not only about communication, but also the knowledge of staff. The need for training has been addressed by two one-day workshops and at least one follow-up session for staff. Evaluation has been through a self-report questionnaires and observation of staff-service user dyads. The importance of being approachable, accessible and team oriented, and the motivation of users is

facilitated by participating in real events such as the evening 'Activate' sessions, Christmas parties, and rehearsals and performance of a pantomime.

**111.**

**How I . . . put practice into research. Good questions, good answers.**

Law J. Clinical Communication Studies, City University, Northampton Square, LONDON, EC1V 0HB, UK. Speech Lang Ther Pract Spring 2000: p24-5

The importance of research to clinical practice, and the interaction of the two is briefly discussed. The use of a systematic review of literature in the field of child language development has shown that (1) intervention for early speech and language delays can be very effective, (2) direct clinician led intervention is more effective than parent-led intervention for speech difficulties, but (3) indirect, parent-led intervention is as effective as direct therapist-led intervention for expressive language impairments. Gaps in the literature were identified by the systematic review: the issue was not addressed from the point of view of disadvantaged populations, and few studies examined the effect of intervention on expressive/receptive difficulties. The results of applied research should change clinical practice and the allocation of funding. But the research needs to have certain characteristics: it must be client centred, directed at influencing practice, have robust methodology, and involve both practitioners and users.

**110.**

**Assessments assessed. Limited only by creativity of user [Clicker 4].**

Lombard M, Atkinson Z. Health & Social Services, States of Jersey, Channel Islands, UK. Speech Lang Ther Pract Spring 2000: p23

The software is an on-screen concept keyboard with speech, pictures and writing. The processor allows the user to write letters, words, sentences or pictures and has simultaneous speech feedback. The system was impressive for the possibilities it provided for all types of clients with communication difficulties and its low price. While originally designed for educational use, a newly released package, Quickfire, contains material specifically designed for communication work and the system would appeal to all ages.

**109.**

**Assessments assessed. A comprehensive and valuable resource. [PETAL: Phonological Evaluation and Transcription of Audio-Visual Language].**

McGreevy E. Down Lisburn Trust, Northern Ireland, UK. Speech Lang Ther Pract Spring 2000: p22-3

This test allows the investigation of all areas of structured and natural speech production. It is very valuable in assessing the speech of the hearing impaired and adults with motor speech disorders, with the benefit of being detailed and practical without being too lengthy. Its use with a seven year old girl with a cochlear implant is described.

**108.**

**Assessments assessed. A good starting point [The Phonological Abilities Test].**

Quinn T. Dewsbury Health Care, UK. Speech Lang Ther Pract Spring 2000: p22

The Phonological Abilities Test to detect reading failure is suitable for children aged 4 to 7. It is quick and easy to administer, and was found to be useful with a variety of children. Its use with two children is described. The test is recommended as a rapid assessment of phonological awareness skills.

**107.**

**Assessments assessed. Small steps, with plenty of practice [Earobics Pro Plus].**

Pears J. Andrew Language Unit, Viewfield Lane, Selkirk, Scotland, TD7 4LJ, UK. Speech Lang Ther Pract Spring 2000: p21

The Earobics Pro PLUS Step 1 and Step 2 CDs are reviewed in this article. Earobics is an American auditory development and phonics programme published on two CD-ROMs. Step 1 covers ages 4 to

7, and Step 2 covers ages 7 to 10. The advantages and disadvantages of the programme are discussed.

**106.**

**Embracing the arts.**

Legum J, Ford J. *Speech Lang Ther Pract Spring 2000*: p18-9

Speech and language therapists routinely work with children who have emotional and behavioural difficulties as well as communication impairments. Speech and language therapy alone is not sufficient to make a significant difference to these children, and this article suggests that involving and learning from arts therapies ( which include drama, puppetry, sand play, music, movement and painting) is essential. Emotional development may need to be addressed before speech and language therapy can be effective. While one may use these often untrained skills in art as therapy, this raises questions of effectiveness and safety, and another option is to refer on to arts therapy specialists. Arts are non-directive, non-verbal and relationship-based, focusing on ability rather than disability, and promoting confidence. Examples of the use of arts therapy with children with complex needs is provided. Speech and language therapists should receive training in the area of emotional development both at a foundation level and as part of ongoing development, with specific training courses and clinical supervision.

**105.**

**Good medical practice with a human face.**

Buck F. *Speech & Language Therapy, Queen Alexandra Hospital, Portsmouth, UK. Speech Lang Ther Pract Spring 2000*: p14-7

Laryngectomy patients not only have to deal with the traumas of cancer, a major operation and losing their normal voice, there are often significant and frightening postoperative complications which are not provided for in a systematic way. This article describes a joint drop-in aftercare clinic for patients with a tracheo-oesophageal valve which caters for their needs. The complementary skills of the speech and language therapist and nursing staff working as a team enhance the quality of care provided, and has been a profitable way to learn and develop skills in the management of clients with valves. Three short case examples are provided. The results of a patient questionnaire, devised as part of ongoing evaluation, and changes in patient management resulting from the clinic are described.

**104.**

**Offering hope (but not a cure).**

Shields J. *The EarlyBird Centre, Manvers House, Pioneer Close, Wath-upon-Deerne, Rotherham, South Yorkshire, S63 7JZ, UK. Speech Lang Ther Pract Spring 2000*: p10-1

Video can be used in different ways to benefit children with autism, and this is one of the main features of the National Autistic Society's EarlyBird Programme. The programme offers hope but not a cure, providing information, explanation and practical strategies for groups of parents from six families over a three month period. The programme includes group training sessions as well as one-to-one support of home visits, using a modified Hanen Programme. The three strands of content of the programme are (1) understanding the child's autism, (2) interaction and social communication with the child, and (3) preventing and minimising problem behaviour. A three day training programme for professionals in the licensed use of the EarlyBird Programme is available.

**103.**

**In his own style.**

Junor B. *Forth Valley Primary Care NHS Trust, Royal Scottish National Hospital, Larbert, Scotland, UK. Speech Lang Ther Pract Spring 2000*: p8-10

While the media sensationalises 'miracle' cures and desperate parents raise funds for intensive treatments, professionals deal with the reality of trying to provide the best therapy and teaching for all individuals with autistic spectrum disorders. This article describes the use of video technology to teach spoken language to a pre-school child, using his own style of learning at his own pace, and

incorporating the alphabet, numbers, and vocabulary relevant and meaningful to his interests, reinforced by written flash cards. The video was sent home, where it was received with great enthusiasm and interest by the child, and was experienced as excruciatingly boring by others in the family. He watched it intently and was given full control of how he watched it, with frequent rewinds. A month after its introduction, he used clear speech for the first two items on the video - 'hello' and 'mummy'. Following this, some short phrases were filmed next, with the meaning depicted by real objects as well as written words. It is interesting that it is not numbers or letters but social language which he has seen and heard which fascinate him, but which he finds difficult to process at our speed. The importance of incorporating flexibility and generalisation in therapy is noted.

**102.**

**When what's happening is hard to swallow.**

Free GE. Speech & language Therapy, Addison House, Princess Alexandra Hospital, Hamstel Road, Harlow, Essex, CM20 1QX, UK. Speech Lang Ther Pract Spring 2000: p4-7

Many speech and language therapists believe that dysphagia is swamping SLT services for people with communication impairments. But even people with dysphagia don't always get the quick, multidisciplinary response they need. This article charts the progress of one hospital in addressing the problems of high (and often inappropriate) levels of referrals, delayed assessment, and perceived neglect of communication problems. Of the 47% of referrals made by doctors, 11% were inappropriate, while of the 53% referrals made by nursing staff 46% were inappropriate. Only 24% of referrals were also for communication advice, yet 65% had communication difficulties requiring intervention. Compliance with advice for dysphagia showed 54% of patients had non-compliance. Lack of knowledge of dysphagia was addressed by training some nurses to screen, instigate basic management and make appropriate referrals (Dysphagia Trained Nurses). Repeated audit was used to monitor progress. The results of the programme on the resolution of the problems has been somewhat disappointing, but future audit will focus on individual wards and care groups so that change can be effected at a more local level.

**WINTER 1999**

**101.**

**My top resources.**

Richardson A. East Cheshire NHS Trust, UK. Speech Lang Ther Pract Winter 1999: p30

The author works in a mainstream secondary school which has special provision for children with learning difficulties. Groups of adolescents work on communication skills and social use of language in groups of five or six members. Ten resources are briefly described, ranging from commercially published materials, through SLT assistants and whiteboard, to party food and a knowledge of teenage culture.

**100.**

**How I manage . . . bilingualism. Adapting to change.**

MacLeod C. Speech Lang Ther Pract Winter 1999: p27-8

Scottish Gaelic is spoken by 68 per cent of the population of the Western Isles of Scotland, but although Gaelic monolingualism is now vestigial, code switching is quite common. Educational policy has changed, with Gaelic medium teaching now being supported, and it is compulsory for all pupils entering secondary education in the Western Isles to take Gaelic for the first two years. There are no Gaelic resources for learning difficulties, and only now is a commercially produced reading scheme being devised for mainstream education. Previously, teachers have been putting material together for themselves, and the same is true for speech and language therapists. Three case reports are presented illustrating the difficulties and experience of working with severe language difficulties, Down's syndrome, and an elderly lady with aphasia following a stroke, who spoke Gaelic but had not learned Gaelic literacy skills.

**099.**

**How I . . . manage bilingualism. Stronger links, significant change.**

Thakaria R. Adult Speech & Language Therapy Service, Redbridge Health Care NHS Trust, London, UK. *Speech Lang Ther Pract* Winter 1999: p26-7

Creative partnerships can lead to a more equitable service for minority ethnic clients. Achieving equal care for all patients can be considered a major challenge in the present economic and political climate. Two projects are described which demonstrate how developing stronger links within and across professions, the health service, charities and our training establishments can bring about small but significant changes. The Bilingual Speech & Language Therapy Student Register contains a list of SLT students who feel competent in other languages as well as English. This followed an audit which showed that there was a need to have access to speakers of a diversity of languages who have a knowledge of speech and language therapy, with the ideal being trained speech and language therapists. The register has been operating for a year and when contacted provides a list of speakers who are competent in the language of the client. The second project was the publication of a stroke and dysphasia information booklet. Existing booklets were literal translations which were lengthy and held little meaning for clients. Also, many people may not be able to read the language they speak. The new booklet uses pictures to aid understanding in three community languages, Bengali, Punjabi and Urdu.

