

IRISH ASSOCIATION OF SPEECH
& LANGUAGE THERAPISTS

UPDATE

MAGAZINE AUTUMN 2011



IN THIS
ISSUE.....

IASLT Biennial Conference
Questions & Answers
IASLT AGM & Study Day



IASLT COUNCIL 2011 – 2012

IASLT are pleased to present the following members who make up 2011-2012 council. Each member of council either assumes an officer role or a link role with a standing committee. These link roles ensure that council and the standing committees have a formal way of communicating with each other.

Name	Council Role	Email
Deirdre Kenny	Chairperson Education Board link	chairperson@iaslt.ie
Sinead Kennedy	Vice chairperson	vicechair@iaslt.ie
Anne Healy	Honorary Secretary Membership committee link	secretary@iaslt.ie
Grainne McKenna	Secretary Publications committee link	secretary@iaslt.ie
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Jonathon Linklater	Website committee link	web@iaslt.ie
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Committee Members

Anne Marie Clancy, Chairperson
Jeanette McDonnell
Niamh Quinlivan
Adeline Quinn
Mary Kearney
Ciara Murphy
Martina Boyle
Kate Egan
Rosemary Kavanagh
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UPDATE is the bi-yearly magazine issued to Members of the Irish Association of Speech & Language Therapists,
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www.iaslt.ie

LETTER FROM COMMITTEE

Dear IASLT Members

We are delighted to welcome you to the Autumn edition of UPDATE. This edition is jam packed with many stimulating articles from various sources: including a Questions and Answer page with Caroline Bowen, an update from SIGs, an insight into SLT and evolving technology. As we all know, the IASLT conference is almost upon us, and we have included an agenda, kindly submitted by the conference committee, on what to expect.



As always, this publication could not be brought to you without a very hard working publications committee and of course, you, the contributors. The response to our call out for submissions was overwhelming and for that, we are very appreciative.

This is the last publication for the current publications committee. I am sure that I can say on behalf of the committee, that it has been an exciting venture into the unknown, which has most definitely involved a steep learning curve. We have always endeavoured to develop the publication to meet the members' needs and have always valued all feedback that we have received. We are currently speaking with clinicians who are interested in becoming involved in the future publications committee, which as of yet, has not been formed. However, please let that not deter you. If you are interested in becoming involved in the next publication committee or you wish to submit to the next publication, which is due out in Spring 2012, please email publications@iaslt.ie.

On my behalf, may I take this opportunity to thank the publications committee for all of their hard work. May I also thank Maeve Murphy, former Chairperson of IASLT and Deirdre Kenny, current Chairperson of IASLT, for their support over the last couple of years. I would also like to take this opportunity to thank all who have contributed to the four publications since 2009 as you gave so generously of your time and without this, we would not have had a publication.

Anne Marie Clancy
Chairperson of the Publications Committee
On behalf of the Publications Committee



SPEECH AND LANGUAGE THERAPISTS ABROAD

My day as a speech and language therapist in London is usually both varied and busy. I work across two different teams for the trust that I'm in- school age and early years. Which means I could be working in a different school, children's centre or clinic on any day.

On my school days, I generally visit one or two schools in a day depending on my timetable. (This can be either primary or secondary). This usually includes both liaison with class-room staff as well as direct therapy. On occasions, I also have parent and SENCo meetings, annual review meetings and drop-in advice sessions for parents.

My early years days have varied since I started the job. Initially I was running therapy groups in a clinic setting. These were run with a speech therapy assistant, parents and often translators. I am currently helping to run 'drop-in' assessment sessions in the children centres across the borough. This was a pilot scheme that our service set up in order to promote closer working with the community, and also to provide a more informal setting for parents to bring their children to be assessed or for advice.

Alison O'Brien

LETTER FROM CHAIRPERSON

Dear member,

Welcome to the autumn edition of Update. Hope you all had a lovely summer and made the most of the little bit of sunshine we had. I hope you enjoy reading this edition of Update which is full of entertaining and informative news. Thanks to the publications committee for all their work on this edition, their last, and all their work over the last few years.

