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SPEECH & LANGUAGE THERAPY IN PRACTICE ABSTRACTS, 2001-2003

WINTER 2003

265.
My top resources.
Prevezer W. Sutherland House School, Nottingham, UK. Speech Lang Ther Pract Winter 2003: back cover

The author is both a speech and language therapist and a musician, working as a music specialist at Sutherland House School in Nottingham for children with autism, and runs musical playtime sessions for babies and toddlers in her local community. She also gives courses and workshops on using music to facilitate social and communication skills. The resources she describes include the actual process of interaction, fabrics, a drum, 'Rosanna Rib' xylophone, an autoharp, game songs with Prof Dogg's Troupe, a small dog, informed intuition, and video facilities.

264.
How I augment AAC. A case of need.
Davies C. Denewood Centre, Denewood Crescent, Bilborough, Nottingham, NG4 2FT, UK. Speech Lang Ther Pract Winter 2003: p27-8

It took five years for Nottingham to get a specialist AAC post for adults. This article gives examples of the initiatives, successes and ongoing challenges of the first 18 months. Two user groups have been formed to share experience and develop resources. A major issue is the continuing difficulty in obtaining funding, particularly when different agencies are involved in paying for communication aids. The writer's role within the speech and language therapy team for adults with learning disabilities is towards high tech equipment, and some of the qualities brought to this role are described.

263.
How I augment AAC. Communication - by the book.
Millar S. Communication Aids for Language and Learning (CALL) Centre, University of Edinburgh, Holyrood Road, Edinburgh EH8 8AQ, Scotland, UK. Speech Lang Ther Pract Winter 2003: p25-7

A communication book is a simple low tech aid to communication either on its own or as part of a range of communication methods. This article explains how different communication books are matched to different clients' abilities to communicate independently and their involvement in communication. Points to consider are discussed under design and layout, vocabulary selection and organisation, and symbol books and language development.

262.
How I augment AAC. Get out there and use it!.
Scott J. SCTCI, Westmarc, Southern general Hospital, 1345 Govan Road, Glasgow, G51 4TF, Scotland, UK. Speech Lang Ther Pract Winter 2003: p23-5

In the past, alternative and augmentative communication was perhaps seen as a rather exclusive field - but this is changing. A small number of service users will always need specialist input using high tech equipment and it is important that we have therapists who keep up with the breathtaking pace of improvements in the capacity and flexibility of technology. At the same time, however, we have greater awareness of the fundamental importance of all therapists developing an inclusive and enabling communication environment for everyone. Whether high tech, low tech or a combination of methods the three articles, of which this is the first, demonstrate why the implementation of AAC needs strategic thinking, practical skills and a strong focus on the needs of users. There are many things to think about when choosing a graphic symbol system. This article takes us through the decision-making process considering the construction, the level of symbolic representation and flexibility. Construction includes ease of reproduction, and the visual abilities of the client. The level of symbolic representation requires consideration of the appropriateness of graphic symbols, their transparency, or guessability of meaning. Flexibility includes vocabulary, and the importance of not neglecting grammar, whether support is available, and what other symbolic systems are in use.

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261.
Early preschool reading for children with Down syndrome [letter].
Sneath G. Speech Lang Ther Pract Winter 2003:b p21

The benefit of early reading for preschool children with Down syndrome in helping to develop speech and language is reported by a parent.

260.
Communicating with people with dementia [letter].
Munro M. Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland, UK. Speech Lang Ther Pract Winter 2003:a p21

Information is sought regarding any existing text which provides guidance about communicating in writing to people with dementia. It is intended to produce guidelines on writing for this group without duplicating existing work

259.
Continuing to climb.
Harris F. Sure Start Project, City University, London, UK. Speech Lang Ther Pract Winter 2003: p20-1

Delegates at the Edinburgh European Congress were asked to consider the challenge of evidence based practice for the speech and language therapy profession. This article suggests four key messages were posed: 1 Evidence based practice is a process of different actions; 2. There are different levels of evidence; 3. The researcher may be a different person to the consumer of evidence; 4. Real evidence requires collaborative networks across our profession. Each of these points is discussed in relation to the issues raised by individual papers and poster presentations. The author came away with four challenges: 1. Who takes the lead at different points in the evidence based practice process? 2. How can collaboration be promoted between therapists and research teams? 3. How can the application of evidence-based ideas to practice be made more transparent? and 4. How can a cross-national discussion of ideas, evidence and practice be achieved? The sound-bite which summed up the context of the weekend was by Kath Williamson: 'Evidence based practice should be a climbing frame and not a cage'.

258.
Out of the frying pan, into the fire?
Portch A. Children's Speech and Language Therapy Services, Hertfordshire Partnership NHS Trust, St Peter's House, 2 Bricket Road, St Albans, AL1 3JW, UK. Speech Lang Ther Pract Winter 2003: p16-9

Discussions about clinic or school based therapy can get quite heated. The author warns that, by pulling out of clinics and concentrating on schools, the profession is in danger of getting its fingers burned. Instead we should be grilling ourselves about what combination is right for each individual, and what will enable us to continue giving an appropriate service to all children, irrespective of their age. Five principles are discussed: 1. What is the individual need?; 2. Who is the main focus?; 3. Why are we intervening?; 4. Proper procedures before arranging a school visit; 5.Collaborate and learn. The inclusive agenda for children with special educational needs to be educated in mainstream schools creates a challenge for both teachers and therapists. Success depends not only on selecting the right children but also learning and understanding the educational context, knowledge of the curriculum, and a staged approach to managing special educational needs via the new Code of Practice. Share/joint training is essential. A case example, school visiting example, and programme update are illustrated together with a list of resources for school age children.

257.
"Here's one I made earlier . . .".
Roberts A. Ruskin Mill Further Education College, Nailsworth, Gloucestershire, UK. Speech Lang Ther Pract Winter 2003: p15

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Three low cost-ideas for flexible therapy activities are described: car logo pelmanism (a memory game), 'How I help people' poster (self esteem and awareness); and Cooperation tin (to illustrate the benefits of working with rather than against each other).

256.
From caterpillar to butterfly.
Middlemiss J. Speech Lang Ther Pract Winter 2003: p14-5

The author, a Life Coach, believes that every challenge has a solution and that, ultimately, the only person you can change is yourself. This article challenges readers to unlock their potential and achieve their dreams. Every problem has a solution, and through coaching people can discover the rules and values that govern their lives.

255.
Collaborating for communication.
Heins K. 34 Op der Sterz, Fentange L-5823, Luxembourg. Speech Lang Ther Pract Winter 2003: p11-3

In common with other therapists, the author and colleagues were looking for an efficient and effective way of managing clients with speech and language difficulties in mainstream schools. The result was the development of the 'Collaborating for Communication' project, which combines practical workshop training for teaching assistants with supervised practice involving groups of real children. Two schools at a time were targeted, visiting each school for one full day each week for five weeks. The project structure was an assessment and planning day for the first visit. Children with language difficulties were placed in groups of three to five children with one or two assistants allocated to each group. A different language area was targeted each week, covering understanding stories in the first week followed by building vocabulary, listening and following instruction, and telling stories in successive weeks. A sample session plan and work sheet are illustrated. Children needing phonology were seen in small groups with a teaching assistant. One hour workshops for teachers, teaching assistants and parents were organised, and three recently qualified therapists were invited to spend five days working on the project. At the end of the weekly visits each child received a report in standard format. Following the success of the first two terms other local schools were invited to a one day hands-on workshop at each participating school. Ten schools participated and, following the workshops, analysis of the 64 completed questionnaires showed improved confidence in working with children in at least one area of speech or language in 79%. Comments about the Collaborating for Communication project are listed.

254.
The need for SOAP.
Armstrong L, Bain A. Perth & Kinross LHSCC, NHS Tayside, Scotland, UK. Speech Lang Ther Pract Winter 2003: p8-10

When the authors found they were piloting the same off-the-shelf package they were naturally interested to compare methods and results. 'Swallowing . . . on a plate' (SOAP) may benefit people with dysphagia, but the principles are relevant to any client group where the aim is to train other professionals in basic assessment and management. SOAP contains four instruments: a prefeeding checklist, swallowing assessment checklist, swallowing management index, and a swallowing care plan. The studies were undertaken to evaluate the short and longer-term effects of training on residential and nursing home staff in terms of improved knowledge, changed working practices, and improved quality of care. One project was based on extensive training by one SLT, and whilst the other had a team approach, the number of staff trained was very different. The outcomes of the two approaches are compared and contrasted, and preferences discussed

253.
When is good enough?
Gamberini L. Morecambe Bay Primary Care Trust, UK. Speech Lang Ther Pract Winter 2003: p4-6

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When does a speech and language therapist have 'sufficient' competency to manage a client whose difficulties fall outside the remit of standard training? This article explores this in relation to people with dysphagia associated with head and neck cancer and finds that, as a profession, we have much to ponder. Head and neck cancer patients often need to attend speech and language therapy for communication and swallowing difficulties resulting from their treatments at centralised units. Because of the distances involved, responsibility is often devolved to the local community therapist. Whilst postgraduate training is required for work with dysphagic adults, for the majority this will be at post-registration level, with few going on to advanced level. For work with head and neck cancer patients it is important that SLTs have knowledge of the staging of tumours, pre-operative counselling, tracheostomy tubes and their effect on swallowing, assessment and management of swallowing problems, multidisciplinary team working, radiotherapy and its effects, and body image. These areas are described and illustrated with a case report. The implications for standards of care and the content of dysphagia training are discussed.

AUTUMN 2003

252.
My top resources.
Leslie P, Meek P. Speech Lang Ther Pract Autumn 2003: back cover

The importance of evidence based support for therapeutic intervention is increasing, hence the authors believe the divide between the clinically based researcher and the research-trained clinician must shrink. Many of the skills and resources listed on this page should be part of everyday therapist life, and available in all clinics. The resources mentioned include Endnote, other speech and language therapy researchers, supervisors, IT training, computers, key people, IT people, the Internet, a space of your own and personal skills.

251.
How . . . I put research into practice. Setting yourself free.
Nicoll A. 33 Kinnear Square, Laurencekirk, AB30 1UL, Scotland, UK. Speech Lang Ther Pract Autumn 2003: p27-8

Susie Parr and Carole Pound from the London Connect Centre are at the forefront of aphasia research. Avril Nicoll caught up with them at an Aberdeen study day on improving services for people with severe aphasia. This article contemplates the opportunities we all have to put their research into practice, whatever our client group. The impact of severe aphasia on the patient is social exclusion. This is illustrated by the example of one patient from a group of 19 studied. Conditions for participation and inclusion need to be created as well as supporting change in communication skills. The approach of the London Connect Centre to rehabilitation is described.

250.
How . . . I put research into practice. Weighing the arguments.
Glogowska M, Dobinson C, Wren Y, Hayhow R, Wade J, Roulstone S. Speech & Language Therapy Research Unit, Institute of Clinical Neurosciences, University of Bristol, Frenchay Hospital, Bristol, BS16 1LE, UK. Speech Lang Ther Pract Autumn 2003: p26-7

Six researchers at the Speech and Language Therapy Research Unit pause among their protocols to reflect on their research. All practising clinicians in a previous or parallel life, they describe what impact their research has had on their approach to practice. Interviews with the parents of speech/language delayed children and with clients with aphasia have altered approaches to treatment for two of the researchers. The need to motivate cooperation and commitment when working in partnership with primary schools is emphasised, as well as the difficulties in adhering to research protocols are described as well as the overuse of feedback in clinical practice.