**098.**

**How I manage . . . bilingualism. A roast dinner every Sunday?**

Stokes J. Speech & Language Therapy (Preschool & Community), Greenwich Healthcare Trust, London, UK. *Speech Lang Ther Pract* Winter 1999: p24-6

The social, linguistic and cognitive advantages of bilingualism are well documented. Respect for diverse cultures and languages has been growing and recent years have witnessed a revival of indigenous languages in the UK. What does this mean for people with communication disorders who have been or are being raised bilingually, and for speech and language therapists? Professional guidelines are unequivocal but still incomplete, and the meaning of 'bilingualism' seems increasingly hard to define. Our management must be responsive to individual circumstances and an evolving society. This article is the first of a three part series from individual contributors on this theme, and discusses the assessment of bilingual preschool children. Assessing such children is not so very different to assessing a monolingual one, although it is vital to have access to a bilingual co-worker or interpreter, to whom one can turn to with questions about language and culture. The London Special Interest Group on bilingualism has produced a checklist for assessing the communication of young children. Some key points from the checklist are briefly discussed, covering listening and attention, auditory comprehension, expression, phonology, interaction and behaviour, and play.

**097.**

**A matter of respect.**

Roach J. Speech & Language Therapy Department, St Andrew's Psychiatric Hospital, Northampton, UK. *Speech Lang Ther Pract* Winter 1999: p22-3

This article reflects on the author's experience of working in the field of mental health, and suggests that everything begins with respect for the client. Respect demands that one listens, and it needs time and a quiet comfortable environment in which to happen. The wards are frenetic and noisy, and people with serious mental health problems must find it difficult to live with others who have similar problems, and who are unable to empathise. Any psychiatric patient is dangerous, and danger must be respected. But experience suggests that if a patient arrives the nursing carers consider that there is a low risk for unstable outbursts. Respect leads to honesty and partnership. Giving an awareness of the communication problem and how this might affect their interactions with other people is helpful to both clients and members of the interdisciplinary team. This helps to improve the clients' self esteem and reduces aggressive outbursts.

**096.**

**Whose right? - who's right?**

Stansfield J, Hobden C. Department of Speech & Language Sciences, Queen Margaret University College, Edinburgh, Scotland, UK. *Speech Lang Ther Pract* Winter 1999: p17-9

Jack is a 10-year-old boy with cerebral palsy, a physical disability, limited cognition and poor communication skills attending a special school. He has not been asked to give consent for therapy, although his parents are not only giving consent but requesting a particular form of intervention. Jack himself is clearly refusing to cooperate in therapy. His parents and his speech and language therapist have very different opinions on how his therapy should be delivered, as does Jack himself. Can an ethical perspective help them come to an agreement? Four major principles of health ethics are discussed in relation to this particular case: autonomy (the ability of the individual to make choices), beneficence (working for the benefit of the individual), non-maleficence (doing no harm), and justice (a moral obligation to act on a fair adjudication between conflicting claims). Professional conduct would suggest that the therapist should abstain from unnecessary therapy, but responsibility towards the client indicated that he had a need for therapy, whilst respecting his needs and opinions, ensuring his well-being, and keeping him informed. The outcome of agreement in this case is presented together with a discussion of the dilemmas and approaches to their resolution.

**095.**

**Assessments assessed. Thorough, but layout is poor. [Dysphagia Evaluation Protocol].**

Prins E. Harrogate District Hospital, Harrogate, North Yorkshire, UK. Speech Lang Ther Pract Winter 1999: p16

[Dysphagia Evaluation Protocol. W. Avery-Smith, A.B. Rosen, and D.M. Dellarosa. The Psychological Corporation. £56.00].

This protocol was found to be thorough and consistent, but existing assessments may be as useful to experienced clinicians. The record form was felt to have too little room.

**094.**

**Assessments assessed. Try before you buy.**

**[Burns Brief Inventory of Communication and Cognition].**

Couzens L. National Centre for Brain Injury Rehabilitation, St Andrew's Hospital, Northampton, UK. Speech Lang Ther Pract Winter 1999: p16

[Burns Brief Inventory of Communication and Cognition. Martha S. Burns. The Psychological Corporation. £137.00].

This assessment was found to be quick and portable, but of limited use. The language sub-tests are disappointing.

**093.**

**Assessments assessed. Easy to complete. [Work Readiness Profile].**

Harris S. Oxford College of Further Education, Oxford, UK. Speech Lang Ther Pract Winter 1999: p15

[Work Readiness Profile. Helga A.H. Rowe, Australian Council for Educational Research. A\$75.00].

Despite some reservations, this profile designed for use with older adolescents and adults with disabilities is recommended.

**092.**

**Assessments assessed. Makes you think. [The Test of Pretend Play].**

Webb A. Speech Lang Ther Pract Winter 1999: p15

[The Test of Pretend Play. Vicky Lewis and Jill Boucher. The Psychological Corporation. £312.63].

Given the strengths and limitations of this test for different types of symbolic play, it is felt that a checklist of skills with suggestions for suitable materials would have been more useful. Children tested by this assessment became bored with the materials.

**091.**

**Assessments assessed. Helpful teaching activities. [Assessing and Teaching Phonological Knowledge].**

Cheal H. Sandwell Healthcare Trust, Sandwell, West Midlands, UK. Speech Lang Ther Pract Winter 1999: p14

[Assessing and Teaching Phonological Knowledge. John Munro. Australian Council for Educational Research. A\$89.00].

This package is recommended to therapists who work in an intensive educational setting who have a particular interest in literacy, but does not think it is a vital tool for community clinic work.

**090.**

**Meeting expectations.**

Code C. School of Psychology, University of Exeter, Exeter, EX4 4QG, UK. Speech Lang Ther Pract Winter 1999: p10-2

There is now clear evidence that carers and relatives of aphasic people can experience significant difficulties with psychological and social adjustment. Action for Dysphasic Adults (ADA) has developed a scheme to provide one-off support days for relatives and carers. This paper reports on the setting up and running of a pilot carers' day which will act as a framework for further days around the country. Seven topics and issues were developed into a resource manual with the aim of developing confidence in conversation, confidence in coping with and managing disability and emotional issues. A questionnaire was used with potential participants to discover how much time they felt should be spent on a topic and how important it was to them. Following the carers' day, a questionnaire rated the extent to which participants' expectations had been met. The questions and the results are listed, showing that the overall mean score showed 83% satisfaction. The experience from the pilot study is discussed in relation to what has been learned and can be used in running support days for carers in the future.

**089.**

**Managing the evidence.**

Nicoll A. 33 Kinnear Square, Laurencekirk, Aberdeenshire, AB30 1UL, Scotland, UK. Speech Lang Ther Pract Winter 1999: p8-9

Comments from delegates and brief summaries of papers from The Association of Speech & Language Therapy Managers' (TASLTM) conference, Countdown 2000, held in Edinburgh from 23-25 September are given.

**088.**

**Moving on: life stories.**

Hamilton L, McKenzie K. Roodlands Hospital, 9 Hospital Road, Haddington, East Lothian, Scotland, UK. Speech Lang Ther Pract Winter 1999: p4-7

Life story work offers individuals with a learning disability the opportunity to review both the positive and negative aspects of their lives, in a format that allows them to take control over those aspects which they wish to share, reflect upon and discuss. This article considers the advantages and limitations of this approach. Many clients with learning disability also have communication difficulties, and have difficulties in recognising emotional states in themselves and others. Work with a group run by a speech and language therapist on a weekly basis is described, and examples from a life story book supplemented with symbols, drawings, photographs and pictures chosen from magazines are presented.

**AUTUMN 1999**

**087.**

**My top resources.**

Hamrouge S. Educational Audiology, Staffordshire Local Education Authority, UK. Speech Lang Ther Pract Autumn 1999: p30

The author briefly describes her top ten resources, including communication support workers, PETAL (Phonological Evaluation and Transcription of Audio-Visual Language), training courses, computers, auditory training programs, vibrotactile devices, books and videos, toys, assessments and the support of colleagues.

**086.**

**How I manage head and neck cancer. Softening the blow.**

Salt S. Manorlands, Keighley, West Yorkshire, UK. *Speech Lang Ther Pract* Autumn 1999: p27-8

Head and neck cancer is devastating for patients and families. This article describes how palliative care can have a beneficial impact at all stages of a patient's illness by restoring dignity and quality of life. This is achieved through control of physical symptoms, by helping patients to communicate and resolve their frustrations and their fears about the process of dying, and by resolving social issues not only with the patient but also by supporting caregivers and family. Two illustrative cases are presented.

**085.**

**How I manage head and neck cancer. A trouble shared.**

Machin J. Royal Marsden Hospital, London, UK. *Speech Lang Ther Pract* Autumn 1999: p26

Working within a multi-disciplinary team is not only best for the patient and the family, it also provides the team members with professional and emotional support. This article describes the Joint Clinic approach to the treatment of oral cancer. A pre-admission clinic provides written information and access to multi-disciplinary team members. Once the patient is admitted weekly meetings with members of the team and close contact with patient and family are maintained to discuss treatments and plan discharge and support services, liaising with local services. Many patients experience recurrence of their disease as time passes, and check-ups with the joint clinic and open access to the palliative care team is provided. Being part of a team provides professional and emotional support when dealing with a harrowing disease and its treatment. More importantly, patients, their families and carers benefit from the shared expertise of a wide range of experienced professionals.

**084.**

**How I manage head and neck cancer. Setting the standard.**

Robinson F. Royal College of Speech & Language Therapists, 7 Bath Place, Rivington Street, London EC2A 3SU, UK. *Speech Lang Ther Pract* Autumn 1999: p24-5

In the head and neck cancer field, specialist therapists are at the forefront of the speech and language therapy profession's drive to set standards and improve clinical effectiveness and set best practice guidelines. This article describes the background to the establishment of local and draft national standards and guidelines for three main areas in head and neck cancer: (1) SLT work in the multidisciplinary team, (2) clinical skills and effectiveness, and (3) standards to ensure education and training underpins the work. Examples from the draft guidelines are provided.