We held our AGM in May of this year and were delighted to see so many of you there. The following stepped down from Council: Maeve Murphy, Kerrie O'Grady, Ciara O'Toole, Lorraine Carmody and Aoife Henn. Thanks to each of them for their contributions. Our new Council was voted in and we held our first meeting in June. Details of our 2011/2012 Council can be found in this publication. I would like to thank those who are staying on – Edel, Anne, Jonathon, Derval, Aoife and Marijke and welcome the new Council members – Kristine Coffey, Louise Collins, Sinead Kennedy, Grainne Mc Kenna and Siobhan Manning. 2010/2011 was another busy year for IASLT Council.

Some of the projects we focused on included:

- PA Consulting completed their project looking at staff grade rotations across SLT/PT/OT and final report has been presented to Council for ratification.
- Work between IASLT and the universities which had been on-going since 2007 was completed. Dysphagia competence now forms part of the graduate competencies for all newly qualified SLTs. Many thanks to all those involved. This is an important development for the profession.
- We signed off on guidelines on the assessment and management of eating, drinking and swallowing difficulties in adults with intellectual disability and guidelines for SLTs involved in dual service provision.
- IASLT set up an advisory group to review the dysphagia standards and this work is due to finish by September 2011.
- We presented a bid to host the Triennial World Congress of IALP in 2016 at Athens and were successful. Many thanks to Aoife McGuire and Ciara O'Toole for their work. We received positive feedback from many of our international colleagues on our bid.

Submissions were sent into the following:

- HIQA draft standards for better safer healthcare
- Proposed national charter: the HSE and you
- Department of Education and Skills draft literacy numeracy plan
- Contact has been made with the new Minister for Health and Minister for Children
- We were delighted to reach one of our existing goals of obtaining dedicated office space for the Association. Our new office is based in Harcourt Road, Dublin 2. Edel, our CPD project manager, is based there. Our post is now going to this central point. Many thanks to those who have been trekking to our PO Box in Cork for the last number of years.

Our focus for this year includes:

- Promoting the work of speech and language therapists through our PR campaign
- Continued development of our website
- Expanding our membership and providing more opportunities for members to be involved
- Developing our strategy
- Planning for the IALP Congress in 2016

Thanks to everybody who is involved in the work of IASLT. We could not continue without the support and involvement of our members. I welcome your views and feedback at all times, and as we plan for IASLT in the coming months we would love to hear what IASLT means to you now and what you would like it to be in the future.

**Slán agus beannacht,
Deirdre**

Deirdre Kenny
Chairperson IASLT
chair@iaslt.ie

UPDATE FROM IASLT CPD PROJECT MANAGER

The role of the IASLT CPD Project Manager established in July 2009 continues to grow. The last 12 months have seen further development of the role as well as the completion of a number of projects.



CPD Funding

In March 2010 funding was secured from the HSE to develop Interdisciplinary stroke workshops to be delivered in each HSE region. Four workshops were held with approximately 280 Health and Social Care Professionals completing this training. This included Speech and Language Therapists, Physiotherapists, Dietitians, Occupational Therapists, Orthoptists and Podiatrists. This project has been evaluated and the report will be available shortly on the IASLT website.

CPD Funding 2011

In March 2011 I made a number of submissions to the HSE to request funding for CPD events. The submissions made were based on nationally identified need.

Funding has been sanctioned for the following;

- Hanen 'It Takes Two To Talk' ; four workshops – one in each HSE region.
- Picture Exchange Communication System (PECS); two workshops. The first workshop took place in Dublin on 22nd and 23rd September.
- EBP and Research Workshops (Basic Level); 1 two day workshop in each HSE region. This will be open to Speech and Language Therapists, Occupational Therapists, Physiotherapists and Dietitians.

Speech and Language Therapists working in the publicly funded health service will be eligible to attend. Registration details will be available on the IASLT website and will also be circulated via the SLT Managers group.