249.
How . . . I put research into practice. Gathering the evidence.
Soloff N. Milton Keynes PCT, Speech and Language Therapy Service, Milton Keynes, UK. Speech Lang Ther Pract Autumn 2003: p24-6

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'Evidence based practice' sounds good, but updating our practice as new information becomes available is not always easy. The unwieldiness of public services, long waiting lists and lack of time to research the research can all conspire against us. In the Spring 2000 issue, three contributors discussed how they put practice into research. Then we observed that speech and language therapists "want to know optimum times for intervention, techniques that produce results and caseload organisation that makes the best use of limited time". So, once we know, how do we change our practice accordingly? Three papers present the case for evidence based practice. In this first article, we are told that research isn't confined to ivory towers or weighty journals, and we are challenged to ask, investigate, discuss and share the everyday questions that add to the evidence base for our practice. Questions arise in everyday practice and should be noted down for examination at a more convenient time. Advice is provided about access to abstract publications and databases, library facilities, journal alerts and RCSLT clinical guidelines. Tips on appraising the research evidence, and core skills and attitudes towards existing knowledge and accepted practices is given.

248.
Altered perception.
Lee G. City Hospitals Sunderland NHS Trust, UK. Speech Lang Ther Pract Autumn 2003: p21-3

How do people who stammer think others perceive them, and are they right? Do people who don't stammer find everyday speaking situations as easy as people stammer seem to think? This article describes a small-scale survey of personality traits associated with people who stammer and a second survey which investigated how easily people who don't stammer deal with common speaking situations. Positive and Negative traits related to confidence, embarrassment, social disability, incomprehensible speech, fear, ignorance, and socially restricted life were rated by ten dysfluent clients and as predictions of attitudes of non-stammering people. Forty non-stammering people also completed the rating scales. The results showed that people who stammer had a tendency to think other people's view of them was much more negative than it actually was. The survey of perceptions of difficulties associated with the use of the telephone in different situations and speaking in different contexts revealed that perceptions appeared to match reality, with little difference between the two groups. The results have proved to be a useful therapeutic tool in encouraging a change in perception in clients who stammer.

247.
Fundamental questions [letter].
Sims P. Speech Lang Ther Pract Autumn 2003: p20

The role of conditioning as a very important factor in dyslexia and other developmental difficulties is emphasised, and the need for this factor to be considered in treatment and outcome of therapy is illustrated.

246.
Ethnicity and culture: an unequal power.
Earle S. Centre for Healthcare Education, Boughton Green Road, Northampton, NN2 7AL, UK. Speech Lang Ther Pract Autumn 2003: p16-8

While defining ethnicity is complex, research studies demonstrate that there is wide-ranging discrimination against minority ethnic groups and cultures. The heterogeneity within ethnic groups is noted, differences in disease incidence in different minority groups is examined, and racism and discrimination leading to poorer quality care for minority groups is demonstrated. Assumptions about English and the use of minority languages and the role of genetics and cultural variation in disease incidence are discussed, as well as the role of poverty and social exclusion. The relevance of all these factors to speech and language therapists in planning provision for stroke rehabilitation, differences in language development, and power relative to their clients is examined with a view to helping reverse such discrimination.

245.
Functional communication: the impact of PECS (tm).
Heneker S, Page L M. Speech & Language Therapy Department, Bournewood Resource Centre,

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North Surrey Primary Care Trust, North West Therapy Services, Guildford Road, Chertsey, Surrey KT16 0QA, UK. Speech Lang Ther Pract Autumn 2003: p12-4

The Picture Exchange Communication System (PECS TM) aims to teach individual users to initiate communication. The effectiveness of introducing this approach to whole classes within a school for autistic spectrum disordered children was investigated in two groups. Class staff and parents attended a formal PECS training course and the impact on the amount, functions and method of communication and the level of adult support required were recorded. Observations were carried out in four different contexts: free play, snack, swimming and structured teaching. For group 1 children, aged 6 to 8, the amount of communication increased in all activities apart from swimming. Requesting was the most frequent function at both base-line and follow-up. The most frequently used method of communication at base-line was by symbols. At follow-up symbols was the main method for snack and structured teaching and physical communication was predominant for free-play and swimming. The presence of an object/event was the main level of stimulus to which children responded for all activities. For Group 2 children, aged 9-10 years, total communicative acts increased for all activities apart from structured teaching, where the decrease may have been due to their being taught more independent skills of commenting for the first time. Requesting remained the most frequent function of communication, and more formal means of communication were observed. The presence of an object/event remained the main stimulus for snack and swimming, but more independent responses were seen in free-play, with the presence of a listener becoming the level of cue required to initiate communication.

244.
A bright SPPARC.
Armstrong L, McGrane H. Tayside Primary Care NHS Trust, Speech & Language Therapy Department, Perth Royal Infirmary, Perth, Scotland, UK. Speech Lang Ther Pract Autumn 2003: p8-10

Supporting Partners of People with Aphasia in Relationships and Conversation (SPPARC) was developed in London and is a proven method of improving interpersonal communication. SPPARC brings together carer support and conversational analysis. This article describes a project which investigated whether these positive findings could be replicated in a rural area where distance and population density are different. The first half of the 28 once weekly sessions provides participants with information and support on stroke and aphasia. The second part aims to increase knowledge of conversation, including the use of video recordings. Twenty carers were invited to participate of whom ten were unable to attend through employment and other commitments. Two groups were set up, one in a town with good transport services, and the other in a small rural town. Only two of the carers and their partners were willing to video themselves and one of these was unrepresentative of normal conversation, so video clips from the programme were used to illustrate and facilitate more effective two-way conversation. Evaluations were very positive about the benefits of SPPARC. As a result of the project a monthly evening carers' group has been set up for those who attended as well as others who were unable to attend the daytime programme.

243.
"Here's one I made earlier . . .".
Roberts A. Ruskin Mill Further Education College, Nailsworth, Gloucestershire, UK. Speech Lang Ther Pract Autumn 2003: p7

DVDs, Playstation, txt and chat-rooms may be all the rage, but speech and language therapists will forever be in need of low-cost ideas for flexible therapy activities and materials. This short article describes how to make three aids for communication activities: question dice (for conversation building), spin the bottle (category naming), and spidergram (for vocabulary development).

242.
Taking the long view.
Shah Y. Community Learning Disability Team, Speech & Language Therapy Department, East Kent Coastal Primary Care Trust, UK. Speech Lang Ther Pract Autumn 2003: p4-6

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Even when enthusiasm, cooperation and support from the top are available, changing a culture isn't easy. This article reports on the successes and what is still to be achieved following the introduction of a Focused Interaction programme to a Day Opportunity Service for people with severe learning disabilities. The Focused Interaction project combines intensive interaction, facilitating the development of social and communication abilities, and individualised sensory environment therapy to develop purposeful interactions with the environment for three service users on a daily basis. Staff training, the use of questionnaires for recording users' responses and the subjective impressions of staff, and feedback sessions are described. The introduction of agency staff has led to disappointing return rates for data forms, so that the plan is that all agency staff will now be trained in Focused Interaction lessening the need for intensive involvement of speech and language therapy services.

SUMMER 2003

241.
My top resources.
Anonymous. Speech Lang Ther Pract Summer 2003: pback cover

The 10 top tips for better conversation listed are from people living with aphasia who have attended Connect roadshow day events in Bristol and Cornwall. These roadshow networking and information events were set up in response to a consultation with over 100 people living with aphasia in the South West of England.

240.
How . . . I put users in the driving seat. Where do you want to go?
Yardley C. Speakability, UK. Speech Lang Ther Pract Summer 2003: p27-8

People with aphasia are handed the keys by Speakability, along with training, maps and navigational support. This article describes how Trustees and staff have been actively engaged in trying to expand the opportunities for people with aphasia to voice their needs and interests.

239.
How . . . I put users in the driving seat. Passing the test.
Higginbottom C. The Robert Ogden School, South Yorkshire. Speech Lang Ther Pract Summer 2003: p26-7

The National Autistic Society encourages its therapists to focus on the changing needs of its young clients, free from the constraints of the National Health Service. This article describes the framework, SPELL, developed by the Society for understanding and responding to the needs of children and adults with autistic spectrum disorder. This stands for Structure, Positive (approaches and interventions), Empathy, Low arousal, and Links. Each aspect is briefly described, and the privileged role of the speech and language therapist in assessing, observing, facilitating and communicating with these children is noted.

238.
How . . . I put users in the driving seat. All aboard!.
Auchterlonie A. Afasic Scotland, Unit 1 Prospect III, Gemini Crescent, Dundee Technology Park, Dundee, DD2 1TY, Scotland, UK. Speech Lang Ther Pract Summer 2003: p24-6

From her position as Director of Afasic Scotland, the author takes a personal view of some of the obstacles we need to negotiate to bring parents and young people with speech and language impairments on board and into the driving seat of their treatment.

237.
Disability and stigma: an unequal life.
Earle S. Centre for Healthcare Education, University College Northampton, Boughton Green Road, Northampton, NN2 7AL, UK. Speech Lang Ther Pract Summer 2003: p21-2

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Disabled people are half as likely to go to university, half as likely to get qualifications, and half as likely to get a job. The Disability Rights Commission campaign asks - is a disabled person only half a person? This article suggests that a 'cure and care' approach can inadvertently contribute to the process of disablement, and explores ways in which barriers of inequality can be broken down while at the same time playing an important role in treatment and rehabilitation. Definitions of disability and social models of disability are discussed as well as the concept of disability as a form of social oppression and stigma. The implications for speech and language therapists are discussed.

236.
Oats not so simple.
Speirs L. Forth Valley Trust, UK. Speech Lang Ther Pract Summer 2003: p18-20

The multidisciplinary team members were tested in their ability at person-centred planning and reflective practice when Robert, who already had eating and drinking limitations due to cerebral palsy, suffered dysphagia following a stroke at the age of 75. This article describes how, three years later, due to his motivation, his PEG had been removed and he was enjoying porridge again, and he was beginning a new life in a community placement near his family.

235.
So much to say.
Parker D. Speech Lang Ther Pract Summer 2003: p17

In sharing his experience of motor neurone disease, the author wanted to raise understanding among professionals of the positive things they can do to support people affected by a progressive disorder.

234.
Nothing more to offer?
White M. Chatsworth Rehabilitation Centre, Mansfield & District PCT, Nottinghamshire, UK. Speech Lang Ther Pract Summer 2003: p14-6

When a person has a progressive disorder, what lies behind his/her social smiles and reassurances? How does he/she feel when solid, reciprocal social support networks are shattered by communication breakdown? This article draws on quotations from the author's qualitative research which showed the deep despair and pain she found in this situation, and how this demonstrates the need for support, even when traditional therapy has ended, and why this should be actively facilitated and offered to clients.

233.
I CAN make collaboration count.
Nicoll A. Speech & Language Therapy in Practice, 33 Kinnear Square, Laurencekirk, AB30 1UL, Scotland, UK. Speech Lang Ther Pract Summer 2003: p12-3

This article gives an account of the 7th I CAN conference 'Collaboration Counts' held in London on 3rd March 2003. This covered collaboration between paediatric speech and language therapy services, local education authorities, schools, and parents. The main themes of the conference are described: get talking, share a vision, develop leaders, work with parents, and teach metacognitive skills. Power point presentations of most of the workshop sessions are available at www.ican.org.uk.