**083.**

**Learning to listen and helping to tell.**

Pound C. City Dysphasic Group, Department of Clinical Communication Studies, City University, Northampton Square, London EC1V 0HB, UK. *Speech Lang Ther Pract* Autumn 1999: p20-1

Therapists have long been aware of the power of 'being listened to' and the centrality of 'listening skills' in therapy. This article explores the power of narrative in the therapeutic setting, considering the two-way traffic between teller and listener, and the difficulties and barriers which arise from the powerful trend of professionalism and narrow professional expertise. Recent articles have illustrated the gulf that exists between the experience of the service provider and that of the 'struggling to be heard' service receiver. Another area where difficulties arise is due to the causative frameworks and social constructs of different ethnic groups and social classes who do not share the language, culture or understanding of the therapist. Learning to listen, liberating the profession from the medical model of disability in favour of wider and more diverse social constructs, hearing and valuing what we are told, are challenges that the profession must address.

**082.**

**Autism- making therapy work.**

Spooner L, Hewison S. Worcestershire Community Healthcare NHS Trust, UK. *Speech Lang Ther Pract* Autumn 1999: p16-9

A one week intensive group course was run during the school holiday for seven children on the autistic spectrum aged 6;5 to 8;0 years from mainstream schools. This article provides examples of therapy tasks and the programme and details of the post-course questionnaire for parents. Results of the questionnaire were compared with the Surrey Communication Profile (SCP) rating of the children before the course, immediately after the course, and six weeks after the course was completed. Parents identified some progress, but therapists identified more progress using the SCP. Most parents preferred group to individual therapy. Much was learned from running the course, and recommendations are presented for incorporation into future courses.

**081.**

**Dementia care: insights, practicalities and change.**

Barnes C. Portsmouth Healthcare NHS Trust, Portsmouth, UK. *Speech Lang Ther Pract* Autumn 1999: p10-3

Speech and language therapists are increasingly involved in the management of people with dementia, often working with carers rather than directly with affected individuals. This article reports on a local study designed to investigate to what extent the carers of individuals with dementia benefit from communication advice and training. The results of the study are considered in three areas: (1) the subjective measure of carer burden, which unexpectedly indicated an increase in carer burden following visits and contact with the SLT; (2) quantitative responses from the interview showed that most found the visits helpful; (3) qualitative responses from the interview, which are discussed under the headings of comments and insights, the practicalities of the visit, changes in belief, attitude and understanding brought about by the visit, and changes in approach and carer and patient well-being. It was concluded that communication advice and training for carers of people with dementia is worthwhile because it provides more understanding of the patient's difficulties and needs, more success in communication, encouragement about the job of caring, confidence about a wider range of approaches to communication, and an opportunity to talk about their difficulties.

**080.**

**Assessments assessed. Restricting - and not much fun: CASS-C (Cooper Assessment for Stuttering Syndromes - Children's version).**

Gourlay S. University College London, UK. *Speech Lang Ther Pract* Autumn 1999: p9

CASS-C is a computer program designed to allow a complete fluency assessment of a child's speech whilst simultaneously preparing an assessment analysis and report. The program was found difficult and distracting to use with a four-year-old child, being too cumbersome, inflexible and with questions on affective and cognitive lines which were inappropriate for small children. Despite high hopes of the usefulness of recording information and producing a report simultaneously, the reviewer ended up disappointed.

**079.**

**Assessments assessed. Practical, well-presented, value for money: Hear-Say.**

Dales S. Bro Morgannwg NHS Trust, UK. *Speech Lang Ther Pract* Autumn 1999: p8

Hear-Say was found to be a useful, practical, and value for money resource for a therapist working with young deaf children or children with restricted language skills.

**078.**

**Assessments assessed. Pinpointing concerns at a glance: Tinnitus Questionnaire.**

Stott L. UCL Cochlear Implant Programme, Royal National Throat Nose & Ear Hospital, London, UK. *Speech Lang Ther Pract* Autumn 1999: p8

The Tinnitus Questionnaire is used primarily by psychologists, with the aim of providing a quick assessment of the psychological effects of tinnitus and mild to moderate deafness. It was not found useful with profoundly deaf adults with cochlear implants. The questionnaire is expensive to purchase - worthwhile if a clinician is regularly working with clients with tinnitus, but otherwise not.

**077.**

**Assessments assessed. Structure for assessment technique: The Apraxia Profile.**

Hardwick M. Speech Lang Ther Pract Autumn 1999: p7

The Apraxia Profile is an American assessment tool to identify and describe the apraxic component of children's speech. This article describes its use with preschool and school age children, and although it took some adjustment to evaluate phonological errors in the suggested way, the system was compact, comprehensive and good value for money. Children were on the whole responsive to the demands of the profile, but it was found that the pre-school assessment was more useful than the school age assessment for some language-disordered children up to eight years.

**076.**

**From start to outcome - and beyond.**

Hunt J, Slater A. Speech & Language Therapy, Bedfordshire & Luton Community NHS Trust, 94 Inkerman Street, Luton, LU1 1JD, UK. Speech Lang Ther Pract Autumn 1999: p4-6

This article describes the introduction and refinement of outcome measures within the speech and language therapy team of the former South Bedfordshire Trust. The training and problems resolved within a safe environment by peer review are outlined. The need for evidence-based practice and clinical effectiveness for multi-disciplinary teams began to be felt through external influences, and led to the development of diagnosis codes.

**SUMMER 1999**

**075.**

**My top resources.**

Wilson P. Banstead Place Brain Injury Rehabilitation Centre, Queen Elizabeth's Foundation for Disabled People, Banstead, Surrey, UK. Speech Lang Ther Pract Summer 1999: p30

Ten useful resources for improving social communication in the context of social reintegration following acquired brain injury are listed. These include Colorcards, a tape recorder, head and neck diagram, post-it notes, mime game, books and articles, the London & South East Head Injury Special Interest Group, language assessments, and a stock of functional reading materials.

**074.**

**Computers in therapy: a BETTer idea?**

Nicoll A. Lynwood Cottage, High Street, Drumlithie, Stonehaven, AB39 3YZ, Scotland, UK. Speech Lang Ther Pract Summer 1999: p28

BETT is an annual educational technology show where visitors can view and try out computer resources, including those developed for pupils with special needs. The author reviews some of the resources which were on show at the BETT '99 exhibition at Olympia. Software developed for one application can often be customised for other impairments and individual clients, and most companies offer 30 day free trials of their software.

**073.**

**How I use computers in therapy. A window on the voice.**

Abberton E, Carlson E. Department of Phonetics & Linguistics, University College London, UK. Speech Lang Ther Pract Summer 1999: p26-7

The authors use a computerised system "Lx Speech Studio" with clients with voice problems to assist in assessment and measurement of change over time. The system also provides objective visual feedback therapy. If vowel recordings are made during stroboscopic examination of the larynx using a laryngograph-triggered stroboscope (Lx Strobe) then vocal fold vibration can be studied at pre-determined moments in the vibratory cycle.

**072.**

**How I use computers in therapy. Time well spent.**

Mortley J. Frenchay Hospital, Bristol, UK. *Speech Lang Ther Pract* Summer 1999: p25-6

The use of computers to improve effectiveness in aphasia therapy is described. Computers facilitate more intensive therapy within a limited resource in order to develop specific strategies or reactivate an impaired process. Software developed or suitable for use with aphasic clients is listed, including INTACT developed at Bristol. Exercises are authored specifically for a client that include personalised vocabulary and feedback. Clients can move through tasks incrementally at their own pace, but under close supervision, and generally repeat the task until it improves to near ceiling level.

**071.**

**How I use computers in therapy. Screen test.**

Foster S. [South Lincolnshire Healthcare Trust, UK]. *Speech Lang Ther Pract* Summer 1999: p24

The use of computer software in child therapy is illustrated by the Dorling Kindersley program "My First Incredible Amazing Dictionary" for phonology, obtaining spontaneous speech, and vocabulary development. Case examples of its use are provided. Other packages which have been found useful include 'Children's Dictionary', 'Speaking for Myself' with Makaton and Rebus symbols, 'On the Farm' and 'Spider in the Kitchen'.

**070.**

**Learning from 'Communicate'.**

Jordan L, Bell L, Bryan K, Maxim J, Newman C. Middlesex University, UK. *Speech Lang Ther Pract* Summer 1999: p18-21

There is an expectancy in speech and language therapy that priority should shift from working on impairments with individuals to improving communication environments by training carers, but how often has such training been systematically marketed and evaluated? This article examines the first three years of 'Communicate', Action for Dysphasic Adults training programme for carers of older people with communication impairments in residential settings. The workshops consist of two half-day sessions for 8 to 16 participants. 'Communicate' has been purchased by a wide range of agencies for a wider range of participants than had been anticipated, but the take up in the residential care sector has been disappointing. Take up patterns by geographic area and type of agency are tabulated. Attitudes to 'Communicate' by speech and language therapists have been positive for the most part, although it has caused some local friction. Difficulties in marketing and access to training are considered in relation to take-up of places. The training is seen as effective by participants, but some questions remain to be evaluated about its effectiveness with communication-impaired people and the sustainability of positive effects over time.

**069.**

**The therapy process: disposable or indispensable?**

Wotton G. *Speech Lang Ther Pract* Summer 1999: p16-7

Speech and language therapy is not about teaching language / speech / communication skills as if the client is a passive container to be filled with wisdom. The work of a therapist is a process, and the relationship between therapist and client is the cornerstone of the process. This article urges us to recognise and value the emotional and technical skills involved in the therapeutic process and considers the implications if we do not. There is an increasing lack of appreciation for these skills, driven by financial considerations. Wisdom, experience and nurturing have been devalued by society, and this is reflected in the discrepancy in pay scales between those who opt to work in hands-on child care and professionals in the same area who work at a distance. The machismo attitude which underlies this trend influences the NHS philosophy and makes us adopt ways and methods of working which we feel instinctively are not in the best interests of our clients.

**068.**

**Top tips for therapy for children with a voice problem.**

McCallum, Hood C. Lanarkshire Healthcare NHS Trust, Scotland, UK. Speech Lang Ther Pract Summer 1999: p15

A collection of 23 ideas including a short list of useful resources is provided.

**067.**

**Therapy for real life.**

Paulger B. I CAN, The Park School, Onslow Crescent, Woking, Surrey, GU22 7AT, UK. Speech Lang Ther Pract Summer 1999: p12-4

For pupils with language disorders, making friends, or even coping in social situations, can be a long, challenging process. This article describes a pilot project which taught strategies and provided opportunities for integration at a youth club to a group of 11 to 13 year olds with poor social communication skills. Examples of communication problems, benefits from overcoming the difficulties, and structured activities aimed to develop friendship strategies are listed. Pupils often had difficulties in recognising problems and were initially reluctant to get involved in more verbal activities. However, towards the end of the sessions there was greater interaction. Despite some limitations, the group was a success for the pupils who attended, enabling them to explore strategies for coping in social situations and to participate in community youth activities.