CPD For Managers 2011;

- A group comprising of representation from five disciplines (occupational therapy, social work, speech and language therapy, psychology, physiotherapy) have been working since late 2010 to develop a workshop for managers which aims to enhance knowledge about interdisciplinary team working in order to enhance the development of interdisciplinary team working in the early intervention services. It is hoped to run each workshop regionally commencing this Autumn. Information will be circulated via the National SLT Managers group as appropriate.
- Leadership Supervision For Managers; A survey conducted in 2010 with SLT and OT managers indicated that training in supervision was an area identified strongly as a priority within these professions. Up to 60% of SLT managers recognised the need for further support in the form of professional supervision and/or mentoring. As a result of this survey and in conjunction with other work completed by the National SLT Managers Group a proposal was submitted to the HSE to secure funding to run Leadership supervision workshops for SLT and OT Managers. The funding application was successful and the implementation of this is currently being discussed in conjunction with the SLT and OT managers groups.

Health and Social Care Professionals Education and Advisory Group

Set up in September 2009 and continues to focus on a number of projects. Within this group there are a number of subgroups that I am involved in;

1. I am chairing a subgroup which is focusing on developing a statement for the HSE around CPD. Once completed the relevant professional bodies will review this document prior to it being made available.
2. A second subgroup is focusing on the development of a Health and Social Care Professionals Hub on HSEland. It is hoped this will be a useful resource for CPD and for the promotion of networking and sharing of learning and will be accessible to all Health and Social Care Professionals. This Hub will be launched in November 2011.
3. A third subgroup is focusing on research. The group are currently profiling the research activity, skills & attitudes of all HSCPs working in both the HSE & HSE-funded services. Findings may influence future research funding for HSCPs.
4. During 2010 I also collated information from Speech and Language Therapy services that detailed many examples within Speech and Language Therapy where there has been an improvement to the patient pathway/ journey through the enhanced role of the SLT. This information was shared with Dr. Barry Whyte's office in the Clinical Strategy and Programmes directorate.

From College to Work Education Sessions

This programme commenced in 2010. Following evaluation the programme was delivered again in 2011. This initiative was developed by the HSE in conjunction with Universities for final year students (Speech & Language Therapy, Occupational Therapy, and Physiotherapy). The training is interdisciplinary in its content and delivery. The aim is to provide access to quality information about the public health services in Ireland and to facilitate students to reflect on their experiences on clinical placements and their experiences of the implementation of change in the health services. Students identify their signature strengths and development needs required for entering the workplace and will develop a personal action plan for how the above can be transferred to the workplace.

Stroke Care Foundation Programme

A working group was set up in early 2011 comprising of Nursing and Health and Social Care professional representatives to develop a national foundation level Stroke Programme for those working in Stroke Care. Ruth Maxwell, Senior Speech and Language Therapist is also involved representing IASLT. This group is linked with the Clinical Strategy & Programmes Directorate Clinical Care Programme for Stroke. Emma Benton, Therapy Advisor with the Clinical Strategy and Programmes directorate is also involved. Delivery of a pilot of the programme is currently being planned for St. Vincent's University Hospital, Dublin and Waterford/south east.

HSE Programme for First Time Managers (FTM)

I represented Health and Social Care Professionals on the development of this programme during 2010. Delivery of the programme commenced in late 2010/early 2011. This programme marks progress on implementing recommendations relating to management development contained in the report of the Commission on Patient Safety and Quality Assurance.

E-Learning

In late 2010 I completed a three day training course focused on developing the required skills to develop e-learning modules. This training was provided by Aurion courtesy of the HSE. I am finalising a module based on the IASLT/ INDI national descriptors document. This module will be hosted on the HSCP hub on Hseland and will be accessible to all Speech and Language Therapists (HSE and non-HSE).

Advertising CPD Events

Some details of upcoming CPD courses are available on the IASLT website. If you or your Department is organising a CPD event please feel free to send me details and I will make it available on the IASLT website. Advertising upcoming CPD events is currently free of charge. Please email details to cpd@iaslt.ie.

QUESTIONS & ANSWERS

Professor Caroline Bowen



Dr Caroline Bowen is a Speech-Language Pathologist, an Honorary Associate in Linguistics at Macquarie University (Sydney), a Certified Practising Member of Speech Pathology Australia and a Fellow of the American Speech-Language-Hearing Association. With qualifications in speech pathology, speech and drama, and family therapy, and a doctorate in clinical linguistics, her workload comprises a happy mix of clinical practice, presenting continuing professional development (CPD/CEU) events in the area of children's speech sound disorders, research and writing. She presents internationally in the area of children's speech sound disorders and through cyberspace as a website owner and moderator of the nearly 7,000-strong phonological therapy discussion group. An expert on Lionel Logue, she has consulted on a play and two books about Logue.