232.
I know what people need from my service--don't I?
Levens V. Speech & Language Therapy, Medway Primary Care Trust, UK. Speech Lang Ther Pract Summer 2003: p8-9

Medway speech and language therapists have been seeking users' views for over 10 years and, more importantly, changing services as a result. This article shares the wealth of experience they have amassed from focus groups of past and present users of clinic services. For example, users views of waiting times for children to be assessed and treated indicated that families wanted to be seen as soon as possible rather than waiting for therapy to be available. A Users' Views group has also been

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established with representatives from each therapy department (adults, paediatrics and special needs), and a termly Users' News attachment has been added to the monthly department newsletter giving news, thanks for participation, and encouragement to everyone to gather users' views in a variety of ways. Suggestions for bringing users in, and different techniques for gathering their views are listed.

231.
The heart of our service.
McFarlane H. Glasgow Learning Disability Partnership, Glasgow, Scotland, UK. Speech Lang Ther Pract Summer 2003: p4-7

How do we enable people with learning difficulties to make more choices, participate more in their community, and develop their skills and competencies? Although speech and language therapy has come a long way, the author is taking the next step and putting people with learning difficulties and their families at the heart of service planning for better lives in the community. The article explains why user involvement is not just the latest trend but an essential part of getting any service right: people with learning difficulties and their families are the experts about their wants and needs. The article also explains that they rely on the professionals to provide good quality and up to date information that is easy to read and understand. Although the voluntary sector offers a range of services, activity, information and advocacy, they have no direct access to the names and addresses of people with learning difficulties and their families and rely on statutory services for this information. The use of total communication as a practical response to the involvement of people with learning difficulties and listening to what they themselves say they want to know more about is emphasised.

SPRING 2003

230.
Prime and Predigest.
Nicoll A. Speech & Language Therapy in Practice, 33 Kinnear Square, Laurencekirk, AB30 1UL, Scotland, UK. Speech Lang Ther Pract Spring 2003:2003-0104 p4-7

It is a truth universally acknowledged that a speech and language therapist in possession of a good idea must be in want of a publisher, as Jane Austen might have said. This article, sprinkled with apt quotations from "Pride and Prejudice", suggests that getting your work on paper requires the single-mindedness of a Mrs Bennet, the determination of a Mr Darcy and preferably the liveliness of a Lizzy - but, thankfully, not the skill of the Pride and Prejudice author.

229.
My top resources.
Howarth R. Speech Lang Ther Pract Spring 2003: back cover

The author works both in an acute children's hospital as well as providing a community service to preschool children with feeding and swallowing difficulties as part of a multidisciplinary team. Resources include a stethoscope, Evans blue food dye, equipment in the form of special cups, bottles and teats, textbooks, and colleagues.

228.
How . . . I am negotiating care pathways. Which way now?
Yardley C. Speakability, 1 Royal Street, London SE1 7LL, UK. Speech Lang Ther Pract Spring 2003: p27-8

Dissatisfaction with the time, resources and evidence available for therapy for people with aphasia is widespread. This article reflects on Speakability's 2002 Mary Law Lecture and argues thatr, when specified within a care pathway, communication difficulties such as aphasia become measurable and can therefore attract resources and provide consumers with ammunition to press for improved services.

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227.
How . . . I am negotiating care pathways. Unblocking the pathway.
Smith N. Portsmouth City NHS Primary Care Trust, Rowner Health Centre, Gosport, Hants, UK.
Speech Lang Ther Pract Spring 2003: p24-7

Too often speech and language therapy and other services are difficult for clients to access and negotiate, and therapists themselves are not always clear which way to turn. Do care pathways offer a way ahead? Care pathways are becoming familiar as a way of describing, planning and mapping a client's journey via different routes from referral to discharge. Depending on the nature of the client's needs this journey may be through speech and language therapy only, or involve a range of health and associated services working together with the client and family. But how do we know this isn't yet another fad? Are there practical benefits for client and services? Do care pathways help us to achieve evidence based practice? And how do we ensure that a care pathway offers access for all, and isn't a euphemism for 'passable with care'? Two companion articles explore the issues. This article describes the development of a specialist service for children who stammer, based on three sessions a week. This care pathway for dysfluent children could be equally applied to other communication difficulties which have a low incidence in community caseloads but need targeted and timely intervention.

226.
Barbie and Ken: an unequal relationship.
Earle S. Centre for Healthcare Education, Broughton Green Road, Northampton, NN2 7AL, UK.
Speech Lang Ther Pract Spring 2003: p21-2

When you see a little boy who can't sit still, when you are referred a middle-aged female with dysphonia, when you visit your GP, do you question whether gender might be influencing the treatment you give and receive? The issue of gender, the consequence of socially ascribed differences, is discussed in this, the second of four sociological perspectives on inequality. Differences in morbidity, educational achievement, schooling and the therapeutic relationship are in speech and language therapy are examined. .

225.
Working with bilingualism: the aim of our care.
Chavda P, Helsby L. Leicester City West NHS Primary Care Trust, Children's Speech & Language Therapy Service, Prince Philip House, St Matthew's Health & Community Centre, Leicester, LE1 2NZ, UK. Speech Lang Ther Pract Spring 2003: p18-20

The advantages of bilingualism are such that a speaker's overall competency may be more than a sum of parts. This article reports that recognising and facilitating this in group therapy not only has benefits for the children concerned, but brings parents and other staff on board too. Language groups were run in Leicester for two groups, each with 7 boys, with a bilingual background of English and Gujarati spoken at home. At the start of the groups the parents completed a questionnaire which looked at their expectations and their understanding of language issues. The structure and activities of the therapy sessions and homework (translated into Gujarati for parents) are described. Children were encouraged to access and name items in both languages and to use home language outside the home setting.

223.
Only a story?
Shanks B. Children's Therapy Centre, St Thomas' Hospital, Shaw Heath, Stockport, SK3 8BL, UK.
Speech Lang Ther Pract Spring 2003: p10-3

Once upon a time, a fairy godmother (in her day job as a speech and language therapist) weaved her magic on children in Stockport schools. From that day (actually, eight weeks) on, the children were never short of a story again, and they all lived more happily ever after. The eight week intervention took place in schools in areas of considerable social deprivation, and was supported by four hours of learning support assistant time per week for the eight weeks. A pilot study of 30 children demonstrated striking improvements in narrative ability when the children were retested following a three month intervention using the Renfrew Action Picture test and the Bus Story. Following the

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success of the pilot study, the local authority agreed to fund two further sessions as long as schools funded the learning support assistant. A further three schools have received intervention, and two schools have decided to use the narrative approach across the whole of key stage 1. The proven links between oral narrative ability and future academic success support the view that therapy is best delivered as part of the curriculum with teachers and therapists working together to meet the needs of language impaired children.

222.
From reaction to action.
Dobson S. Clinical Liaison Team, Bradford District Care Trust, Bradford, UK. Speech Lang Ther Pract Spring 2003: p8-9

If referrals for feeding and drinking difficulties in adults with profound and complex needs are made too late or in too great a number for the speech and language therapy service to respond immediately, the problem becomes one of dysphagia and is much more difficult to manage. This article describes the background of difficulties which led to a more preventative approach that has been applied in Bradford. The team concentrated on the largest special care unit where 32 people are fed out of the 45 attending on a weekly basis, using a questionnaire jointly designed with participants and detailed observation of each individual. The audit identified key clinical factors (which are listed). The audit has led to a change in approach and a broader clinical focus on general factors not usually considered by speech and language therapists, such as bowel function and oral infections.

WINTER 2002

221.
My top resources.
Bowen C. Speech Lang Ther Pract Winter 2002: pback cover

This article features the ten top resources of the Australian internet icon, Caroline Bowen, whose interests are largely to do with children's language and speech sound disorders, family centered practice, continuing professional development, and technology assisted teaching. An online version of the article and links to the resources described can be found at: http:/ /members.tripod.com/Caroline_Bowen/topten.htm.

220.
How . . . I use therapeutic listening. Enthusiasm, knowledge--and a set of headphones.
O'Connor K. Speech Lang Ther Pract Winter 2002: p27-8

With 300 satisfied clients, the author needs no further convincing of the benefits of occupational therapist Sheila Frick's Therapeutic Listening TM in helping children achieve their potential through individualised therapeutic listening programmes. Three short case studies are given, as well as a list of areas potentially affected by therapeutic listening.

219.
How . . . I use therapeutic listening. A.R.R.O.W. hits the bull's-ear.
Lane C. The A.R.R.O.W. Centre, Bridgwater College Campus, College Way, Bridgwater, Somerset, TA6 4PZ, UK. Speech Lang Ther Pract Winter 2002: p26-7

This article stresses the importance of the self-voice to the A.R.R.O.W. (Aural, Read, Respond, Oral, Write) technique for improving listening, speech and literacy skills. Originally developed for children with hearing impairment, its use has extended across the community to include adults with aphasia, brain injury and learning disability.

218.
How . . . I use therapeutic listening. From sceptic to convert, the objective way.
Treharne D. Department of Human Communication, University of Sheffield, Sheffield, UK. Speech Lang Ther Pract Winter 2002: p24-6

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What do we do when clients are making slow or no progress? When they have a variety of difficulties which interfere with their learning, communication and social skills? When it can be hard to put your finger on where things are going wrong? There is unfortunately no magic wand in speech and language therapy, but is our understandable suspicion of therapeutic listening programmes - which do things very differently - making us deaf to their potential benefits? In this article, the author explains how results from her research were so encouraging that she now uses The Listening Program as the first step for young people with auditory processing difficulties, 'priming the system' for more specific therapy programmes.

217.
Class of 2002: an unequal future.
Earle S. University College, Centre for Healthcare Education, Boughton Green Road, Northampton, NN2 7AL, UK. Speech Lang Ther Pract Winter 2002: p21-3

We all hope for a long and fulfilling life with the opportunity to develop our particular talents. Yet our chances are unequal, and vary depending on our social class. In the first of four sociological perspectives on inequality, it is argued that, while we do need to develop an individualised, client-centred approach, we must also be aware of how wider socio-economic and cultural factors influence our practice. Lower social classes experience higher rates of disease and have poorer educational and occupational success rates. Those living in the most deprived areas have the worst access to health care and have poorer diets. Possible explanations which have been put forward to account for these inequalities are examined. Government strategies have been implemented to combat inequalities in health and education. However, two of the most common problems for therapists are poor attendance and compliance. Some areas address this by refusing to accept clients after one missed appointment, but this merely serves to perpetuate inequality. Other methods of service provision may be required to effectively combat social exclusion. Some examples of good practice are listed.

216.
Unemployable or unemployed?
Taylor K, Besser C. Whipps Cross University NHS Hospital, UK. Speech Lang Ther Pract Winter 2002: p18-20

The 1995 Disability Discrimination Act was meant to herald a new dawn for people with disabilities in the workplace, including those with aphasia. In reality the interaction of many factors influences whether or not an individual returns to work. This article describes a student research project which investigated factors which influence the ability of people with aphasia post-stroke to return to work, and what speech and language therapists can do to facilitate the return to employment. In-depth interviews were conducted with nine respondents with a wide range of working backgrounds. The main enabling and disabling themes are discussed, including attitude, communication factors, emotional factors, financial factors, physical factors, and people's knowledge and understanding of aphasia. Self knowledge and awareness of strengths and weaknesses helps in enabling a successful return to work, although many factors are important and no single factor stands alone. Steps to better practice for speech and language therapists are listed.