**066.**

**Rhyme time.**

Popple J, Wellington W. Speech Lang Ther Pract Summer 1999: p7-10

Underlying phonological skills are vital for the development of spoken and written language. This article suggests that children who are struggling with language need a collaborative approach from therapists and teachers. A psycholinguistic approach to assessment is recommended, and five ideas for rhyme awareness and therapy using rhyme are provided.

**065.**

**Whose needs come first?**

Park K. Sense Family Centre, 86 Cleveland Road, Ealing, London, W13 0HE, UK. Speech Lang Ther Pract Summer 1999: p4-6

The term 'objects of reference' refers to the use of objects as a means of communication. The use of objects of reference with children and adults with severe and profound learning difficulties who are not communicating is examined in this article. Using objects of reference may appeal to us, because we think it has a 'common sense' value. But how do we know what an object may or may not represent to someone else? The terms index, icon and symbol are defined and a provisional model of object use is proposed and illustrated with examples from two teenagers with learning disability. Problems of standardisation versus individuality are examined, and the theory of how objects become objects of reference is discussed. In choosing objects of reference with someone, the objects should be Meaningful, Motivating and Frequent (MMF). Multidisciplinary collaboration between professionals and involving parents in using communication systems at home is essential.

**SPRING 1999**

**064.**

**My top resources.**

Roberts G. Learning Disability Service, Ymddiriedolaeth Iechyd Cymuned Gynedd, Wales, UK. Speech Lang Ther Pract Spring 1999: p30

The ten top resources used in working with school age children, and adults with learning difficulties, are briefly listed. These include the local Communication Aids Centre, care and responsibility training, support workers, the SIG for adults with learning difficulties, her SLT team, personal communication plans, and the PALPA assessment, Talking Points, and a box of sensory materials.

**063.**

**How I work with assistants. Varied, challenging and never boring.**

Lindsay I. Yorkhill NHS Trust, Glasgow, Scotland, UK. *Speech Lang Ther Pract Spring 1999: p28*

The in-service training of speech and language therapy assistants and the kind of tasks and responsibilities they undertake for the Yorkhill NHS Trust are described. In addition to formal training, much knowledge is acquired by on-site learning. Duties include home visits, and the recording of child/parent/therapist interaction. Supporting group work is an important part of duties. Retention of staff is difficult because of the poor pay.

**062.**

**How I work with assistants. Enthusiasm, interest, motivation, initiative, adaptability, flexibility...**

Kelly-Atherton L. Cardiff NHS Trust, Cardiff, Wales, UK. *Speech Lang Ther Pract Spring 1999: p27*

The key elements which enhance the working relationship of the speech and language therapist and her assistant, based on her personal experience, are covered in this article. The approach to supervision, negotiation and planning with the school, personal qualities in the assistant, and the need for training and support are briefly discussed.

**061.**

**How I work with assistants. Understanding and ownership.**

Richards K. North Warwickshire NHS Trust, Brooklands, Birmingham, UK. *Speech Lang Ther Pract Spring 1999: p26*

Training for formal assessment under the Scottish/National Vocational Qualification (S/NVQ) Level 3 programme is offered by the BTEC programme at Brooklands. This provides day-release over 40 days, but also promotes a life-long learning approach by encouraging the undertaking of home-based learning. Course assessment is continuous, and focuses on group interactions as well as formal assignments. The course is made up of five units covering anatomy and physiology, social development, behavioural science, communication, and workplace systems and practice. It is now possible for speech and language therapy departments to offer this course (now combined with London Examinations and known as Edexcel Foundation) by combining distance learning with local supervision.

**060.**

**Right from the start: the end of the (bad) beginning.**

Leonard A. Scope, 6 Market Road, London N7 9PW, UK. *Speech Lang Ther Pract Spring 1999: p20-3, quiz 23*

The way in which parents are told about their child's disability is often badly handled at the time of diagnosis, causing much pain and distress. Right from the Start (RFTS) is a national project to improve the way parents are informed, involving as many as possible of the organizations and individuals (including parents and disabled adults) who had previously done work on this issue or for whom it is relevant. The RFTS Working Group has examined why earlier attempts to improve matters have met so with little success. These include the discontinuity and dependence based on the efforts of isolated individuals and groups, and the complex nature of the problems of diagnosis and disclosure. This will be replaced by a wide and consistent approach by both the professions and the voluntary sector, a social model of disability to replace the medical approach, and a greater sensitivity to the needs of parents to be brought about through improved professional training and clear policies and procedures. A framework document "Template of Good Practice" has been produced by RFTS, and the whole project - principles, networks research base, strategies, and databases - has been incorporated into an interactive CD-ROM. A series of conferences has taken place and further local conferences are planned in 1999. A series of excerpts from the RFTS Template is provided.

**059.**

**More creative therapy—learning through drama. Part II. The middle.**

Kersner M. Department of Human Communication Science, University College London, Chandler

House, 2 Wakefield Street, London WC1N 1PG, UK. Speech Lang Ther Pract Spring 1999: p17-9, quiz 19

Following on from Part I, which addressed beginnings and endings in drama therapy, this article describes the middle of session development of creative drama for children with communication problems. Exercises may be geared towards specific aims and objectives devised for each child, concentrating on, for example, confidence, attention, co-operative working, sound making, or conversation skills. The Middle section may also be used to build on dramatic skills and techniques required for a larger piece of work, rehearsing and practising in a meaningful way. Examples of mirroring, group co-operation, auditory discrimination and sound making, sequencing, expressing feelings, developing character and improvisation activities are provided. The importance of derolling and concluding the Middle session before ending the drama session are emphasised.

**058.**

**'SIGNs' of progress in dysphagia.**

Gravill P. Neurosciences Unit, Aberdeen Royal Infirmary, Aberdeen, Scotland, UK. Speech Lang Ther Pract Spring 1999: p12-5, quiz 15

This article describes the production of a local protocol for the management of dysphagia in neurologically impaired patients in accordance with the Scottish Intercollegiate Guidelines Network (SIGN), the promotion of safe management of dysphagic patients, and the development of nurse training in dysphagia at Aberdeen Royal Infirmary. A four part classification to describe food consistency was devised to replace the conflicting terminology used both within and between professions and the diet cook. As a result of a questionnaire survey and feedback, at Stage 2 (thick smooth consistency intake) a menu card was introduced, liquids were permitted, a 48 hour total intake chart was introduced. Colour coding of alert signs for the different stages was also introduced. The approval of these changes was monitored through a second questionnaire. The Guys & St Thomas' Swallow Screening Assessment was selected as the most suitable protocol for dysphagia assessment and the local labelling system and terminology incorporated into it. Training sessions for nurses in the new system were introduced simultaneously for the Neurosciences Unit and Acute Stroke Unit. The results of a questionnaire survey of nurses on the two units is compared and discussed.

**057.**

**Nasality: what, why and when to refer on.**

Moore S, Harding A. Lister Hospital, Coreys Mill Lane, Stevenage, Herts, SG1 4AB, UK. Speech Lang Ther Pract Spring 1999: p9-11, quiz 11

The treatment for children with nasality problems is usually given in a community clinic. This article considers the assessment of nasality with regard to cleft palate, and the identification of when specialist input is required by the generalist speech and language therapist. Assessments for cleft speech and the procedures for orofacial examination are described. Categorisation of consonant production errors as cleft-type or developmental is reviewed, and active and passive processes in cleft palate speech are examined. Active processes (alternative speech adaptations) are amenable to speech therapy and are unlikely to be affected by surgery, whilst passive processes may not respond to therapy until surgery has been performed. Phonological analyses are necessary in all cases for the diagnosis of problems and the planning of treatment. The article provides three case examples of children managed in a specialist centre but whose therapy has been delivered in a community clinic.

**056.**

**Epilepsy--a speech and language therapist's guide.**

Edwards L. St Piers Residential Centre, Lingfield, Surrey, UK. Speech Lang Ther Pract Spring 1999: p4-8, quiz 8

This article gives a comprehensive account of epilepsy from the viewpoint of speech and language therapy. The epileptic condition is described and its links with language disorder are examined, including Landau-Kleffner syndrome. Epilepsy is frequently linked with underachievement which may manifest as behaviour disorder and transitory cognitive impairment. The side effects of medication such as hypersalivation and drowsiness are also noted. The implications of epilepsy for assessment

are discussed from the viewpoint of baselines, interpretation and variability of results and the difficulties that these pose for the therapist. Epilepsy also has implications for language therapy, and compensatory strategies for treating communication problems in epileptic children are suggested.

## **WINTER 1998**

**055.**

### **My top resources.**

Comins J. Royal Free Hospital, Hampstead, London, UK. *Speech Lang Ther Pract Winter 1998*: p30

A voice specialist provides a list of her top ten resources in counselling in speech and language therapy. These range from supervision, RCSLT advisers, professional organisations, books and database resources, to Feng Shui, Shiatsu and singing.

**054.**

### **How I write for education. Working together.**

Baldwin L, Hughes R. Salford Community Healthcare NHS Trust, Salford, UK. *Speech Lang Ther Pract Winter 1998*: p27-8

This article emphasises careful preparation, planning and negotiation as the basis for successful collaboration with schools. A pre-visit questionnaire has been found invaluable in gaining information about the child and the teacher's priorities prior to meetings. Observing the child in the school context and assessing the impact of its difficulties in the classroom rather than making a traditional assessment is also important in understanding its needs. Time should be set aside to listen to the class teacher (who has different perspectives and skills) and to exchange in meaningful dialogue, sharing conclusions and offering advice and management strategies in the light of potential problems for the child in the curriculum and social areas. The setting of effective joint targets and responsibilities through agreement is discussed point by point and illustrated with examples of a series of targets which include evaluation. Clear records of agreed plans are essential following meetings. Setting joint targets in this way can be challenging at times, but it is worthwhile, enabling both professions to work together for the benefit of the child.

**053.**

### **How I write for education. A powerful tool.**

Shaw L. Northwick Park & St Mark's NHS Trust, UK. *Speech Lang Ther Pract Winter 1998*: p26

The efficacy of speech and language therapy depends on the level of support obtained from school staff. Individual Education Plans (IEPs) are a useful focus for obtaining this support. This article identifies 7 stages of preparation for input to an IEP, and provides examples of IEP targets. Preparing for an IEP planning meeting is discussed along with the process of adapting and negotiating performance targets linked to curriculum planning and educational priorities. The challenge for speech and language therapists is to fully understand the IEP process and its variability across schools, and to write tight targets which fit into the educational priorities.

