

ASLTiP conference 2008

Speech & Language Therapy in Practice editor Avril Nicoll attended the Association of Speech & Language Therapists in Independent Practice conference on 8 March 2008.

The Association of Speech & Language Therapists in Independent Practice was formed in 1988 by speech and language therapist Maria Farry, who recognised that therapists choosing to work outside the NHS could be professionally isolated. The Association was intended to provide a forum for mutual support and professional representation and to ensure high standards in the sector. Today its membership has grown to over 600 and it has two main functions: to provide information on independent speech and language therapy throughout the UK, and to support speech and language therapists in independent practice. All members are registered with the Health Professions Council and are also members of the Royal College of Speech & Language Therapists.

An ASLTiP conference must therefore be a tall order to plan. It needs to provide a number of opportunities to meet and get to know other delegates. It is a chance to remind members why they joined ASLTiP, to gather their views on how the organisation should develop, and to get them interested in becoming one of the volunteers on the committee which manages it. It is important to include sessions connected with running a business, particularly for delegates who are considering independent practice but have not yet taken that step. And, in relation to therapy, it needs to have paediatric, adult acquired and learning disability options, as well as ensuring delegates are up-to-date on professional matters.

The 2008 conference was in Northampton and had around 100 delegates. There was a friendly atmosphere and the quiz following the pre-conference dinner was a great way of encouraging people to relax and feel comfortable with each other. In chatting with delegates at the dinner and over mealtimes and breaks, I learned a lot about what motivates people to go into independent practice, what they like about it and what they find challenging. We know that some overstretched NHS departments have tried to cope with their workload by introducing strategies such as centralised lists, prescriptive assessment and intervention packages and a wholesale move away from direct therapy. A number of therapists who now work independently could see what was driving this, but found it worked against their natural inclination to respond flexibly to individual need and to develop skills in making priorities and finding solutions. Although going into independent practice meant overcoming political qualms about the NHS being free at the point of delivery, it is clear that it has also given some therapists a sense of freedom and fulfilment in being able to offer immediate assessment and intervention based on need.

Having such strong personal aspirations may be vital to an independent practitioner's success according to business consultant **Peter Smith**, with discipline, judgement, prioritisation, vision and drive on a day to day basis also required. His workshop was an opportunity for delegates who are in the early stages of working independently or who have just started to think about the pros and cons of running their own business. Peter emphasised the importance of understanding your market and of developing business skills such as buying, selling and customer relationship management, along with an acceptance that your income will fluctuate. Peter's statistics showed that 97 per cent of small businesses stay small and by the third year of operation only one third are still going. Not surprisingly, delegates' most common anxieties were around loneliness and charging people. It was useful to hear suggestions for

reducing isolation through joining or building networks, and there were good ideas for keeping the financial side on a professional basis, for example by having a written tariff and pre-prepared invoice.

Positive communication environments

As someone who has taken skills developed in speech and language therapy and applied them to publishing and editing a magazine, I enjoy hearing about the varied career paths of colleagues. **Wendy Turner** was a speech and language therapist for many years before retiring and turning her interest on to anthropology. Her investigations have led her to consider that humans started to speak due to 'survival of the smallest'. Over time as we evolved and went through climate, dietary and anatomical changes, she suggests that it is the best communicators who would have stayed safe and had their needs attended to. Her arguments provide food for thought for our work in creating positive communication environments to help those with weaker communication progress.

I had difficult choices for the two concurrent clinical sessions as all the workshops sounded interesting and relevant, and they were all on topics frequently requested by readers of the magazine. **Camilla Leslie** is well known for her work with young people with listening and auditory processing problems, in particular through using Johansen Sound Therapy, while **Sadie Lewis**, who has a special interest in psycholinguistics, was talking about how to help children with word finding difficulties. There were also options to attend workshops on sensory integration theory and its application to communication, and on continuing professional development.

The two I settled on were Talk Tools and LSVT. While my knowledge of both is limited, I am aware that these two American imports seem to have had quite different trajectories of acceptance. While Talk Tools courses in the UK are increasing in number, the approach seems isolated from the mainstream and its proponents face continual questioning about its validity from the academic and research establishment. Meanwhile Lee Silverman Voice Treatment is represented in academic journals and is recommended in NICE (National Institute for Health and Clinical Evidence) guidelines on Parkinson's disease (<http://www.nice.org.uk/Guidance/CG35/Guidance/pdf/English>).

Unfortunately the Talk Tools presentation was done by a company representative, which meant that therapists in the audience were unable to probe technical points deeply enough to decide to what extent Talk Tools might be worth investigating as a treatment approach for children with oral motor difficulties. While it is common sense to consider that the 'feel' of speech is as important to early communication as the 'look' and the 'listen', the emphatic statement that Talk Tools is never used in isolation but always in conjunction with other approaches immediately raised questions about what then would be making the difference? A presentation that focused on case examples and outcomes may have been more satisfying.

Informative and inspiring

The session on Lee Silverman Voice Therapy (LSVT) with **Susan Howell**, a specialist therapist in acquired neurological disorders, was informative and inspiring. Susan's enthusiasm for an approach which is "changing the way speech and language therapists *think* about speech treatment in Parkinson's disease and other neurological disorders" was backed up by a sound rationale, video case examples and a host of references to follow up.

Like all the other approaches explored at the conference, an appreciation of the impact of sensory issues is considered crucial to the success of LSVT. I particularly liked the very realistic and practical single focus “think LOUD!” and the emphasis on intensive repetition to overcome problems with self-perception, motivation, engagement and cognitive load. Changing the one dimension – volume – automatically improves others including stress and intonation and leads to clients sitting up straighter with more animated facial expression.

With 16 one-to-one sessions needed over a month plus home practice followed by a 6 month review, this is not an approach for the faint-hearted client or therapist. Susan is clear that there is no room for shyness, as the therapist’s confidence and straightforward “Do as I do” is critical to breaking through the barrier of the client believing there is no problem with their voice. She also discussed the challenge for service delivery and is exploring the potential of teletherapy as one way of addressing this.

It was interesting to hear that research is now focusing on what happens to the course of neurological degeneration when clients are targeted at the point of diagnosis, and fascinating to learn about ‘LSVT BIG’ which takes the same principles and applies them to the limb motor system. A combined “think BIG and LOUD” must have the potential to improve the quality of everyday life in people with Parkinson’s disease and other neurological conditions.

The conference closed with information from the organisation Cerebra (www.cerebra.org.uk) which offers grants to help children with brain-related conditions, including developmental speech, language and communication needs. Grants are provided for equipment and resources which will improve the child’s quality of life.

In addition to its annual conference, the Association of Speech & Language Therapists in Independent Practice runs regular courses such as ‘Setting up in Independent Practice’ – further details are at www.helpwithtalking.com.

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