If someone wrote a biography about you, what would the title be?

Speechwoman.

What's your favourite weekend activity?

Chatting over lunch with my husband in a favourite restaurant in the heart of Sydney on a Sunday afternoon.

What would you do if you weren't afraid to?

Load the washing machine without sorting whites from coloureds.

If you could be or do anything else - what would you be?

Now you're asking! Anything? I want a personal chair in speech sound disorders at a university with no research funding hassles, and I want it NOW!

What was your favourite toy (or game) as a child, and why?

Meccano.
Why not?

What are you most proud of?

Not "what", "who". Personally, my family; professionally, my colleagues everywhere; publicly, those who actively oppose the war in Iraq; patriotically, Australia and New Zealand; privately, my husband, Don.

What do you like most about your job? What do you like least?

Teaching and learning with SLT colleagues worldwide: Australia, Canada, Hong Kong, Ireland, Malaysia, New Zealand, Philippines, Portugal, Singapore, UK, USA... where next, I wonder?
Packing a bag for cold weather with a 20Kg limit.

Where is your favourite place to visit?

Botanic Gardens anywhere.

When you graduated what were your ambitions for your career?

I wanted to work as a clinician and not be "promoted" into an administrative role, to pursue further study and research, and to be active in our professional association, Speech Pathology Australia.

Do you have any wise words for new graduates?

No, but Joan Rosenthal who really is wise, writes about resilience in the workplace and a three-element survival kit. Here's a taste: "The final item in my survival kit is an understanding that the development of expertise is a two-way street. There is an obligation to share such wisdom as we have acquired, and to learn from what others can contribute. Consider how you can do this. It may be by mentorship, by sharing with colleagues, by brainstorming over clinical problems, by writing, by teaching. It may also be by asking questions, by expressing ignorance, by acknowledging feelings of uncertainty and need for support." Rosenthal, 2009.

REFERENCE

Rosenthal, J. B. (2009). Key components of a survival kit: Theory, evidence and experience. In C. Bowen, Children's speech sound disorders. Oxford: Wiley-Blackwell, pp. 346-366.

Caroline Bowen PhD CPSP

ASHA Fellow

Speech-Language Pathologist

cbowen@ihug.com.au

FREQUENTLY ASKED QUESTIONS:

Julie Regan, Clinical Specialist SLT (Neurology),
AMNCH, Tallaght, Dublin 24.

Q. An adult with an uncommon neurological condition has been referred to our SLT service. Can you provide guidance regarding SLT evaluation and intervention?

A. Yes! In AMNCH, we have experience of working with people diagnosed with less common acute and progressive neurological conditions (e.g. Guillain Barre Syndrome, Huntingtons disease, parkinsons plus syndromes, myasthenia gravis, inflammatory myopathies). We are happy to talk by phone/email regarding specific presentations and to provide second opinions based on information provided. In specified cases, a second opinion on videofluoroscopy exams can be given.

We offer advice on the nature and timing of evaluation in individual cases and the provision of evidence-based dysarthria and dysphagia interventions. We also have information on resources specific to different neurological conditions (e.g. textbooks, research articles, training packages, MND or PSP nurse specialists, AAC devices). Advice can be provided regarding management of ethical issues (e.g. compliance with modified diet/family refusing tube feeding/medical team want patient to eat for QOL purposes).

Q. We would like to develop our dysphagia service. Any suggestions?

A. We currently provide post-graduate training in dysphagia and videofluoroscopy analysis on an annual basis. Other dysphagia training courses provided by AMNCH are on an ad hoc basis. If you would like training in a specific area of dysphagia (e.g. cervical auscultation, FEES, pharyngeal manometry) or are keen to attend a conference, we can happily point you in the right direction for training whether it is at home or abroad. Information on specific dysphagia evaluations (e.g. bedside screens, clinical assessments, instrumental evaluations) can be provided. We also have information on most up-to-date dysphagia treatments (e.g. thermal-tactile stimulation, neuro-muscular stimulation, shaker exercises). We will also happily discuss any dysphagia service issues (e.g. time slots in radiology, prioritisation, videofluoroscopy protocol).