**052.**

### **How I write for education. Clarity of focus.**

Williamson K. Special Needs Schools Team, Sheffield Speech & Language Therapy Agency, Sheffield, UK. *Speech Lang Ther Pract Winter 1998*: p24-5

This is the first of a set of three articles on the common theme of writing assessment reports for teachers. The article suggests a fairly standardised report format is useful, allowing information to be presented in a concise way to teachers as well as identifying children with similar needs which could be met by grouping for therapy. The format also has potential to identify areas for school in-service training sessions. The format has been extended from children with severe to profound learning difficulties to other settings, and has been favourably received by teachers. Strategies useful in supporting the child in class are highlighted, leading to consideration of responsibilities within the therapy process and joint targets to be included in the child's Individual Education Plan. An example of a completed report is provided.

**051.**

**A creative approach to therapy - learning through drama. Part 1. Beginnings and endings.**

Kersner M. Department of Human Communication, University College London, Chandler House, 2 Wakefield Street, London, WC1N 1PG, UK. *Speech Lang Ther Pract* Winter 1998: p21-3, quiz 23

The first of two articles on the use of drama in speech and language therapy explains its value in encouraging creative expression with groups or individuals with communication disorders and its importance to therapists in understanding the parallels between drama and the structure of therapy sessions: the beginning - warming up; the middle - development work; and the ending - closure. This article addresses beginnings and endings, and concentrates on work with communication impaired children with whom creative drama may be particularly helpful in developing both verbal and nonverbal communication skills. The importance of having a set place and time for sessions, setting boundaries, time limited contracts and rules, and structuring the sessions is emphasised. Activities and exercises are suggested for the warm up, working towards the main focus of the session. The importance of endings and winding down, both for individual sessions and the final session of the series, is also stressed, so that the transition back to normal life is planned and accepted. Closure activities have the additional benefit of allowing children to recap and talk together about the sessions. This allows them to evaluate the experience in their own way, even when not able to do so verbally. The parallels between drama and speech and language therapy groups are briefly discussed.

**050.**

**Augmentation or extra effort? Using computers with people who have aphasia.**

Armstrong L, MacDonald A. Department of Speech & Language Sciences, Queen Margaret College, Clerwood Terrace, Edinburgh, EH12 8TS, Scotland, UK. *Speech Lang Ther Pract* Winter 1998: p15-7, quiz 17

This article describes two computer-based writing therapy programs used with people with aphasia to promote their sentence level written output and speech. Write:OutLoud is a simple word-processor program with a spell-checker which can provide auditory feedback via synthesized speech. Co:Writer is an intelligent prediction program which can be used in conjunction with Write:OutLoud or other word-processing programs to suggest words and grammar. Both programs can be used on Windows-based or Macintosh computers and are available in British English. Clients found that group working in pairs in a room with the two available computers was noisy and distracting, and that a quiet, one-to-one environment is needed. Problems in becoming familiar with the use of the computer and keyboard, and benefits from the use of the programs are discussed. A hierarchy of progression from action pictures to more abstract and challenging tasks was achieved although the ability and progress of individual clients varied. The best results and generalisation of the therapy can only be achieved when clients have computers at home with the programs installed.

**049.**

**Portable training for speech disorders.**

Leitch E, Gibbon F, Crampin L. Department of Speech & Language Therapy, Argyll & Bute NHS Trust, Aros Blarbaie Road, Lochgilphead, Argyll, PA31 8LD, Scotland, UK. *Speech Lang Ther Pract* Winter 1998: p9-12, quiz 12

Electropalatography contributes to speech assessment and diagnosis, is useful in measuring change, and provides clients with effective visual feedback therapy but is available in relatively few clinical centres. Its use has been limited by the capital cost of the equipment, a lack of technical support, and problems of accessibility to clients. This article describes the use of an innovative portable EPG unit in the treatment of a 10-year-old boy with persistent velar fronting to the alveolar place of articulation due to cerebellar ataxic dysarthria. Initial assessment and a week of intensive daily therapy took place in Glasgow, 140 miles from his home. Following the week of intensive therapy, and progress with velar placement, therapy was continued after a few months using the portable therapy unit in his home area on a daily basis for four months. EPG sequence patterns are illustrated along with a description of his progress with velar targets. The use of visual feedback is considered to have been an essential component in the successful outcome in this case.

**048.**

**Conference report. Communicating the evidence.**

Anonymous. Speech Lang Ther Pract Winter 1998: p7-8

Delegates attending the Royal College of Speech and Language Therapists' conference, "Communicating the Evidence", were asked if what they had heard would encourage them to change their own practice. This article gives their comments on a wide variety of papers and topics.

**047.**

**Identifying eating and drinking difficulties.**

Dumble M, Tuson W. Lewisham Community Team, Optimum Health Services NHS Trust, London, UK. Speech Lang Ther Pract Winter 1998: p4-6, quiz 6

In 1994, Lewisham speech and language therapy service was asked to survey all adults with learning disabilities for eating and drinking difficulties. This raised concerns about the implications of the request with respect to manpower and resources and the ethics of actively seeking out referrals. After discussions, it was decided that the most efficient response was to brief senior support staff in the residential homes via an ongoing series of presentations which included the causes and signs of dysphagia and the method of referral for assessment. As a result of the briefings 25 new referrals have been made, of whom 20 have been confirmed as having eating and drinking difficulties. The briefings have been found to be an effective way to identify eating and drinking difficulties without wasting scarce resources on a full screening programme. The briefings have also been useful in raising staff awareness of eating and drinking problems in clients with learning difficulties. The completion of the programme of briefings to the remaining providers and day care services is under consideration.

**AUTUMN 1998**

**046.**

**My top resource. Mitten Mouth.**

Coley J. Premier Health Trust, Burton-on-Trent, UK. Speech Lang Ther Pract Autumn 1998: pback cover

This feature describes the commercial development of a visual aid for children, a free-standing mouth with a glove puppet tongue to encourage exercises for developing strength, range and direction of tongue movements. Two case examples of its use are provided, along with advice and address details of firms interested in the commercial development of books and equipment for speech and language therapy.

**045.**

**How I view children's television. Valuable videos.**

Watters L. Speech Lang Ther Pract Autumn 1998: p27-8

This article suggests that speech and language therapists should guide parents in their selection of suitable television programmes and videos. Although neither uses speech, Pingu is regarded as inanity while The Clangers is endorsed since it has voice-over, which is considered essential to creating the environment for the development of preverbal skills. It is suggested that suitable videos can and should encourage repetition, imitation and imaginative play. There is a Makaton Nursery Rhymes video to encourage signing in young language-delayed children, and videos often link with related books, to encourage an interest in reading. Rather than feeling guilty about switching on the video, parents can be shown the value of appropriate videos in the development of early language, so long as they are used to encourage social interaction at other times.

**044.**

**How I view children's television. Dynamic viewing.**

Dunseath A. Speech Lang Ther Pract Autumn 1998: p27

Although many programmes are appallingly bad, banning TV is impracticable. However, there is no reason why a carefully selected, age appropriate programme viewed with an adult should not be a good language learning opportunity for a child. This article reviews Playdays as an example of a good programme with its mix of stories, songs, role-play and creative activities. It is vital for an interested parent to watch the programme with the child, and follow up the suggested activities as a basis for conversation and a stimulus for more rewarding extension activities.

**043.**

**How I view children's television. Fiends or friends?**

Bell J. Speech Lang Ther Pract Autumn 1998: p26

This article believes that speech and language therapists should rejoice in the children's television programme, the Teletubbies. The Teletubbies wait for each other, take turns, give each other time to talk, listen, and are repetitious. Just what is required for emergent speakers! The programme also adds to vocabulary, forges semantic links, teaches colour, size, shape and number concepts, and uses rhyme and music. With guidance from an aware parent, a child will move to a more appropriate activity at the right time and will not be held back from speaking properly. The programme should be viewed with a parent who is prepared to talk about it afterwards, play the games and sing the songs again and again.

**042.**

**How I view children's television. Working with parents.**

Taylor L. Speech Lang Ther Pract Autumn 1998: p24-5

This is the first of four contributions from speech and language therapists considering the impact of children's television programmes on speech and language development. The majority of children are exposed to TV, and rather than ordering no television for the child, it is more realistic to show how it can be used more effectively. Parents in the author's parent-child interaction groups are asked to consider whether television is a good facilitator of communication, using a checklist. Generally they conclude that although television can impart knowledge, it is distracting and poor at encouraging effective communication. It cannot replace their role as their child's teacher of communication skills.

**041.**

**Muscle specificity: strength, endurance and functional improvement.**

Hibberd J, Jinks C. 18 Hodgetts Lane, Burton Green, Kenilworth, Warwickshire, CV18 1PJ, UK. Speech Lang Ther Pract Autumn 1998: p21-3, quiz 23

Tongue and lip exercises are frequently recommended for clients with dysarthria and dysphagia but can be of limited functional value. By using the principle of muscle specificity for exercises, and targeting endurance and strength for these muscles, the success of the treatment can be maximised. This article identifies activities controlled by particular muscles and exercise regimes to improve endurance and strength and describes a trial of the technique in a 68 year-old man with dysarthria and dysphagia who had shown no improvement with generalised therapy over five months. Functional assessment showed that within a few weeks of beginning specific muscle therapy large improvements in his speech intelligibility and swallowing had been achieved.

**040.**

**From research to service development.**

Gibbard D. Speech & Language Therapy (Paediatrics), Portsmouth HealthCare NHS Trust, Portsmouth, UK. Speech Lang Ther Pract Autumn 1998: p16-7

An evidence-based service has been developed following the success of the parent-based intervention programme described in "Parent-based approached--the case for language goals", Speech Lang Ther Pract Summer 1998, p11-3. This follow-up article describes how the service was developed and implemented through the stages of research and pilot projects, to the planning of parent courses and the full service. Although the effectiveness of parent-based intervention has been established, further evaluation is under way to determine cost/benefit, clinical effectiveness, and service needs.