215.
Great idea--but how do we do it?
Money D, Thurman S, Parr J, Berry H, Stewart K, James L, Stephens J. CLDT, Byron House, Newark Hospital, Boundary Road, Newark, Nottinghamshire, NG24 4UW, UK. Speech Lang Ther Pract Winter 2002: p16-7

Great government ideas can be quite a challenge to put into practice - particularly when accompanied by a short timescale. This article describes how the Trent Region special interest group worked on a consensus framework for developing communication strategies to benefit people with learning difficulties. Principles and processes agreed for each of the key elements of management, training, and networks and resources are listed. The definition of a communication strategy was a major task, and the resulting collaborative framework is given in the article.

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214.
Communication--an inalienable right.
MacAulay F. Ninewells Hospital, Dundee, Scotland, UK. Speech Lang Ther Pract Winter 2002: p12-4

When patients recover consciousness in the alien environment of an intensive care unit, they may well feel that they have come from another world. Contact available through current alternative and augmentative communication methods in this environment has been limited. This article describes a three year collaborative research project to develop and test the ICU-Talk device for patients in intensive care. The first steps were to identify a suitable hardware platform and to develop computer software which was simple to use, easy to learn with minimal training, and specific to the needs of the ICU patient. The software includes a database of frequently-used phrases organised under eight topic headings developed with the help of ICU nurses. The device has been used with 21 patients over a 12 month period, most patients using it for 24 to 48 hours, since there have been no admissions of patients with Guillain Barre Syndrome or other alert, ventilated, intubated patients requiring prolonged care. Since ICU patients were unable to remember anything about using the ICU-Talk device or about their stay in intensive care the results presented are anecdotal - from nursing staff, observation, and automatic recordings made by the device. Two case examples of the use made of the device are given. The results suggest that the original device was too large and bulky and a smaller device has now been developed. ICU patients have difficulty in following instructions and tire easily. In addition, use of the ICU-Talk device was dependent on the cooperation of the nursing staff, and although they felt that communication with patients is important, they tended to complete nursing care routines before making the device available to patients. A proposal for funding of a multi-centre randomised control trial of the smaller ICU-Talk device in comparison with low-tech aids has been made.

213.
Improving communication with EAZe.
Astin L, Roberts K, Withey E, Crawshaw M. Bridgwater Education Achievement Zone, Somerset, UK. Speech Lang Ther Pract Winter 2002: p8-11

In common with other areas of the country, too many children in Bridgwater enter school with poor communication and literacy levels. This article describes an Education Achievement Zone programme which is working in partnership with teachers in eight mainstream schools to raise standards of achievement and opportunities for children through the acquisition and development of language skills in whole class situations. The aims of the programme are listed along with the speech and language therapy briefs for the first two years, and the questionnaire for teachers. Joint planning to link with the National Curriculum has been facilitated through supply teacher support paid for by EAZ. Co-teaching has provided the opportunity to introduce Somerset Total Communication practice for teachers. Plans include working with parents and developing parent-child interaction.

212.
PECS appeal
Poole S. Speech Lang Ther Pract Winter 2002: p4-6

The six stage Picture Exchange Communication System (PECS) recognises that a person may need more than social rewards to motivate them to communicate. This article redresses a lack of literature on the use of PECS with adults with a learning disability with a study of the use of PECS with David, a 27-year-old man with a learning disability and autism. PECS is a six stage structured behavioural programme. Stage 1 identifies a tangible reinforcer, something that the person finds motivating, such as a biscuit or ball, and a picture of this is obtained. The symbol is exchanged for the reinforcer to develop communication. Stage 2 involves increasing the spontaneity and physical range of communication. Stage 3 introduces the concept of choice; Stage 4 introduces sentences; In Stage 5 the person is taught to respond to questions, while Stage 6 introduces "I can see.." a less motivating sentence than "I want.." By the end of the programme, which lasted for one year, David was beginning to communicate spontaneously through speech and he seemed to be more aware of other people. A year later he is still encouraged to use and develop PECS through the encouragement of his sister.

AUTUMN 2002

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211.
My top resources.
Woodward S, Davies A. Stroke Team across North Bristol NHS Trust, UK. Speech Lang Ther Pract Autumn 2002: back cover

The use of patient accessible computer equipment has been integrated into therapy programmes for stroke rehabilitation in North Bristol NHS Trust. Patient accessible computers are available on two stroke rehabilitation wards, and computer equipment is also available for use in the community and group settings.This short article lists computer equipment and software programs that have been found helpful in enabling patients to get started, increase their familiarity with the PC, and programs for speech and language exercises as well as others which are useful extras.

210.
How . . . I train others in dysphagia. Consistent with consistencies.
Morrissey N. Medicine for the Elderly, St James's Hospital, Dublin, Ireland. Speech Lang Ther Pract Autumn 2002: p27-8

Although the use of thickening fluids is a frequent recommendation for dysphagia management made by speech and language therapists, anecdotal evidence suggests that the majority of patients do not like drinks being thickened, and there is a lack of standardisation across consistencies being prepared. This study aimed to evaluate inter-rater reliability of various consistencies among SLTs, nurses and ward attendants, assess inter-group consensus, identify the need for training, improve the quality of thickened fluids made by staff, and improve patient compliance. Five samples of different consistency were prepared using a commercial thickening agent, Nutilis. Three samples (syrup, semi-solid, and set) were prepared at consistencies as recommended by speech and language therapists, together with two distractors (one too thin, and one too thick). Participants were told that two of the consistencies were acting as distractors, and filled in a questionaire for each sample. The results showed that speech and language therapists were the most consistent in acurately identifying each consistency, and ward attendants were the least accurate. Since the majority of fluids are thickened by ward attendants, this is significant, and highlights the discrepancies that exist between what the SLT recommends and what the patient receives. The findings have led to a training programme for ward attendants to help them understand why the need for standardisation of consistencies is so important.

209.
How . . . I train others in dysphagia. Read all about it! Fred the Head stops Mars Bars in bed.
Samuels R, Chadwick D. Manchester Learning Disability Partnership, UK. Speech Lang Ther Pract Autumn 2002: p26-7

In a systematic look at dysphagia training for caregivers, to benefit people with learning difficulties who have feeding and swallowing difficulties, it was found that the more people are involved and understand what is required, the more likely it is that they will do it. Caregivers are provided with sufficient anatomical knowledge to understand why something has gone wrong, using an anatomical model of a cross section of the head with moving epiglottis (Fred the Head) and videofluoroscopy tapes from patients' case notes showing aspiration. Shared experiences and a risk assessment framework are also used. We are often unaware of how much training is provided and the many different ways in which this is offered, often simultaneously, during visits to clients. Some difficulties are also noted, for example, staff being moved within two months of training, and the attitude of family members. Challenging people's firmly held beliefs and myths about food and drinks needs sensitive handling, but does need to be achieved if these are detrimental to a patient's health. A patient only agreed to stop eating Mars bars in bed lying down when the risks had been demonstrated using 'Fred the Head'.

208.
How . . . I train others in dysphagia. One bite or the whole apple?
Broadley-Jackson T. Stone Rehabilitation Service, Staffs, UK. Speech Lang Ther Pract Autumn 2002: p24-6

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A third of residents in nursing homes have dysphagia. Simply teaching nursing staff about eating and swallowing difficulties in isolation has a limited effect, since these are often minor and other factors such as posture, appropriate cutlery, and instruction are the key factors. A two-day course was offered to local nursing homes to enable staff to identify feeding and swallowing problems, initiate actions to remediate problems, and encourage staff to make timely and appropriate referrals. Three questionnaires were given before and after the course, examining knowledge of terminology, clinical knowledge and practice, and an assessment of a video of a role-play. The scores on terminology and awareness improved following training, and staff felt more confident in identifying problems and helping patients. However, the response to the video was poor. No-one identified all eight problems either before or after training, and the collective score was lower after training than before it. This may indicate information overload. On a more positive note, all scored better after training on ways of improving clients' difficulties, and a checklist has improved overall screening in two of the homes. However the study has raised questions about the impact of training on the short and long-term nursing practice, and the appropriate management of feeding and swallowing difficulties in the nursing home residents.

207.
Getting comfortable with collaboration.
Kersner M, Wright J. Department of Human Communication Science, University College London, UK.
Speech Lang Ther Pract Autumn 2002: p21-3

Speech and language therapists and teachers are learning to work closely together to meet the communication needs of children more effectively. This article describes a study to establish how student speech and language therapists are being prepared for this area of work. The study was in two parts. The first part investigated whether students were aware of joint working practices between their supervising therapists and teachers when on placement in educational settings. The second part investigated the perceptions of new entrants on the first day of their speech and language therapy course to see what they thought about the role of students and the role of therapists when working in schools or special units. All students who responded to the questionnaire indicated that they were aware of joint working practices, and a description of relationships between student, therapist and teacher and sharing of information is detailed. The students did not see liaison with the teacher as part of their role. The second study indicated that although the majority expected to share information with teachers, less than 50% thought that they would plan future work with teachers. The findings are discussed.

206. From last to first resort.
Howard S, Hughes C. Speech & Language Centre, 34 Dudley Street, Grimsby, NE Lincolnshire, DN31 2AB, UK. Speech Lang Ther Pract Autumn 2002: p18-20

Recruitment and retention difficulties had led to a crisis in Grimsby and Cleethorpes, with lengthy waiting times, poor attendance, unequal service and low staff morale. This article describes how the introduction of a new care pathway has dramatically improved service delivery and improved wating times. The old system had coonsisted of a centralised waiting list following an initial assessment. Under the new three stage system, all children are seen within a 13 week period from referral. Following initial assessment, in stage 1 parents are enabled with an information session focusing on either phonology or language as appropriate, as well as specific activities for home practice. In some caess it is appropriate for parents to attend both sessions. Parents are then asked to sign their child up for a recommended speech and language group (Stage 2) run by a speech and language therapist, or a therapist and assistant, for four to eight children and involve four to six sessions conducted on a weekly basis. On completion, the child is reviewed and may attend another group, repeat the same group if appropriate, or is placed on the waiting list for one-to-one therapy (Stage 3) or may be discharged. Dysfluent children follow a separate pathway. A child identified by a speech and language therapist as having severe and complex difficulties is referred to a third care pathway. Three case examples are provided. An audit of service standards under the new system showed an increase in compliance with standards for improved waiting times to 77%, and a decrease of 25% in non attendance. Staff morale has improved and parental expectations are more in line with the therapist's.

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205. Unlocking the voice.
Steven L, Thompson J, Brown D. NHS Ayrshire & Arran Acute Hospitals Trust, Crosshouse Hospital, Kilmarnock, Scotland, UK. Speech Lang Ther Pract Autumn 2002: p14-7

Explores the role of physiotherapy in combination with SLT for a specific group of clients with voice disorder due to lack of postural neck mobility. Previous studies have shown the value of osteopathy in this condition, but this is not generally available on the NHS. Following the successful outcome of treating a 70-year-old client with a combination of manual physiotherapy and voice therapy, a pilot study was set up to be conducted over the period of one year. Unfortunately, due to exclusion criteria and withdrawals, the anticipated number of subjects was not achieved and only five patients could be included. This was an insufficient cohort for the study, and so the design was revised to a single case study conducted on a 69-year-old man with a hoarse high-pitched voice, reduced pitch range and intermittent aphonia. Traditional voice therapy procedures were carried out and laryngeal constriction treated by relaxation, retraction of false cords, and use of ingressive airstream. Manual physiotherapy was conducted using Maitland mobilisations to stiff segments as well as advice and exercises to improving general posture and neck posture. Improvements to voice use, quality and production, and to neck status were seen over the course of treatment, although no change had been effected in range of movement, perhaps due to the patient's osteoarthritis of the neck. A multicentre trial with larger numbers of patients is required to achieve a statistically valid evaluation of the treatment. Until that can be done, the authors believe this is a valuable adjunct to conventional dysphonia therapy for patients who use, and have difficulty in modifying, inappropriate high pitch.