Contact: reganju@tcd.ie with any queries.





SLT IN EDUCATION

UNIVERSITY OF LIMERICK

News from the Speech and Language Therapy Department.

The Speech and Language therapy department at UL has a number of research projects underway encompassing aphasia, childhood Speech and Language impairment and development and clinical decision making in education and practice.

Students supervised by Professor Sue Franklin have carried out research with people with Aphasia using Sensecam technologies working in partnership with the Interaction Design centre (IDC) at UL. Recent projects used sensecam data as measures of participation in everyday life. Also in collaboration with the IDC, Sue and Aine Kearns (Regional placement facilitator) created a therapy tool application (for iPad) for

people with anomia. The app is based on semantic feature analysis and its use and development have been explored to date in the on-site intensive aphasia clinic at UL. Sue Franklin and Julie Morris (Newcastle University) have just completed a major review of the assessment and treatment of Auditory Comprehension disorder for a forthcoming publication on aphasia. Arlene McCurtin's research explores the scientific basis of clinical practice by looking at clinical decision regarding therapies and techniques used in speech and language therapy practice. Arlene has an interest in science and pseudoscience and the foundations of clinical decision making. Phase two of the research involving a web based survey of speech and language therapists around Ireland, got an excellent response with some interesting results and has informed the next stage of focus groups

with a number of volunteering SLT departments, which is now complete. Arlene hopes to present some preliminary data from her research at the upcoming IASLT conference.

Longitudinal research being carried out by Aileen Wright with children recruited through local speech and language therapists, aims to explore the change trajectory of phonological delay and whether profiles remain constant or children change from type to type, whether clinical intervention is necessary for all types of delay, and to isolate factors predictive of later outcomes. The results of the study should lead to a deeper theoretical and clinical understanding of phonological delay, as well as the development of faster, more reliable methods of assessment and more cost-effective intervention.

Carol-Anne Murphy is in the final stages of research examining sentence production profiles in children with SLI, supported by a HRB fellowship for clinical therapists. The work involved assessment and intervention with children with SLI in the Midwest and Midlands areas with the support and involvement of children, parents, schools and particularly speech and language therapists in those areas, with data also gathered from typically developing children on assessment and intervention probes developed during the research. Preliminary findings have been presented to the SIG in SLI in Port Laoise, at the Child Language Seminar in Newcastle in June and at the triennial conference of the International Association for the Study of Child Language in Montreal in July.

The department welcomes opportunities to conduct final year student research projects with local speech and language therapy services and teams.

Across the departments of Occupational Therapy, Physiotherapy and Speech and Language Therapy Interdisciplinary Practice Education Training Road shows are being coordinated, which cover clinical education topics; giving feedback and setting learning goals. The Regional Facilitators in UL across the same departments including Olive Gowan, now PEC, have been involved in an innovative client centred, case based model of interprofessional education (IPE) which aims to improve inter-professional communication and team working skills for the students and therapists involved in

practice placements. Outcomes of a study involving 3 focus groups comprised of students and practice educators from OT, Physio and SLT, which explored their experiences working within the framework of IPE, indicated that IPE in the clinical setting, using the client centred model, provided a strong foundation for enhanced student learning in practice education contexts.

An ongoing adult stammering therapy group, Freedom of Expression, run by Aoife McGuire, with referrals being facilitated from throughout the Mid West offers students the much needed opportunity to directly observe and reflect on the process of stammering therapy.

COCHRANE SYSTEMATIC REVIEW

Experience of conducting a Cochrane Systematic Review on non-speech oral motor exercises with the support of a HRB Summer Student Scholarship Doris Murphy, a UCC Speech and Language Therapy undergraduate student, was recently awarded a HRB Summer Student Scholarship. This is the first time a student in the Department has been awarded one of these prestigious national awards by the Health Research Board. The purpose of the student scholarships is to encourage an interest in research and to give students an opportunity to become familiar with research techniques. Dr. Alice Lee and Prof. Fiona Gibbon are supervising and co-authoring the project. The research project which Doris is involved in is a Cochrane Systematic Review studying the efficacy of non-speech oral motor treatment (NSOMT) for treating developmental speech sound disorders in children.