**039.**

**Talking mats: speech and language research in practice.**

Murphy J. Psychology Department, University of Stirling, Stirling, Scotland, UK. *Speech Lang Ther Pract* Autumn 1998: p11-4, quiz 14

This paper describes the use of a low tech tool, talking mats, which was developed to assist in communicating with adult augmentative and alternative communication (AAC) users on complex issues. Their views were being sought following a survey of peer group interaction of AAC users with severe communication difficulties in a residential setting. Three sets of picture symbols representing issues, emotions, and influences can be arranged on a textured mat to create a composite picture of what is meant. The talking mats do not replace someone's communication aid, AAC device or the use of facial expression and gesture but are used in conjunction with these other means of communication. Their use has been extended to children and adults with a wide range of communication difficulties. Three case examples are provided to illustrate the use of talking mats by people with cerebral palsy and expressive dysphasia .

**038.**

**Managing tracheotomy and dysphagia.**

Haynes S, Hibberd J. Speech & Language Therapy Department, Coventry Healthcare NHS Trust, Walsgrave Hospital, Coventry, UK. *Speech Lang Ther Pract* Autumn 1998: p8-10, quiz 10

A standardized procedure for swallowing assessment in patients with a tracheotomy using a three part checklist is presented. Part 1 of the checklist gathers information in order to decide whether a swallowing assessment can be carried out safely. Part 2 records information on the type of tracheotomy tube, frequency of suction and, for a cuffed tube, whether it is or can be deflated safely. Part 3 concerns the use of the 'blue dye' test. Two case examples are given to illustrate how the checklist is used in practice.

**037.**

**An adult with Rett's syndrome: the feelings and outcomes.**

Levens V, Gooding S, Gooding J. *Speech Lang Ther Pract* Autumn 1998: p4-6, quiz 6

For almost 30 years from infancy a lady with undiagnosed Rett's syndrome had been assumed to have profound learning disability. This article explores the feelings of a speech and language therapist, the lady (SG) herself, and that of her mother, in their personal accounts of the situation, in the hope that it will prevent other clients having to wait so long for a correct diagnosis and a successful outcome. The wider implications for the profession in listening to what families say, and being more open to learning from them, are examined.

**SUMMER 1998**

**036.**

**My top resources.**

Lloyd S. Speech and Language Therapy, UBHT, Bristol, UK. *Speech Lang Ther Pract* Summer 1998: p30

This feature briefly describes ten resources selected by a therapist whose working time is divided equally between a general pre-school caseload at a local health centre and children who stammer. These include books, games and toys, as well as useful textbooks and supportive colleagues.

**035.**

**Focus on Marjon.**

Duckworth M. Human Communication Studies, University College of St Mark & St John, Plymouth, UK. *Speech Lang Ther Pract* Summer 1998: p26-8

This article describes the history and establishment of the honours degree course in human communication studies at the University College of St Mark and St John (Marjon), Plymouth, which produced its first 12 graduates this year. Finding an educational home for such a course in the South-

West, its validation by Exeter University and accreditation by the RCSLT are described. Links have been strengthened with local speech and language therapists through seminars, continuing professional development courses, and their involvement as lecturers and with practical presentation of case material. Issues revolving around clinical placement and a radical review of clinical assessment are discussed.

**034.**

**A glue ear programme.**

Bemrose S, Brown C. *Speech Lang Ther Pract Summer 1998*: p20-3, quiz 23

Many studies have confirmed a link between persistent glue ear in the first year of life and speech and language problems in young children. This article describes the development of a programme specific to the needs of children with glue ear, to work alongside existing speech and language therapy services. The programme offers workshops to carers to increase their knowledge and understanding of glue ear and its possible effects on communication in the critical language acquisition period. The increase in carer knowledge and attitudes was measured by means of a questionnaire at the beginning and end of the programme, and changes in carer interaction style were measured through video assessment. Outcomes from the course have been positive for both carers and children.

**033.**

**The Accent Method--a dynamic therapy.**

Thyme-Frokjaer K. Danish Voice Institute, Ellebuen 21, DK-2950 Vedbaek, Denmark. *Speech Lang Ther Pract Summer 1998*: p16-9, quiz 19

The Accent Method is a holistic speech and voice training system based on the rhythms and gestures that occur in normal speech. Its main goal is to improve the individual's total communication by achieving the best possible coordination between breathing, posture, phonation, articulation, body movements and prosody through training. This article describes the components of the method and their use in treating dysphonia, stuttering, articulation disorders, and dysarthria. The clinician and client carry out exercises in turns, moving from prosody through words and sentences to conversation, with the content and rate appropriate to the individual client. Physiological and acoustic benefits of the method are summarised.

**032.**

**Parent-based approached--the case for language goals.**

Gibbard D. Speech & Language Therapy (Paediatrics), Portsmouth HealthCare NHS Trust, Portsmouth, UK. *Speech Lang Ther Pract Summer 1998*: p11-3, quiz 13

In the field of child language disorders there has been a trend towards greater involvement of parents and to focus on the parent-child interaction as the means to improve the child's language skills. Little evaluation of this approach has been carried out. There is a need to demonstrate that treatments are effective and efficient, and based on research evidence. This article argues that a more specific linguistic approach is required in child directed speech when working through parents. Research evidence identifying features important for early language acquisition is cited, and the need for turn-taking and frequent, familiar, repetitive and salient parent-child interaction is noted. Language targets as objectives in the parent training programme are also emphasised. A case illustration is provided.

**031.**

**The counsellor as travelling companion.**

Shewell C. Department of Human Communication Science, University College, London, UK. *Speech Lang Ther Pract Summer 1998*: p8-10, quiz 10

Poetry and psychotherapy are used to illustrate a personal account of counselling as a part of speech and language therapy. There are many rewards for both client and practitioner in the therapeutic journey, and it is impossible to avoid emotional issues arising with people who want to change something. The benefits to the therapist are discussed in terms of responsibilities and changes in view. Responsibilities arise in being prepared and up-to-date not only in SLT techniques but also in attending to the emotional needs of clients, and developing listening skills. Responsibilities also

include being physically fit and in being in step with the client's pace of change. Benefits in a changed view include allowing space for direct action to be effective, increased personal satisfaction, deeper knowledge of aspects of another person, and the opportunity for self growth. The article is illustrated with five brief case reports of clients with voice disorders with varied levels of emotional involvement.

**030.**

**Carer communication--making the change.**

Brown L. Kelsey Care Ltd, UK. *Speech Lang Ther Pract Summer 1998*: p4-7, quiz 7

This article demonstrates how the communication of carers can be changed to improve the challenging behaviour of adult clients with learning disabilities. Experience with communication workshops shows that although these are positively received, little ongoing change in staff communication strategies is seen afterwards without continuing feedback to facilitate the change to simpler language. The case of a client with severe learning difficulties is used to illustrate how overestimation of her level of understanding and communication needs was the cause of her challenging behaviour. A baseline assessment of staff communication, language complexity, augmentative communication and client behaviour was made and targets for change were set. The assessment was repeated after four months, but difficulties in changing the staff's communicative behaviour were found, leading to direct intervention through modelling, prompting and positive reinforcement, feedback and discussion. A second analysis four months after direct intervention showed significant improvements in staff communication and the client's challenging behaviour.

**SPRING 1998**

**029.**

**My top resources.**

Taylor H. *Speech Lang Ther Pract Spring 1998*: p30

The author is an independent speech and language therapist specialising in the treatment of voice disorders who works at private hospitals in the North West of the UK. Three quarters of her caseload is people with dysphonia, for whom she is responsible for assessment, treatment and discharge. Her selection of top ten resources includes various equipment, textbooks, and discussion with colleagues at her local Special Interest Group for Voice.

**028.**

**How I manage my caseload. Community paediatric: a magic formula?**

Adams A. East Surrey Healthcare NHS Trust, East Surrey Hospital, Redhill, Surrey, UK. *Speech Lang Ther Pract Spring 1998*: p27-8

This article describes how a community paediatric team is responding to increased referrals, changing education policy, and staffing challenges from the retirement of experienced part-time staff and their replacement with new graduates. Referrals are growing in number and are being made earlier and with younger children due to a number of factors, creating pressure on the service. The motivation of parent and child in implementing advice and therapy is assessed to ensure resources are not wasted. Liaison with schools has increased because of language difficulties in children being recognised due to the demands of the National Curriculum. Caseload management is a team exercise, and the pooling of information is important. A medley of tips on caseload management gathered from colleagues is included.

**027.**

**How I manage my caseload. Adult neurology: supply and demand.**

Garratt H, Farn V, Clark S, McKay M, Osmond J, Cox L. South Downs Health NHS Trust, Brighton, UK. *Speech Lang Ther Pract Spring 1998*: p25-6

That the demand for service outstrips the ability to supply it is the experience of the South Downs adult neurology team. The strategies that have been implemented to improve caseload management include a central waiting list; outpatient clinics at five sites across the area; liaison with other organisations including the Stroke Association's Dysphasic Support Service, an Action for Dysphasic

Adults self-help group, and the Stroke Rehab Nursing Service. Wide use is made of information leaflets from different organisations for patients and caregivers, and a carers group is also run. By examining the use of the service it is hoped to target limited resources to those areas where they are most likely to be effective.

**026.**

**How I manage my caseload. Adult learning disability: from quantity to quality.**

Catcheside T, Eddlestone J. Fosse Health NHS Trust, Leicestershire, UK. *Speech Lang Ther Pract* Spring 1998: p24-5

This is the first in a collection of three short articles by different authors focusing on caseload management. The present article describes the problems facing an adult learning disabilities team looking at ways of making their limited resources more effective by providing a more flexible service. These problems include the number of clients already on the caseload; the use of number of face-to-face contacts with clients as the basis for contracts; the time required for audit, developing policies, procedures and outcome measures; consultative projects making information more accessible to clients; and open-ended versus limited therapy. The team are now developing prioritisation for new referrals, and carrying out case studies from referral to discharge to allow comparison of different interventions and quality measures.

**025.**

**Learning through video.**

Marshall J, Aldred C. Centre for Audiology, Education of the Deaf and Speech Pathology, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK. *Speech Lang Ther Pract* Spring 1998: p21-3, quiz 23

This article describes a project to support the clinical education and learning of final year speech and language therapy students by creating a set of 8 video recordings, each of 20-40 minutes which focus on a client with a specific type of communication disorder, together with sets of written tutorial questions and sample answers. Although time consuming and expensive to produce in the short term, it was felt that this would provide a permanent resource which was relatively easy to implement, and which would relieve time commitments for teaching staff in the longer term. Students are expected to watch all eight videos, but to complete tutorials on a minimum of four, selecting those on conditions with which they have least clinical experience. The video learning package has been used by two sets of students and evaluation has shown that students and university staff have found it to be very useful. The most frequently watched videos were those on dysarthria and dysphonia, followed by AAC and expressive aphasia, whilst that on hearing impairment was the least watched. The changing pattern of clients seen in acute hospital based practice, and the changing treatment priorities of the NHS are discussed in relation to student experience and training needs. The use of video teaching materials, although not a substitute for hands-on clinical experience, appears to be a useful supplement.