204.
Where do you want to go today?
Cotton S. Aphasia Computer Team, Speech & Language Therapy Research Unit, Frenchay Hospital, Bristol, UK. Speech Lang Ther Pract Autumn 2002: p12-3

INTACT is a software package with a library of 500 exercise designed specifically for people with aphasia. The software was developed in 1993, and since that time many technological changes in operating systems and computer hardware have taken place. In order to investigate the current usefulness of INTACT, a questionnaire survey of 150 speech and language therapists who had purchased the system was undertaken, of whom 68 (45%) responded. The majority (75%) reported that the software had been installed within a month of purchase, with 12% taking more than a month; 69% had used the software with clients within one a month of purchase; 50% had attended the free training course, and 43% stated that they intended to undertake training. The software was found to be useful in therapy by 74% of those who had used it in this way. Technical problems with the software were experienced by 67% of users, of which half had been resolved, and half were still outstanding. The most common problem was with soundcard incompatibilities. Technical support was considered vital for the software. Although INTACT was considered a brilliant concept by users, there are now too many barriers for its continued use in therapy, and too many modifications would be required to update it. The survey also revealed that although therapists like the concept of using computers in therapy, they need easy access to computers in the clinic, time to try out therapy software, and time for training. Lack of these resources affects the exploitability and effective use of software for treatment. Suggestions for improvements in therapy software are listed.

203.
A shift of emphasis.
Stanier J. Royal Alexandra Hospital, Paisley, Scotland, UK. Speech Lang Ther Pract Autumn 2002: p8-11

This article explores the changing needs of clients with dysphagia associated with incurable head and neck cancer, where patients die slowly with increasing disability from local invasion, obstruction, and progressively distressing symptoms. Although the role of speech and language therapy in rehabilitation of head and neck cancer is well established, its role in end of life care as part of the multidisciplinary team needs developing. Palliative care is part of the continuum of care from diagnosis to death, and as well as the control of pain and symptoms also integrates psychological and spiritual aspects of care and support both to the patient and family during the illness and

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bereavement. Awareness of the role and perceptions of the patient and carer is of equal importance to clinical management, and this requires tactful discussion and communication. The article discusses the patient's need for hope, emotional responses, and the quality of life. Issues around the risks and benefits of oral intake and the safety of swallowing are also considered in relation to hydration and nutrition and informed choices. The limits to the speech and language therapist's role within the multidisciplinary team, ethical considerations, and the need for increased training in palliative care for speech and language therapists are discussed. Two illustrative case reports are provided.

202.
Inclusive communication--coming soon near you?
Money D, Thurman S. Nottinghamshire Healthcare NHS Trust, UK. Speech Lang Ther Pract Autumn 2002: p4-6

The white paper "Valuing People" committed speech and language therapy services to the promotion of choice, inclusion, independence and civil rights. This article describes how the Means, Reasons and Opportunities model was developed and used for teaching staff working with people with learning disabilities. Five core roles for the service were identified as: 1. Managing health needs; 2. Making information accessible; 3. Using shared means of communication; 4. Promoting reasons for communication; and 5. Creating opportunities for communication. Developing communication policies and strategies to address these issues was essential for the individual, those in his/her immediate environment, and the local community. The Means, Reasons, Opportunities model was used to introduce the idea of "real-world understanding" to distinguish the differences between verbal and situational understanding, and introduce the concept of functional understanding. This has been used as a framework for inclusive or total communication as part of the communication strategy across Nottinghamshire. The use of inclusive communication is increasingly recognised as best practice and effective use of speech and language therapy services.

SUMMER 2002

201.
My top resources.
Marsh T, Brookes C. Community Paediatric Team, Barnsley (NHS) Primary Care Trust, UK. Speech Lang Ther Pract Summer 2002: back cover

The authors work within the community paediatric team in clinics, homes and educational settings , seeing children with a wide range of communication difficulties. Dealing with an unpredictable caseload requires flexibility, and the need to work closely with other early years professionals. Ten resources for this situation are suggested, including screening tools, selected books, team meetings and joint visits, as well as health promotion through displays, advice sheets and a quarterly newsletter.

200.
How . . . I manage stammering in adults. Fighting fire with fire.
Blight A. Starfish Project, Eastbourne, UK. Speech Lang Ther Pract Summer 2002: p28

Rather than looking for a non-existent cure for stammering, the Starfish project offers small, intensive three-day courses and unconditional support to recovering stammerers seeking effortless speech. This article describes the nature of the courses, which involve small groups of people (around 10) working for the most part on a one-to-one basis in an intensive, residential setting. Diaphragmatic retraining is employed, as well as long-term rebuilding and adjusting of the plans of the stammerer which will have been designed around word, situation and relationship avoidance. Social support for rebuilding is provided through a nationwide phone list of recovering stammerers available day or night, local Starfish support groups, group supported practise in real life situations, and the option to come back on any course at any time to refresh. Speech and language therapists are welcomed, and many have attended the course and learned the techniques and are able to offer advice and backup to clients who attend the courses.

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199.
How . . . I manage stammering in adults. Tipping the scales.
McNeil C. Swindon Primary Care Trust, UK. Speech Lang Ther Pract Summer 2002: p27-8

What does a stammer mean for an individual? And what inner resources do they have which will guide therapy? This article describes a range of approaches, particularly neurolinguistic programming and brief therapy which can bring about change. Striking a balance between identifying the problems and looking for solutions early on in therapy is important, avoiding to much analysis too soon. Using brief therapy scales helps to set goals, and using neurolinguistic programming in a supportive environment helps to soften the impact of addressing negative memories and feelings.

198.
How . . . I manage stammering in adults. Getting to know you.
Wright L. West Cornwall Primary Care Trust, UK. Speech Lang Ther Pract Summer 2002: p25-7

Stammering therapy is a long-term process of change that may impact on many areas of a stammerer's life. The first of three articles on this topic examines questions of the client's readiness to accept change, the support available in the workplace and home, and the best treatment approach(es) for that individual. These are explored with the client in an initial semi-structured interview, the Wright and Ayre Stuttering and Self-Rating Profile (WASSP, 2000), and these may be followed up later with other personality and attitude assessments. At the end of the first meeting possible therapeutic options which will help clients to achieve their aims are described, including the three main approaches: Van Riper, Conture, and Sheehan. WASSP is used to monitor progress. The aim in all therapy is to empower clients to manage their stammer long-term by helping them to acquire understanding, therapy tools and confidence to cope with changing needs and circumstances.

197.
Clueing up for inclusion.
Kersner M, Coxon A. Department of Communication Science, University College London, UK. Speech Lang Ther Pract Summer 2002: p22-4

Legislative change means that more children with communication difficulties are now being educated in mainstream schools. This article reports a small-scale study of speech and language therapy managers to discover how they were meeting the challenge of providing services to this group. The implications of inclusive education were investigated with regard to the impact on local services, changes in services in response to these developments, and the nature of the changes on staff and the service structure. The major impact was an increase in caseload and in the diversity and complexity of children's needs. Other issues were the effect on waiting lists and prioritisation. There was an increase in multi-agency working and a change in style to indirect intervention. Many teachers and parents are dissatisfied with this form of intervention, and much collaboration is between therapists and learning support assistants rather than teachers. Despite the importance of collaboration and training, few had a written policy about collaborative working practices. Half the managers felt that working in mainstream schools should be viewed as a 'specialism' in its own right, and that staff with specialist expertise displaced from special schools might be re-deployed into mainstream as a central resource for a multi-site service. Understaffing was a serious issue, with newly qualified staff lacking appropriate skills to work in mainstream, and student education seen as an issue which needs to be addressed. Increased funding was suggested as a change which might make services more effective.

196.
The right people for the job.
Wood L. King's College Hospital, London, UK. Speech Lang Ther Pract Summer 2002: p20-1

In a profession with recruitment and retention difficulties, there is a need to be proactive in encouraging the right people into the profession. This article describes the author's experience in coordinating observation requests, providing information to prospective speech and language therapists, and coordinating student placements at King's College Hospital. The content of a two day "Speech and Language Therapy as a Career" course, costing ú40, which is offered to local people is decribed. A total of 33 people have attended two courses, mainly female postgraduates. The

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responses received from questionnaires filled in at the end of the courses are listed. Direct observation was felt by participants to be the most important part of the course. A follow-up questionnaire was sent to participants six months after the first course. Nine of 13 questionnaires were returned, and showed that all but one of those who replied had applied to study speech and language therapy, had been offered interviews, and seven were offered places (one interview was "too late"). Suggestions of things departments can do to attract people who are right for the job are made, even when they are not in a position to run courses.

195.
On the right track?
Robertson T, McKenna W. Ayrshire & Arran Primary Care NHS Trust, Scotland, UK. Speech Lang Ther Pract Summer 2002: p18-9

An audit of the pattern of care provided to preschool children referred for delayed speech and language development revealed variations in the delivery of care to individual clients. A comprehensive literature review was undertaken to examine whether a care pathways approach to the problem would provide a more reliable and consistent service for preschool children, while leaving sufficient flexibility in the system to respond to clients as individuals. The review suggested a number of variables which influence the therapist's decisions on the management of a client, and a flow chart was designed by the team to help therapists make decisions to provide treatment or discharge children with phonological delay/disorder. The removal of client review with advice (monitoring) as an option is explored. Removing the 'hidden waiting list' would provide a more equitable spread of workload amongst therapists, since 94 per cent of children needing therapy are accurately identified by therapists at the initial assessment. The effectiveness of therapy is discussed in the light of the STEP randomised controlled trial (Glogowska et al., 1998), and factors influencing the results of that trial suggested. Criteria for discharge are also briefly examined. It was concluded that a care pathway may be a way forward, but that due to local factors review with advice (monitoring) should be retained at present.

194.
This is IT.
Wade J, Woodward S. North Bristol NHS Trust, Speech & Language Therapy Research Unit, Frenchay Hospital, Bristol, UK. Speech Lang Ther Pract Summer 2002: p13-6

The range of specialist software available for people with aphasia is limited. Software designed for other groups may nonetheless be useful to people with aphasia, and this article describes an evaluation protocol for clinicians to assess software and provides a review of a limited selection of seven software titles (My House, Smart Start English, Speech Sounds on Cue, Jigsaw, Co:Writer, Clicker 4, and Out and About). Ten questions were used in developing the protocol: (1) what language tasks are targeted?, (2) which client group will benefit? (3) hardware/software requirements and costs, (4) the ability required of the client, (5) clarity of visual presentation, (6) the feedback provided for correct/incorrect answers, (7) how are the results recorded and presented? (8) are software menu options customisable? (9) does the software have an authoring component to allow the clinician's exercises to be developed? and (10) Does the program allow different input devices to be used? A case example is provided, illustrating the use of the protocol to select appropriate software for a 73 year old aphasic and dyspraxic lady.