(From left to right) Dr. Alice Lee, the awardee, Ms. Doris Murphy, and Prof. Fiona Gibbon.

This is a very controversial area due to the preponderance of commercial products and training workshops available to SLTs on this topic, despite the lack of research into this intervention.

Doris is responsible for conducting a thorough literature search, developing inclusion forms and data extraction forms, and using these forms to find relevant articles and information. The authors will then summarise the findings, and come to a conclusion on the efficacy of

NSOMT for treating developmental speech sound disorders. This research will play an important role in resolving the controversy over non-speech oral-motor exercises and their application to speech and language therapy. It could have a major impact on current practice in Ireland, as many therapists currently use these techniques. This research will be presented in poster format at a national convention for students who received a HRB Summer Student Scholarship.

Technology and SLT

Ciarán Kenny



Before beginning my career as a Speech and Language Therapist, I spent five years working as a software developer and retain an interest in all things “techy” from that time. As such, when I began studying SLT, I was surprised at how little penetration technology had made into the field. There

was even a sense of reluctance from many SLTs to consider integrating technology into their services.

Unfortunately for the Luddites amongst us, there is no escaping the fact that technology will become an inevitability of our job! Far from being something to fear, technology can make our jobs easier, motivate our clients to work harder and improve our services.

My prediction is that in the near future, technology will make assessment and intervention easier by automating certain tasks and analysing results more quickly and objectively than we ourselves can. Imagine a computerised CELF, where multimedia test materials motivate children to attend to the whole test. Responses to questions are calculated instantly for therapists, delivering areas to target in therapy. This is entirely possible using today’s technology.

Where I see the most potential for technology is in the use of mobile devices, like smartphones (like iPhone) and tablet computers (like iPad). Applications could easily be developed for these to enable clients to perform therapy tasks at home, saving us from having to write up the dreaded “home programme”.

Even more impressively, AAC is already moving towards mobile technology as its new home.

I once had a client with severely dysarthric speech use a free iPhone app that turned his phone into a speech synthesiser, saving him the cost of purchasing a LightWriter, while also being more socially acceptable.

I was fortunate enough this year to attend the International Congress on Telehealth and Telecare in London. This was an event, which was used as a platform to discuss and advocate for the remote provision of healthcare. The overarching message from this conference was that technology is being used very successfully in both a preventative and therapeutic role, while also allowing more and more people to access information about their own health and become more empowered in their care. This was said to be critically important, as our aging population means that in the future, there will be more patients than carers to care for them.

While the conference was mostly attended by medical professionals from acute settings, there were some allied health professionals in attendance and an overwhelming enthusiasm towards using telehealth/telecare both preventatively and for rehabilitation. See below for links to presentations and abstracts.

There is no limit to the ways in which we can deliver better client care and technology offers us one such way to do so. All we need to do is be open-minded about when to use it and enthusiastic enough to try!

Links:

International Conference on Telehealth and Telecare videos:
<http://www.kingsfund.tv/telehealth/>

Abstracts of presentations from the conference:
<http://www.ijic.org/index.php/ijic/issue/view/50>

Recession-friendly Tech Tips

Set up a separate e-mail address, which service users can use to contact you. This is particularly useful for those with communication difficulties that find phoning difficult. Your local IT department should be able to set you up with a new address easily.

Purchase a cheap Pay-As-You-Go mobile phone. As above, this could be used for contacting clients that find text messaging easier than phone or e-mail use. Phones also double-up as being useful for clients that might benefit from "texting therapy" as a functional means of communicating!

Consider purchasing a digital voice recorder, instead of using traditional tape recorders or Dictaphones. Good quality recorders, sufficient for speech and voice assessment/therapy are available from about €50 from Argos. These have the advantage of allowing you to copy files to your PC to store for later review, are higher quality than tapes, save physical storage space and allow for files to be inserted into presentations.

For clients that cannot attend therapy sessions in person, or to whom you cannot travel, consider doing therapy over webcam using Skype, a program designed to allow online video conferencing. This may be blocked by a firewall in your department, so you may need the assistance of your IT department.