**024.**

**Group therapy - a positive outcome.**

Davidson C, Nelson C. Stobhill NHS Trust, UK. *Speech Lang Ther Pract* Spring 1998: p13-6, quiz 16

This article describes a small study of five clients with non-fluent aphasia to see if group therapy would produce further gains in treatment outcome after individual therapy had plateaued. Following a pre-treatment PALPA assessment, two hour sessions with two therapists were conducted weekly over a twelve week period. Improvements of at least 10% were seen in two or more of nine PALPA assessments in every client, and four of the five showed considerable progress, particularly on the spoken picture naming task. Small gains were also seen in functional outcomes. Examples of therapy tasks are given, together with tables illustrating the changes in functional communication scores and the 'Cookie Theft' picture description.

**023.**

**Working with parents - perspectives from Personal Construct Psychology.**

Bemrose S, Cross MC. Camden & Islington Community Health Services NHS Trust, 464A Hornsey Road, London, N19 4EE, UK. *Speech Lang Ther Pract* Spring 1998: p9-12, quiz 12

The techniques of Personal Construct Psychology (PCP) are outlined in this article which is illustrated with three case examples drawn from work with the parents of young deaf children. It is important to discover how parents view things, so that if there is a problem and a need for change they can be helped to explore alternative perspectives, and to work towards change. Formal and informal techniques for eliciting constructs are briefly explained including triadic elicitation, laddering and pyramiding. These enable the therapist to help the parents examine their constructs, and decide whether these are helpful or unhelpful. Therapy is achieved through helping the parent to see new ways to change situations.

**022.**

**Communication in ALD - what do carers think?**

Hodgkinson P. Adult Learning Disabilities Service, Mid-Anglia Community Health NHS Trust, UK. Speech Lang Ther Pract Spring 1998: p4-7, quiz 7

This article describes a project to discover carer attitudes towards the communication needs of adults with learning disabilities. Interviews were conducted with caregivers, focusing on the questions: 1. What are the communication problems for people with learning disabilities? 2. What communication issues would make you seek speech and language help? 3. How can we best learn about an individual's communication problems? 4. What strategies can we use to support / develop / improve communication? A number of themes emerged which were grouped under the headings: 1. Individual skill levels / difficulties; 2. Environmental factors; 3. Assessment techniques; 4. Intervention; and 5. Staff training. The perceptions of staff are discussed, and related to the need for training, to difficulties in the work environment, and to principles of service delivery. There is a need to combine the best from both the consultative model and the therapist role in changing behaviour towards individual clients.

**WINTER 1997**

**021.**

**My top resources.**

Wilcox D, Burns SJ, McFadzean A. Speech & Language Therapy Department, Royal Hospital for Sick Children, Edinburgh, Scotland, UK. Speech Lang Ther Pract Winter 1997: p30

A list of resources used by an early communication group with children at a pre-linguistic stage of development is provided.

**020.**

**How I manage speech sound difficulties.**

Johnson M. Canterbury & Thanet Community Healthcare Trust, Thanet Paediatric Speech & Language Therapy Team. Speech Ogilvie M, Stanbury R, Williams P, Corrin J, Colebourne SJ, Burrows S, Friel S. Speech Lang Ther Pract Winter 1997: p24-8

This feature describes the case history of a child aged eight years with articulation difficulties and then sets out the management strategies described by three different therapists/teams. Morag Ogilvie of the Edinburgh Sick Children's NHS Trust describes the Metaphon approach to therapy with a dream scenario, and another scenario with the Tongue Gym for velars. Rachel Stanbury has tips for eliciting velars and suggests an intensive course of therapy during the school holidays to maintain motivation. The specialist therapy team at the Nuffield Hearing and Speech Centre, Royal National Throat Nose and Ear Hospital, London, would use in-depth language, literacy, and psycholinguistic assessment to ensure that treatment is targeted, and to ensure rapid progress.

**019.**

**Lost in a moving stream--auditory sequential memory deficits.**

Johnson M. Canterbury & Thanet Community Healthcare Trust, Thanet Paediatric Speech & Language Therapy Team. Speech Lang Ther Pract Winter 1997: p18-21, quiz 21

This article describes the approach adopted at Gap House School for addressing auditory sequential memory deficits in children aged between 5 and 11 years with a developmental speech and language

disorder. The difficulties for parents in appreciating the difference between listening (sequential) memory and visual or experiential memory is outlined, the explanations used with parents, and the methods of assessment are described. The three strands of intervention: direct work on improving memory span and retention, classroom support, and compensatory strategies are explained, and details of strategies employed are given.

**018.**

**A service resource--New ventures in group placements for students. 2. Group placements with adults with a learning disability.**

Parker A, Farazmand S. Department of Human Communication Science, University College London, Chandler House, 2 Wakefield Street, London WC1N 1PG, UK. *Speech Lang Ther Pract Winter 1997*: p16-7, quiz 17

This is the second of two papers reporting on joint projects between the Speech and Language Therapy Service of the Camden and Islington NHS Trust and the Department of Communication Science, University College London. This project was concerned with fulfilling a genuine service need for adults with a learning disability while offering a group placement for four students. The article describes the placement, the source of referrals, and the evaluation of the placement by the students. The skills developed are listed, and comments from therapists are given.

**017.**

**A service resource--New ventures in group placements for students. 1. Group placements in Under Fives Centres.**

Parker A, Cummins K. Department of Human Communication Science, University College London, Chandler House, 2 Wakefield Street, London WC1N 1PG, UK. *Speech Lang Ther Pract Winter 1997*: p13-5

This is the first of two papers reporting on joint projects between the Speech and Language Therapy Service of the Camden and Islington NHS Trust and the Department of Communication Science, University College London. The present project was designed to combine effective use of limited clinical resources for children under five years of age with consistent, well supervised high quality clinical practice for students. The service needs of the Trust, learning opportunities for the students, the training provided, and the outcome of interventions are described. The students provided an additional service augmenting existing provision, and both students and therapists benefited from the group placement.

**016.**

**Neuro linguistic programming--a speech & language therapist's guide.**

Skelton C. Chesterfield Royal Hospital NHS Trust, Calow, Derbyshire, S44 5BL, UK. *Speech Lang Ther Pract Winter 1997*: p9-12, quiz 12

This article describes the impact that neuro linguistic programming (NLP) has had on the way the author works as a speech and language therapist. After describing NLP and its basic principles, the application of the technique in dysarthria, dysfluency, dysphasia, and dysphonia is illustrated in a series of four case histories.

**015.**

**Activating potential for communication.**

Dunsmuir P, Loudon J, Montgomery R, Brown L. Victoria Infirmary NHS Trust, Glasgow, UK. *Speech Lang Ther Pract Winter 1997*: p4-8, quiz 8

Confused, disoriented and socially deprived elderly people are often neglected as client groups. Sonas aPc is a multisensory packaged programme designed to meet their needs, providing group and individual approaches. (Sonas is Gaelic for 'well being' and aPc represents 'activating potential for communication'). The 45 minute programme, on audio tape, includes gentle exercise, singing, massage, a rhythmical section, a taste and smell section, cued speech, a short poem, an opportunity for individual participation, and a closing song. A second 20 minute tape for use on a one-to-one basis with severely demented, disruptive, or withdrawn clients is also used. This article describes the

implementation of the programme in Glasgow, its benefits and outcomes. Record sheets for speech and language therapy and occupational therapy are illustrated, as well as a performance evaluation sheet for multi-disciplinary team notes.

## **AUTUMN 1997**

### **014.**

#### **My top resources.**

Charters C. South Durham NHS Trust, Community Team Learning Disabilities, Durham, UK. Speech Lang Ther Pract Autumn 1997: p29

This feature describes ten items selected as indispensable for everyday practice. The author chooses five assessment tools (Newcastle Speech Assessment, Communication Assessment Profile, Preverbal Communication Schedule, Test for the Reception of Grammar and Derbyshire Language Scheme), three books (Makaton Vocabulary Book of Line Drawings/ Illustrations, Objects of Reference by Adam Ockelford, and The Effects of Drugs on Communication Disorder by Vogel and Carter), Winslow ColorCards, and her human assistant.

### **013.**

#### **How I manage voice.**

Lockhart M, Price S, Comins J. Speech Lang Ther Pract Autumn 1997: p25-8

The case information of a 66-year-old ex-smoker referred for assessment with a husky voice at 6-month review following removal of vocal nodules (and refusal of speech and language referral when first seen) is described. Three speech and language therapists separately describe their management of the case. Myra Lockhart suggests an individualised programme is required, based on a foundation of objective measures, which are described. Sarah Price believes that the crucial factor in this case is to encourage motivation. An outline of ways in which motivation might be achieved and assessment and treatment carried out are described. Jayne Commins also considers motivation, the need to activate the 'doctor' in the patient, and ways in which this can be achieved.

### **012.**

#### **Training for Kenya - lessons for all.**

Marshall J. The University of Manchester, Manchester, UK. Speech Lang Ther Pract Autumn 1997: p19-21

This article describes a two week intensive training course run in Nairobi in December 1995 by two members of the Speech Pathology team from the University of Manchester. At that time Kenya had less than five qualified speech and language therapists, and none worked in the public sector. The course provided knowledge of language development, and causes, assessment and remediation of speech and language difficulties for Special Education teachers, Special Education course tutors and Ministry of Education inspectors. The planning and content of the course syllabus is outlined, and practical implications of developing such training programmes are listed. Although the course evaluation was very positive, participants felt the need for follow-up evaluation in their workplaces. Despite the apparent success of the course, cultural factors may have influenced participants to be more positive than they actually felt. Account needs to be taken of cultural factors not only in developing countries but also in working with minority groups in the UK when speech and language therapists offer training to others.

### **011.**

#### **Change and involvement--meeting the needs of carers. II. Aphasia. Carers - investigating the needs.**

Denman A. Gloucestershire Royal NHS Trust, UK. Speech Lang Ther Pract Autumn 1997: p17-8

This article reports a study carried out to determine the self-perceived needs of a small group of carers looking after someone who has had a stroke. Lack of support and information about what was available to them, a changed role, lack of training, and the need for day and respite care were

identified as key issues for carers. The solutions they felt would have helped to alleviate their difficulties are outlined, and practical steps taken to meet their needs are described.