193.
Removing the obstacles.
Sims P. Speech Lang Ther Pract Summer 2002: p8-11

This article suggests that many speech and language difficulties and dyslexia are related to tension and anxiety. The use of a 'no failure' method to help children with, or developing, literacy difficulties or dyslexia results in simultaneous improvement in speech and language. The article describes ways of avoiding things which trigger negative reactions and shut-down and provide positive experiences rather than reinforcing failure. Four case examples illustrate the use of the basic method and its adaptation for older clients with writing rather than reading difficulties. A personality checklist is given which helps to pinpoint the main problem behaviour such as worrying, panic, sensitivity to failure, and switching off.

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192.
Attention--your firm and flexible friend.
Nibbhaya. Speech Lang Ther Pract Summer 2002: p4-7

Joint (or shared) attention is required for children's education, since they need to attend to the topics chosen by teachers. Some children lack this, and children with autism have single-channelled or tunnelled attention. A descriptive model of attention control is presented for clinical use, describing the four qualities of attention: (1) light and rigid, (2) light and flexible, (3) firm and rigid, and (4) firm and flexible. The first three do not involve other people in communication, but the fourth quality is required for interaction. Attention difficulties in autistic spectrum disorder may have different underlying aetiologies, including (1) weak central coherence, (2) executive dysfunction, (3) weak Theory of Mind, or (4) high anxiety. These are discussed in relation to intervention strategies including meditation. Some ideas for intervention under different qualities of attention: light and flexible, firm and rigid, and light and rigid are suggested, based on their use in autistic children.

SPRING 2002

191.
My top resources.
Patterson A. Speech & Language Therapy Programme, University of Ulster, Northern Ireland, UK. Speech Lang Ther Pract Spring 2002: back cover

As is often the case, the best resources identified by students and clinicians are not necessarily pieces of equipment but are often human. This article lists and describes the pre-placement pack, the student's clinical information file, peer and tutor support, induction pack and handbook, time, interpersonal skills via video recording, clinical supervisors and teachers, as well as basic equipment and a sound knowledge base.

190.
How . . . I manage deafness in children and young people. The ultimate outcome measure.
Howden S. Tayside University Hospitals NHS Trust, Scotland, UK. Speech Lang Ther Pract Spring 2002: p28

For many deaf children, lip-reading does not come naturally. This article describes how teamwork by different agencies working together ensures that the effort required by deaf teenagers to master this skill is recognised and rewarded. Four learning outcomes for students studying for the Scottish Qualifications Award in Lip-Reading are listed. These include coping strategies, participating in group discussion, and the ability to comprehend and respond to a series of short sentences by a variety of speakers in different settings. In order to be qualified to assess the module for the children, the author undertook the Scottish Qualification Agency's (SQA) Assessor's Award. The result was a satisfactory outcome for both the pupils and the assessor.

189.
How . . . I manage deafness in children and young people. Enthusiasm, empowerment and equity.
Kraft L. Highland Primary Care NHS Trust, Scotland, UK. Speech Lang Ther Pract Spring 2002: p27-8

The provision of an equitable service to deaf children in the Highland Primary Care NHS Trust region of Scotland, a vast remote area, depends on using the skills of local generalist therapists and other professionals to ensure that the best possible practice is available to all. The work is totally integrated with the Highland Deaf Education Service. This article describes how the service is provided to children with cochlear implants as well as those with hearing aids, and how local generalist therapists are empowered to use skills they already posses, as well as attending courses to develop their skills. The difficulties of recruitment and providing support in the remoter areas of the Highlands are also mentioned.

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188.
How . . . I manage deafness in children and young people. Be proactive.
Fairweather L. Fife Primary Care NHS Trust, Scotland, UK. Speech Lang Ther Pract Spring 2002: p25-7

The effect of otitis media on the language of the developing child is examined. This article considers the management of children with otitis media (glue ear) and speech and language difficulties. Although there are no definitive answers in providing advice to parents, it is suggested that therapists should be proactive and adopt a holistic approach to the developing child. The effect of prolonged repeated upper respiratory tract infection on otitis media, the timing and need for speech and language therapy intervention, and the impact of background noise on auditory processing are examined. The examination of functional hearing level and follow-up of hearing assessment are important, and speech and language therapy should concentrate on perception rather than production.

187.
From dilemma facing to decision making.
Graham F, Davison A. Speech Lang Ther Pract Spring 2002: p22-4

Complex ethical dilemmas are an everyday occurrence for all health professionals, including speech and language therapists. This article reports how a one day conference focussing on training in medical ethics as applied to dysphagia management has improved the authors' team working, note keeping, confidence and objectivity. Presentations on the importance of nutrition following stroke, the use of PEG feeding, the prognosis with different types of dementia, and the four principles of medical ethics - autonomy, beneficience, non-maleficience, and justice - are described. The case of a 90-year-old man with a diagnosis of dementia and dysphagia is considered from an ethical viewpoint, and as part of a team discussion. A contrasting case of a 28 year old woman admitted following severe head injury is also considered. The need for training in medical ethics as part of undergraduate and postgraduate training in speech and language therapy is raised.

186.
Into the mouths of babes [letter, comment].
Masarei A, Sell D, Wade A, Veness J, Reilly S. Speech Lang Ther Pract Spring 2002: p21

Commenting on the letter by W.G. Selley, it is suggested that the Great Ormond Street Measurement of Infant Feeding (GOSMIF) has additional strengths compared with the Exeter Dysphagia Assessment Technique (EDAT), namely the synchronicity of the data coupled with the video recording, and automated analysis of the parameters recorded.

185.
Into the mouths of babes [letter].
Selley WG. Speech Lang Ther Pract Spring 2002: a p21

The value of the Exeter Dysphagia Assessment Technique, which uses a chart recorder rather than a computer, is brought to the attention of readers. The concept behind GOSMIF (Great Ormond Street Measurement of Infant Feeding) is not original.

184.
Let your mats do the talking.
Murphy J, Cameron L. AAC Research Unit, Psychology Department, University of Stirling, Stirling, FK9 4LA, Scotland, UK. Speech Lang Ther Pract Spring 2002: p18-2

Therapy tools are only as successful as the practitioner who uses them. This article describes a multidisciplinary training course in the use of "Talking Mats", a visual framework which uses picture symbols to help people with communication difficulties in a residential setting make peer interactions. After an explanation of issues central to the effective use of Talking Mats, the participants from a variety of health and ancillary occupations were expected to video their use of the Talking Mats with a

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client between the two sessions. The way in which the Talking Mats were used with specific clients and their potential for the workplace are examined.

183.
Preliminary findings of an informal longitudinal study into the research/practice interface: noting the influence of extra trees in the wood rather than throwing the baby out with the bath-water.
Irvine C. Speech Lang Ther Pract Spring 2002: p16-7

The challenges faced while attempting to evaluate the effectiveness of intensive speech and language therapy intervention in adults with learning disability are described in a tongue-in-cheek fashion. Controls were inadvertently interfered with, instructions ignored and, when the changes in service users were noticed by management, the researcher was sent off around the county to provide intensive interaction training in the middle of the project. A second project on the development of an understanding of negatives was disrupted when the three staff involved variously went on maternity leave, were promoted, and went off sick with stress, and the results were never written up. Based on her experiences, the author suggests an alternative guide to conducting research in practice.

182.
Making the case for change.
Mair E, Scott AH. Ayrshire & Arran Primary Care NHS Trust, Central Clinic, 16 Old Irvine Road, Kilmarnock, KA1 2BD, Scotland, UK. Speech Lang Ther Pract Spring 2002: p12-5

While other professions in the multidiscipline team often recognise the value of referral for feeding disorders in very young children, referrals are often delayed. This article argues for earlier speech and language therapy involvement in the multidisciplinary team in the treatment of feeding difficulties in pre-term infants to reduce medical and neurodevelopmental sequelae through the use of individualised developmental supportive care. The main characteristics are listed, including the importance of reducing lighting and noise levels, the positioning and handling of the infant, parental participation, and the value of non-nutritive sucking. The sensory experiences of the premature infant in intensive care are discussed in relation to the need to develop awareness, attention, social interaction, and sensory activities. Tube feeding, cup feeding and nipple feeding are discussed. Implementing this values-based system of developmental supportive care in Scotland has been slow and difficult, since it required a change in practice within neonatal intensive care units.

181.
The early intervention gap--can we fix it? (Yes I CAN!).
Hall A. I CAN, 4 Dyer's Buildings, Holborn, London, EC1N 2QP, UK. Speech Lang Ther Pract Spring 2002: p8-10

Most therapists assume that specialist educational placements for preschool children with persistent speech and language difficulties would have good outcomes but be too expensive to provide. This article describes how I CAN's pioneering Early Years Centres have made a significant improvement in provision and effectiveness in an evaluation study. The evaluation by Law & Dockrell showed that children who attended the two I CAN Centres made greater improvements in productive vocabulary, language comprehension scores, and adaptive and social behaviour than a comparison group. The I CAN Centres can have different models of provision to accommodate local factors. The main features of the Centres are listed, and include integrated delivery of speech and language therapy and preschool education, parental involvement, participation in mainstream nursery environment, and outreach activities. Appropriate early provision prevents the development of secondary difficulties with behaviour in school-age children. Children with the most severe language comprehension difficulties made the greatest improvements under the I CAN provision. Surprisingly, the costs associated with this intensive, integrated provision were less than those of the comparison group receiving separate NHS speech and language therapy and preschool education provision. The study highlights the benefits of collaborative working between therapists and teachers in the early years setting.

180.
Switching on to Shakespeare: A Midsummer Night's Dream.

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Park K. Sense Family Centre, 86 Cleveland Road, Ealing, London W13 0HE, UK. Speech Lang Ther Pract Spring 2002: p4-6

This article describes how two groups of pupils with severe and profound learning disabilities participated in a series of poetry workshops at Shakespeare's Globe Theatre. Shakespeare's monumental and enduring influence on English language and culture are described in a quotation by Bernard Levin. The aim of the workshops was to include people with multiple disabilities in this shared cultural heritage, and to develop the participants language and communication skills. The text of the six activities from A Midsummer Night's Dream is displayed. Each of the activities was initiated by a switch user and contains extracts of poetry from the original play. The workshop materials have been used in school classrooms as well as onstage at the Globe, requiring only a few props and staff enthusiasm to be done anywhere.

WINTER 2001

179.
My top resources.
Robinson N, Leslie C. Speech Lang Ther Pract Winter 2001: back cover

The authors work with a paediatric caseload, mainly with primary and secondary school children who present with specific speech and language/communication difficulties, which may be associated with reading and spelling difficulties. The resources selected reflect their interest in a wide range of approaches to treatment and assessment of phonological awareness problems, receptive and expressive language skills and auditory processing difficulties.

178.
How . . . I use music in therapy. Creating opportunities.
Magee W, Farrelly S, MacKenzie S. Music Therapy Department, Royal Hospital for Neuro-disability, London, UK. Speech Lang Ther Pract Winter 2001: p28

Many adults at the Royal Hospital for Neuro-disability have been diagnosed as being in a vegetative or minimally conscious state. Music therapy is an essential element of the multidisciplinary approach to assessment of patients communication abilities. Speech and language therapists work closely with a music therapy colleague through joint goal planning, shared therapy sessions, and joint therapy and assessment groups. A case report demonstrates how music therapy assessment and an understanding of the meaning of music to one client was crucial to the multidisciplinary assessment process.

177.
How . . . I use music in therapy. A healing force.
Bruce H. Grampian Primary Care NHS Trust, Scotland, UK. Speech Lang Ther Pract Winter 2001: p27

The use of music with adult clients with learning disabilities and problem behaviours and their carers is described in this article. Client behaviours, interaction and communicative function were assessed by asking seven questions which were intended to shift the emphasis from the presenting problems and difficulties to a more positive and empathetic approach which could be implemented by carers. Music was identified as a definite 'like' for all clients, and it was felt that it could be used to provide a solution to the problems. Good short-term responses led to it also being used as a vehicle for body awareness and touch communication sessions. Long-term carry-over has been most apparent in listening to music to reduce anxiety, as a shared language, and a bridge to better understanding.

176.
How . . . I use music in therapy. Be brave and sing up!
Finlay C. [Epsom & St. Helier NHS Trust, UK]. Speech Lang Ther Pract Winter 2001: p25-6

Although what we offer is very different from music therapy, speech and language therapists can use music as a therapy tool. The first of three related articles by different authors shows how music can

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be used with young children in a variety of therapy settings. Singing and a few basic, good quality instruments is all that is required. Suggestions include starting sessions with a 'hello/welcome' song, action songs, and using songs for commentary. Musical activities help to build early language skills in a relaxed and enjoyable way, enabling the use of emphasis and repetition of key words, rhyme and rhythm. The pace can be adapted to the child's needs, and gestures and actions can be added.

175.
Putting partnership into practice.
Paradice R. I CAN, 4 Dyer's Buildings, Holborn, London, EC1N 2QP, UK. Speech Lang Ther Pract Winter 2001: p22-3

I CAN, the national educational charity for children with speech and language difficulties has been funded by the Department for Education and Skills to develop a framework of joint training for speech and language therapists and teachers. This article describes what this should mean for therapists working with children with speech, language and communication needs

174.
Access all areas.
Rinaldi W. Learn-Communicate, 18 Dorking Road, Chilworth, Surrey, GU4 8NR, UK. Speech Lang Ther Pract Winter 2001: p20-1

We know that language is fundamental to learning, but struggle to integrate our aims with those of other professionals. This article describes how a language-based approach to school curriculum subjects improves collaboration with education staff and gives more meaningful learning opportunities to children with language impairment. Teachers highly value specialised input that enables pupils to make progress in curriculum subjects. All subjects have a language basis, but the language concepts can be problematic and significantly impede the progress of language-impaired children in areas where they can do well, for example, those that require mathematical or visual skills. Joint planning and collaboration with teachers and learning support staff require shifts of thinking and practice. Suggestions for getting started on a pilot project are listed.

173.
Imprints of the mind.
Nicoll A. Speech Lang Ther Pract Winter 2001: p14-8

Early in 2001, six service users with aphasia, two speech and language therapists, an artist and an illustrator teamed up to work on an expressive arts project to construct new representations of aphasia as prints. The results have gone way beyond what they envisaged and have the potential to benefit a far wider group of people. This article gives the unique and often surprising stories of four of the participants about life, change, services, aphasia, and speech and language therapy.

172.
Into the mouths of babes.
Masarei A, Veness J, Sell D, Wade A, Reilly S. Speech & Language Therapy Department, Great Ormond Street Hospital, London, UK. Speech Lang Ther Pract Winter 2001: p11-3

Infant feeding is an emotive area at the best of times so it is vital that, when difficulties arise, they are not compounded or skewed by the assessment process itself. This article describes the development of a new assessment tool, the Great Ormond Street Measurement of Infant Feeding (GOSMIF) for infants who have difficulty feeding. The GFOSMIF is non-invasive, easily transportable and well tolerated and can be carried out in the infant's home, on the ward or in the clinic. The system allows the therapist to video-record the infant bottle feeding, and at the same time to identify swallows using auscultation, to measure intra-oral pressures during sucking by transducer, and to record patterns of respiration. The information is processed by a specially written software program. Examples of the data review display and analysis screen display are presented and explained. It is suggested that GOSMIF is used as an adjunct to the clinical observation assessment of feeding in infants.

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171.
Evidence based practice: seeking the whole truth.
Glogowska M, Roulstone S, Campbell R, Peters TJ, Enderby P. Speech & Language Therapy Research Unit, Frenchay Hospital, Bristol, UK. Speech Lang Ther Pract Winter 2001: p8-10

A questionnaire survey of parents was undertaken as part of a randomised controlled trial of community-based speech and language therapy for speech/language delayed preschool children. The aim was to investigate why different people choose to accept or decline therapy, in order to plan the approach parents in a way that would maximise uptake and cooperation. The results indicated that, overall, parents were positive about the organisation of the services they had received. The survey revealed areas of difficulty for some parents in getting to the clinic, and with appointment times. The lack of acceptability of 'watchful waiting' to some parents was also noted. The survey highlighted the need for discussion with parents about what other events in their circumstances may interfere with therapy. It also revealed gaps in perception of treatment between therapists and parents, and the need for therapists to be explicit about the therapy they give, and to check out what parents are already doing to try to help their children.

170.
When effectiveness is hard to prove.
Dobson S. Clinical Liaison Team, Horton Park Health Centre, 99 Horton Park Avenue, Bradford, BD7 3EG, UK. Speech Lang Ther Pract Winter 2001: p4-7

Changes in the way speech and language therapy is delivered, from one-to-one direct intervention to facilitating, teaching and joint working, presents extra challenges when we try to demonstrate effectiveness and outcomes. This article concentrates on the intervention offered to a 29-year-old lady with autistic spectrum disorder and learning disability, and suggests that reflective diaries, written after each session by the group leader, could be a useful method of recording progress. The intervention, over a period of twelve months, focused on her inability to express her emotional distress in a socially acceptable way and is described in detail. The project involved all her peer group and developed the evaluation method for all participants, both peers and staff.

AUTUMN 2001

169.
My top resources.
Boazman S, Cairns D, Clarke H, Greensite N, Knight G, Lindsay J, McVicker S, Penman T, Pound C. London Connect Centre, London, UK. Speech Lang Ther Pract Autumn 2001: back cover

Resources for communicating with and helping people with aphasia are listed, ranging from magazines, drawings, clip art, and pebbles to videos, video equipment, the Aphasia Handbook and Aura Kagan's Pictographic Communication Resource manual.

168.
How . . . I manage dementia. A holistic approach.
Reed S. Brothers of Charity Services, Lisieux Hall, Dawson Lane, Whittle-le-Woods, Chorley, PR6 7DX, UK. Speech Lang Ther Pract Autumn 2001: p27-8

The key to the successful management of dementia in people with learning disabilities is staff training and ongoing support. This article describes this approach in the context of a multidisciplinary team working with users of the service in what was once a village style community. Many now live in houses in local towns and villages, and support and advice is offered through informal as well as formal channels. People with Down's Syndrome are particularly vulnerable to Alzheimer's type dementia, developing neurological changes by the age of forty. Over half develop the disease by the age of sixty. Identification of changes in cognitive and adaptive functioning allows the progress of the disease to be identified at an early stage. A team approach to differential diagnosis is needed to exclude other causes of a decline in functional skills and motivation. The article describes some causes of deteriorating perception which need to be excluded. The need for consistent staffing and

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the maintenance of familiar routines and activities as long as possible, and for sensitivity when a residential move becomes necessary are discussed.

167.
How . . . I manage dementia. New opportunities.
Heritage M. Speech & Language Therapy Services, Wilderslowe, 121 Osmaston Road, Derby, DE1 2GA, UK. Speech Lang Ther Pract Autumn 2001: p26-7

This article describes how training nurses to use a dysphagia screening tool in people with dementia reduced referrals to speech and language therapy by 75% in three months. This released more time to focus on true dysphagia and specific communication needs of older adults. The principle of training is that direct personal input makes little difference to the patient's care unless the behaviour of staff and relatives can be influenced. By taking time to explain, demonstrate, coach and give feedback, carers can be given skills and confidence in communicating or in assisting with eating and drinking.

166.
How . . . I manage dementia. Living in the real world.
Baker J. Speech & Language Therapy Service, Residency 3, North Staffs Maternity Hospital, Hilton Road, Stoke on Trent, Staffs, ST4 6SD, UK. Speech Lang Ther Pract Autumn 2001: p24-6

This article describes the evolving service for elderly people who are moderately or severely mentally ill in the North Staffordshire Combined Healthcare NHS Trust. Life Story Books were produced in collaboration with ward staff and relatives for those people with some remaining language skills. After the service had run for 18 months funding was obtained to train 21 staff in Sonas aPc, a multi-sensory group approach. Both approaches are being evaluated and the information collected for Life Story Books extended. Individual language assessments are also carried out to monitor changes over time. The past two years has seen a transformation in the service provided, with benefits for patients, relatives and staff.

165.
Behavioural change the multi-agency way.
Hulme S, Sampson B. Speech & Language Therapy, Early Years Service, Hunter Street Health Centre, Hunter Street, London, UK. Speech Lang Ther Pract Autumn 2001: p20-3

The complex relationship between behavioural/emotional difficulties and speech and language difficulties means that nursery staff are often unclear about how to handle these children, where to refer them, and when to involve outside agencies. Even if health, education and social services are highly integrated, some children will require more specific multi-agency input. This article reports on the work of the Camden Early Years Intervention Team which is tackling the needs of children with significant behavioural and language difficulties in nursery settings by empowering nursery staff and parents.

164.
A simple audit, a major change.
Dey J. Speech & Language Therapy, Gartnavel General Hospital, Scotland, UK. Speech Lang Ther Pract Autumn 2001: p18-9

Frustrated by the difficulties and ad hoc nature of tracheo-oesophageal valve changing for laryngectomy patients, the author carried out a simple audit of the service. This article describes the retrospective audit and how this has led directly to the establishment of a specific Valve Clinic with designated ENT and speech and language therapy staffing. Between August 1999 and July 2000 there were 15 patients with Provox valves on the caseload and all except one achieved conversational voice. The majority of patients required between one and three valve changes during the year. Severe difficulties were encountered in 26% of valve changes, requiring an ENT surgeon. At the busy ENT clinic rooms were not always available, and on occasion there was no ENT clinic in operation. The audit has led to the establishment of a Valve Clinic operating at designated times with an ENT registrar present in addition to the speech and language therapist.

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163.
Desperately seeking consensus!
Manz J. Tayside Primary Care NHS Trust, Abbey Health Centre, East Abbey Street, Arbroath, Scotland, UK. Speech Lang Ther Pract Autumn 2001: p14-7

This article describes a pilot treatment prioritisation scheme that was devised for children with learning difficulties who are being educated in mainstream schools, based on the opinions of experts in this field.

162.
Ahead-and-neck of the field.
Harris C. Speech & Language Therapy, Radcliffe Infirmary, Woodstock Road, Oxford, OX2 6HE, UK. Speech Lang Ther Pract Autumn 2001: p12-3

Centralisation of the most specialised acute health services benefits clients but presents communication challenges for all staff. Patients to the head and neck cancer service often travel significant distances and cross Trust boundaries. This difficulty was addressed through a 'clinical liaison group' and produced some further unexpected benefits. This article describes the benefits and suggests that the concept of the clinical liaison group is relevant to other areas of speech and language therapy practice.