**010.**

**Change and involvement--meeting the needs of carers. I. Mary Law lecture. Less words more respect: learning to live with dysphasia and difference.**

Pound C, Clarke M. City Dysphasic Group, Department of Clinical Communication Studies, City University, Northampton Square, London, EC1V 0HB, UK. Speech Lang Ther Pract Autumn 1997: p12-6

This article discusses the way in which dysphasia impacts on the life of the dysphasic person and that of the partner and relatives. The main focus of the article is on the non dysphasic partner, drawing on the experiences of the wife of a stroke victim, who is severely physically and communicatively disabled. The feelings and roles of the caregiver when the dysphasic partner returns home and a new life has to be developed are explored. The barriers and facilitators to developing new relationships and partnerships with the dysphasic person, professionals, and new friends are discussed. The role and influence of society on living with dysphasia and long term disability are also considered in terms of society's attitudes and assumptions. Strategies which can help to educate and assist in empowering disabled people to receive their rights and access to support are explored.

**009.**

**ALD and dysphagia: issues and practice.**

Hickman J. North Birmingham Community Trust, UK. Speech Lang Ther Pract Autumn 1997: p8-11

This article explores the concept of dysphagia in adults with a learning disability (ALD). A survey comparing the incidence of dysphagia in a long-stay residential setting with that in the community showed a higher level in the hospital population (36% vs 5.3%). The incidence of chest infections was also higher (10% vs 2%). A national dysphagia consensus survey of working practices by questionnaire to ALD Specific Interest Groups showed that although individual caseloads were small, the frequency of intervention is intense. The source of referrals is tabulated, with most (80%) being referred from day care officers. Most therapists had received postgraduate training in dysphagia. Assessment practices were informal and selective. Features examined are discussed and tabulated. Most therapists were not instrumental in initiating videofluoroscopy. Treatment practices are also discussed. Most management was by indirect techniques, and a cluster of symptoms was generally required before non-oral intake was considered. Inco-ordination is mainly at the oral phase. An audit of provision for dysphagia in ALD carried out by North Birmingham Community Trust ALD service led to agreement on multidisciplinary team members roles the agreement on a dysphagia protocol and the setting of an audit cycle. Practical points arising from the surveys are listed.

**008.**

**Video--a reflective tool.**

Cummins K, Hulme S. Camden & Islington Community NHS Trust, Hunter Street Health Centre, London, UK. Speech Lang Ther Pract Autumn 1997: p4-7

This article focuses on the strengths of video playback as a reflective tool in the therapy process in children with language difficulties and their parents. It also emphasizes its use in enhancing professional development through self-observation, reflective analysis and appraisal. The staffing and operation of the Camden and Islington NHS Trust's Health Centre Service is briefly described. A summary of the course of video interaction sessions for parents and children is given as an Appendix, together with observation sheets used for parent and group self rating scales. The use of video playback in supervision, as a valuable tool in generating new ideas whilst providing support, discussion and advice as feedback for complex issues is also discussed.

**SUMMER 1997**

**007.**

**Naming - more than just right or wrong?**

Armstrong L, Brogan M. Department of Speech & Language Sciences, Queen Margaret College, Edinburgh, EH12 8TS, UK. *Speech Lang Ther Pract Summer 1997*: p24-6

This article describes an investigation of the patterns of error response by normal elderly (NOR), mild anomic aphasic (ANO) and moderate-severe Wernicke's aphasic (WER) speakers under uncued conditions and following semantic and phonemic cueing, using the Armstrong Naming Test. The three groups were clearly differentiated by their mean test scores under uncued conditions (NOR 94%, ANO 64%, and WER 21%). NOR subjects responded better to semantic cueing than to phonemic cueing, whereas the reverse was found for the aphasic groups. Semantic cueing in ANO subjects produced a decrease in phonemically-related, semantically-related and unrelated word errors and an increase in the proportion of non-specific and tip-of-the-tongue errors. Under phonemic cueing in ANO subjects there appeared to be an increase in phonemically-related errors, and a decrease in semantically-related and non-specific errors, and a reduction in tip-of-the-tongue responses. WER subjects were excluded because of the relatively small number of pictures attempted. Thus it appears that the effect of semantic cueing facilitates picture recognition (an earlier process) rather than word finding as such. The use of phonemic cues facilitates not only correct naming but also a closer phonemic approximation to the target response. It is argued that scoring picture naming responses as merely correct or incorrect gives inadequate information to therapists devising treatment plans and monitoring clinical change in clients with word finding difficulties.

**006.**

**How I manage dysarthria.**

Hewerdine F, Jouault R, Moar A. *Speech Lang Ther Pract Summer 1997*: p17-21

A case of dysarthria following a mild stroke in a 78-year-old man is described. The three authors separately describe their approach to managing the case. Fiona Hewerdine finds the packages of care prepared by her department a useful basis, and describes her functional approach to information gathering, assessment and treatment. Richard Jouault believes that patients' enjoyment of therapy can be a better indicator of success than quantitative assessment, and describes his approach to assessing dysphagia and dysarthria, the empowerment of the patient by setting out his responsibility for his own therapy, and the actions undertaken in respect of therapy. Angela Moar concentrates on the psychosocial implications of dysarthria. Strategies to help in difficult situations, as well as individual and group therapy are discussed. A carers group is available for his wife. The use of checklists to measure progress, and a maintenance group for dysarthric clients who have completed therapy but still require some support are briefly described.

**005.**

**Service development. Introducing a preventative approach.**

Oakenfull S. Epsom Health Care Trust, Epsom Clinic, Church Street, Epsom, KT17 4PP, UK. *Speech Lang Ther Pract Summer 1997*: p14-6

This article describes a project using WILSTAAR (Ward Infant Language Screening Test Acceleration and Remediation), a detection and intervention programme for use with infants under a year old. A successful Health Gain Fund bid provided funding of £70,000 in 1996 to create two full time speech and language therapy posts for the project, which works with the close involvement of health visitors in the district. The details of applying for funding, appointing the team, and providing training for health visitors are described. The project was described at an annual event called 'Partnership with Parents', and an information pack, forms and questionnaires were distributed to all health visitors at the meeting to enable them to start. Babies identified as being at risk are visited at home for a full language development assessment. The response from parents and health visitors to the project has been positive, and awareness of the importance of early interaction with babies has been raised. Although it has been suggested that WILSTAAR could be provided by health visitors or speech and language therapy assistants, this is felt to be inappropriate due to the level of skills required for successful implementation. Interim decisions about some aspects of provision, language assessment, and a checklist for autism within the project are listed.

**004.**

**Minimally responsive state: exploring communication potential.**

MacKenzie S. Royal Hospital for Neuro-disability, London, UK. Speech Lang Ther Pract Summer 1997: p11-3

This article focuses on the role of the rehabilitation team with patients in a minimally responsive state following brain injury. The minimally responsive state is described, and the challenge to the team is to establish a communication method with such individuals with limited physical function. Two distinct and reliable responses to command, equivalent to yes and no, must be established before a communicative response can be considered. This stage is determined by the occupational therapists. Once this is established, assessment of residual linguistic functioning can be explored using closed questions. Assessments based on pooled information from the entire team determine what strategies may be used for communication, and the choice of a suitable AAC device. If the patient has the ability to recognise letters and some single words text-based AAC may be viable using the AEIOU alphabet layout. At the Royal Hospital this method is used with the facilitator reciting letters, known as the listener-scanner technique. The method of communication using this technique is briefly described. Patients showing high level written language may be assessed for high-tech communication systems. The inherent complexity of this group of patients means that each discipline within the care team is heavily dependent on the information from other team members to implement the management programmes. This is illustrated by a flow chart.

### **003.**

#### **Focus on..Derwen. Pieces of the jigsaw.**

Miller N. Speech & Language Therapy, Derwen NHS Trust (West Wales), 12 Bay View, Capel Road, Llanelli, Carmarthenshire, SA14 8SN, UK. Speech Lang Ther Pract Summer 1997: p9-10

This article describes the Derwen NHS Trust which provides specialist services to those suffering from mental illness and distress, and learning disabilities. A high priority is placed on staff working to objectives within the aims of the Trust, the learning disability service, and the profession. Six speech and language therapists and five support workers work within three Community Teams Learning Disabilities. Examples of objectives and the staff Performance Development and Review (PDR) strategy are listed. Each member of staff has a PDR and Performance Development Plan (PDP). The service has introduced support workers (not assistants) releasing the time of qualified speech and language therapists for more specific work, and allowing clients to be seen more regularly. One PDR objective was to run one Hanen Parent programme jointly with Llanelli Dinefwr NHS Trust. The value of videotape in comparing early and late sessions from the 11 week course illustrated the considerable difference in child and parent interaction resulting from the programme.

### **002.**

#### **Primary Healthcare Workers Project - promoting early referral.**

Christie E. British Stammering Association, 15 Old Ford Road, London, E2 9PJ, UK. Speech Lang Ther Pract Summer 1997: p6-8

Parental experience of late referral for stammering provided the impetus for the Primary Healthcare Workers Project of the British Stammering Association. This three year project began in April 1996, and provides up-to-date information and training for health visitors and GPs on the value of early referral of preschool children with dysfluent speech. Speech and language therapists have an important role to play in supporting the project. A series of one-off talks is being held throughout the UK, and information collected has helped therapists to consider important aspects of service delivery and referral within local NHS Trusts. The project has challenged the notion that stammering goes away if ignored, and has resulted in changing patterns of referral to speech therapy. Two free leaflets for parents and professionals are available and translations in minority languages as leaflets and as audiotapes for parents are being produced.

### **001.**

#### **Enjoy your meal!**

Barton S, McLaughlin S. Speech Lang Ther Pract Summer 1997: p4-5

Thickener is a vital element in diet modification for people with dysphagia to avoid malnutrition from unappetising and inadequate pureed foods. This article describes Thick & Easy, a starch based manufactured product, and its use in allowing patients to eat an improved diet which can include

sandwiches, cakes and even crisps. Various consistencies can be achieved relatively quickly and the thickener can be added to hot or cold food. Moulds can be used to reshape the pureed foods and these will retain their stability even when frozen and thawed. Cakes and bread for sandwiches are soaked for a few seconds in a liquid solution of the thickener and then refrigerated for one to two hours to reach the correct consistency. Due to Quick & Easy's stability, these items can be prepared in advance. These advances improve motivation and the enjoyment of mealtimes for dysphagic patients, and save the waste of spilled and unconsumed food.