161.
Strength in compromise.
McGrane H, Stansfield J+. Department of Speech & Language Sciences, Queen Margaret University College, Edinburgh, Scotland, UK. Speech Lang Ther Pract Autumn 2001: p8-11

This article describes Mark (age 26) who has severe dysarthria following a head injury. He accepted AAC (SpeechViewer) as a short-term measure, but was keen to use technology (the electropalatograph) he saw promoted in the media to improve his oral skills. His speech and language therapists feel that this will not help him. The ethical issues involved in the case are discussed and illustrated by the use of Seedhouse's ethical grid. These include the levels of practicality, the general level of outcome to be achieved, the level of duties expected, and the principles behind health work. Issues which impact on Mark's expectations of the speech and language therapy service and which remain unresolved are the gaps in NHS provision for young head injured individuals as their circumstances change, and the tendency of the media to overstate the benefits of new approaches to disability.

160.
Food for thought.
Talbot K, Stinchcombe J. St Elizabeth's School for Children with Epilepsy, UK. Speech Lang Ther Pract Autumn 2001: p4-6

This article describes how a school theme of cultural foods gave the authors the opportunity to address communication and eating, drinking and swallowing difficulties in a New Zealand special school. The taste programme enabled observations to be made so that actual responses to a range of foods could be compared with what were believed to be the students' food preferences. The students were allowed to touch the food and examine its texture and shape, and either took the food to their mouths spontaneously or were encouraged to do so. Oral hygiene was built into the programme. Work has also begun on taste memories and food preferences.

SUMMER 2001

159.
How . . . . (and why) I work independently. Writing the script.
Farry M. Speech Lang Ther Pract Summer 2001: p27-8

Freedom and autonomy to organise one's professional and personal life are the main advantages of independent practice. These far outweigh the potential disadvantages of isolation, financial

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uncertainty, and having to run a business. Isolation can be prevented. The Association of Speech and Language Therapists in Independent Practice (ASLTIP) provides mutual support and an advice network as well as filling its role as a representative body.

158.
How . . . . (and why) I work independently. A complementary service.
Andrews J. Speech Lang Ther Pract Summer 2001: p27

This article suggests that working in both the NHS and the independent sector can be the best of both worlds for therapists and clients. Advantages described are financial, the choice of when and where to work, as well as being able to keep up with current trends and issues through NHS involvement and support.

157.
How . . . . (and why) I work independently. An ongoing challenge.
Farrugia J. Speech Lang Ther Pract Summer 2001: p25-6

From occasional clients in a room in her house, the author now runs a thriving independent practice in a purpose-built facility with ten therapists, four assistants, and an administrator, all working on a part-time basis. Independent work allows her to be more responsive and to provide a service of which she feels professionally proud. Some advantages and disadvantages of independent work are listed.

156.
Patient, persistent and positive: a journey with chronic fatigue.
Patrick J, Atherden M. Speech Lang Ther Pract Summer 2001: p20-3

This article describes the authors experience of working with two teenage girls with persistent aphonia associated with chronic fatigue syndrome, and the benefit they derived from supporting each other. The necessity of maintaining contact with the client together with reassurance and a multidisciplinary team approach to treatment are emphasised. Both girls returned eventually to using good healthy voices.

155.
Conference call. Royal College of Speech & Language Therapists' Conference, Birmingham, 17-19 April, 2001.
Nicoll A. 33 Kinnear Square, Laurencekirk, AB30 1UL, Scotland, UK. Speech Lang Ther Pract Summer 2001: p19

This article reports on five of the key messages for practice inspired by papers presented at the RCSLT "Sharing Communication" conference: (1) know your values, (2) involve users, (3) think differently, (4) develop partnerships, and (5) have evidence-based vision. The studies which provoked these thoughts are briefly described.

154.
Sense and sensitivity: Part 2.
Barnes S. Bobath Centre, Cardiff, Wales, UK. Speech Lang Ther Pract Summer 2001: p16-8

Many children, including those with cerebral palsy, can benefit from Bobath and sensory integrative techniques used by a multidisciplinary team. This article explains why helping a child achieve an optimum level of arousal is crucial to the success of intervention. Two case studies illustrate the assessment and management of spastic quadriplegia and of cerebral palsy of prematurity in three year old girls. Stimulation is carefully graded to avoid sensory overload, and the four basic principles employed are outlined. The five specific techniques of vestibular stimulation, vibration, proprioceptive feedback, tactile stimulation, and food textures are described and illustrated by the case studies.

153.
Sociology: a sure start.

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Earle S. Centre for Healthcare Education, University College Northampton, Boughton Green Road, Northampton, NN2 7AL, UK. Speech Lang Ther Pract Summer 2001: p14-5

Sociology is essential to the education of speech and language therapy students if they are to become reflective practitioners with an appreciation of the value of research and an understanding that successful communication is influenced by a wide range of social factors and by differences in access to services. Sociology is concerned with both social structure and social action and is multi-paradigmatic (consists of competing paradigms). This is explained in the article, which also describes how the study of sociology makes a unique contribution to evidence-based practice in two ways. Firstly, it provides a wealth of both qualitative and quantitative methodologies to conduct research. Secondly, it provides the therapist with a broad range of research findings that can be applied to speech and language therapy.

152.
Turning on the spotlight.
Kaldor C, Tanner J, Robinson P. I CAN Meath School, Surrey, UK. Speech Lang Ther Pract Summer 2001: p10-3, back cover

"The benefits and applications of the Spotlights on Language Communication System (devised by Carole Kaldor) is a multisensory approach to language intervention. The description focuses on children with specific language impairment. The principles and methods are just as relevant for adult clients with neurological disorders such as dysphasia. Central to the approach is the use of basic shapes to represent elements of language (its initial use with dysphasic clients in 1984). The 'spotlight' refers to the use of coloured transparent paper in the relevant shape: an idea which came from the use of different coloured beams from a special torchlight to highlight parts of pictures and actions. Coloured card shapes (in this case using the colours of Language Through Reading P.Conn 1973) are used in tasks to assemble the verbal message in linear form. Two key phases are described: noticing words (pre-verbal), and using words. The article also discusses the three main avenues which can be explored using the "Spots-on" approach: the verb island theory; discovery, creativity and play; school readiness and the National Curriculum".

151.
Interactive storytelling: a multidisciplinary plot.
Park K. Sense Family Centre, 86 Cleveland Road, Ealing, London W13 0HE, UK. Speech Lang Ther Pract Summer 2001: p4-7

Storytelling is a uniquely human and social experience enjoyed by all, including people with severe and profound learning disabilities. This article describes a one day course which presented some ideas on interactive storytelling for individuals with severe and profound learning disabilities, and also explored ways in which this activity might serve as a basis for multidisciplinary collaboration between speech and language therapists, teachers, physiotherapists, occupational therapists, audiologists etc.

SPRING 2001

150.
My top resources.
Reynolds J. Speech & Language Therapy Service, Leeds Community & Mental Health Trust, Leeds, UK. Speech Lang Ther Pract Spring 2001: p30 (back cover)

A range of objects, techniques and concepts is briefly described, some of which may be interesting or provocative. Some are relevant to everyone while others are of particular interest to a management role or process. The resources discussed include: taking the long view, time management, numbers, authors and documents, clinical work, paper, management training, focus points, evidence, and a sense of humour.

149.
How I . . . manage adults with mild-moderate learning disabilities. A holistic approach.

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Newman M. Speech & Language Therapy Service, Leicestershire & Rutland Healthcare NHS Trust, UK. Speech Lang Ther Pract Spring 2001: p28

This article emphasises the importance of taking a holistic approach when working with clients. An interest in counselling has begun to merge with the author's work with adults with learning disabilities, and this article explores the practicalities and issues involved.

148.
How I . . . manage adults with mild-moderate learning disabilities. Big issues.
Matthews A. Communication Therapy, Oldham Learning Disability Service, Broadway House, Broadway, Chadderton, Oldham, Lancs, OL9 8RW, UK. Speech Lang Ther Pract Spring 2001: p27-8

The service culture in Oldham has shifted towards consultation and person-centred planning. This article describes how speech and language therapists and creative arts therapists have facilitated this for clients with mild/moderate learning disabilities.

147.
How I . . . manage adults with mild-moderate learning disabilities. Group practice.
Doncaster S, Brooke K. Adult Learning Disabilities Team, Community Health, Sheffield, UK. Speech Lang Ther Pract Spring 2001: p25-6

Grouping adults with mild/moderate learning disability to work on social communication skills is not a straightforward process. Before a client is considered for a group, a full profile including formal linguistic and pragmatic assessment is essential.

146.
You only live once.
Munro J. Highland Hospice, Inverness, Scotland, UK. Speech Lang Ther Pract Spring 2001: p22-3

A former speech and language therapist explains how her role as Chief Executive of a hospice draws heavily on her professional background, and enables her to promote speech and language therapy from this wider platform. This article describes the hospice and its management, and indicates the ways in which the skills and experience gained in previous employments as a speech and language therapist have been transferred to the running of the hospice, its permanent staff and a huge army of volunteers, involved in the work of palliative care.

145.
A first class team.
Owen R, de la Croix H, Lewin J, Lawer E, Davies S. Speech & Language Therapy, Wiltshire & Swindon Health Care NHS Trust, UK. Speech Lang Ther Pract Spring 2001: p16-20

To make a real difference, speech and language therapy has to be provided to the right people, at the right time, in the right way and in sufficient quantity. However large caseloads and different methods of prioritisation can interfere in the provision of an equitable service. This article describes how the search for a team concensus on intervention for phonological delay required the sharing of practice methods and the taking of some tough decisions. Definitions of types of management strategies, the criteria for offering therapy, and some case examples are given, as well as a flowchart for management of phonology problems. The team discussions of various criteria for treatment, and the decisions reached in each case are tabulated .

144.
Invigorating the wheel.
Berrie I. Speech & Language Therapy Service, Royal Hospital for Neuro-disability, Putney, London, UK. Speech Lang Ther Pract Spring 2001: p12-5

This article describes how speech and language therapists at the Royal Hospital for Neuro-disability took an 'away day' opportunity to re-shape their group service for adults with severe communication impairments. As a result of the review, meaningful outcome measures were developed that are used

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routinely, therapists are exploiting more of their skills, and groups are addressing a wider range of client needs. Clients performance is rated and represented diagrammatically on a 'wheel' adapted from the Personal Communication Profile, set up with five layers, each of which measures a particular level of defined performance. Examples of scoring sheets and definitions are provided.

143.
Experimenting with language.
Paulger B, Bowen J. Speech Lang Ther Pract Spring 2001: p8-10

Language difficulties are a barrier to any curriculum subject. This article describes how the pooling of specialist resources in a school for children with learning difficulties and additional speech and language difficulties helped to create a language focused science curriculum which increased integration and benefited everyone.

142.
Sense and sensitivity: Part 1.
Barnes S. Bobath Centre, Cardiff, Wales, UK. Speech Lang Ther Pract Spring 2001: p4-7

This article explains how being alert to oral sensitivity problems and working closely with occupational therapists can help speech and language therapists to identify and understand the implications of a more general underlying sensory processing disorder. Problems in integrating sensation can have a profound effect on feeding and communication. The treatment method outlined is a combination of Bobath theory and sensory integration theory, and has been used with children with cerebral palsy. The function of the vestibular, proprioceptive and tactile systems are described and the relevance of an understanding of these systems to the auditory and visual systems and to the manifestations of sensory modulation disorders in children with cerebral palsy is explained.