Think about using YouTube for more interactive Reminiscence Therapy. This is already in use in Tallaght Hospital, where a playlist of videos has been put together. To access this, search for "silversurfersgroup" then click "Search Options" and click "Playlists". This provides a list of suitable videos for a ready-to-go Reminiscence Therapy group.

Consider linking with your local university or Institute of Technology. Students of computer science or multimedia may be interested in collaborating with you to devise a game or a tool that might be of benefit to your service users, while also looking good on the student's portfolio!

Recommended Apps for iPhone/iPad

Dysphagia

iSwallow is an app that allows therapists to put together a tailored programme for swallow rehab onto the dysphagic client's phone. It even allows therapists to set reminders, so clients have no excuses for forgetting their homework! Free to use.

Communication

Grace – Picture Exchange for Non-Verbal People is an app that delivers PECS to an iPhone/iPad and was developed in Ireland by a parent of an autistic child and computing student! Cost is €29.99.

Talk Assist is a free speech synthesis app that can allow the user to type messages into the mobile device and have a computerised voice speak them aloud.

Icoon allows users to browse through a set of 500 symbols divided into 12 categories. Potentially useful for the aphasic patient as a communication book, or for core vocabulary work. Costs €0.79.

General

By searching for **Smalltalk** in the App Store, you can find a number of apps for dysphagia, aphasia, dysarthria and apraxia, developed by SLTs for use with clients. These could also potentially be used with paediatric populations, though perhaps with older children.

Equipment Review

Device: Logan® ProxTalker®

O'Neill HealthCare Ltd. P.O. Box 7196, Dublin 13.

For more details please visit: <http://www.proxtalker.com> or www.onhealthcare.ie

Cost = €1,995

Reviewed by: Pricia Nolan, Speech and Language Therapist, Stewarts Care, Palmerstown, Dublin 20.

The Logan® ProxTalker® is an exciting mid-tech device which gives the user, therapist and carer easy access to communication at the touch of a button. Compatible with any picture exchange system, its robust, water resistant design survives even the heaviest use! Just Pick a tag, Place it on a button and Press - the ProxTalker will say the appropriate sound, word or sentence.

- ProxTalker is being used for communication of classroom teaching.
- Portable in a backpack or wheelchair/wall mountable in binder format.
- 1GB memory
- Easily adjustable volume
- Up to 5 months battery life in use
- USB connectivity

Easy access to vocabulary which can grow with need

Colour coded pages available for organised tag storage

Tags can be labelled with wide range of symbols, photos, text or objects of reference and can store up to 8 secs of recording time giving them huge versatility of use

Unique Programming Tags and inbuilt microphone enable easy management of sound tags

Do your service users use the Picture Exchange Communication System (PECS)? Ever tried to bridge the gap between a low tech picture-based system and a medium tech voice output communication aid only to find it too difficult for the adult/child? Meet the ProxTalker.

The ProxTalker was invented by an American father whose son has Autism "so he could communicate verbally and with people who did not understand his PECS books." It is based on the popular PECS and therefore provides a natural next step for children/adults already familiar with this system.

"The ProxTalker enables ...communication in 1:1 or group setting for users of all ages with a wide variety of difficulties: autism, Down's syndrome, learning or acquired language difficulty or delay."

The unique selling point of the ProxTalker is its use of RFID technology, allowing a static picture (tag) to provide voice output. A talking PECS book in effect!

"Just Pick a tag, Place it on a button and Press - the ProxTalker will say the appropriate sound, word or sentence."

A maximum of 5 tags can be placed onto the ProxTalker at any one time allowing the child to develop sentence construction. A new addition to the device is the 'speak all' button, eliminating the need for the child to press each tag individually to hear their sentence. Larger tags and light touch buttons are available for those

with visual/motor difficulties. 4 X C Duracell batteries are used and last up to six months.

The ProxTalker's high resistance is, in my opinion, it's trump card. No need to worry about this being dropped into water or onto the floor if this extreme YouTube clip is anything to go by! http://www.youtube.com/watch?v=aZD_fjkQPgA

Unfortunately with high-resistance comes an increase in weight. The ProxTalker weighs 4.7lbs and is transported in a small back pack between locations (Dimensions in back pack: 12.9" x 7" x 3.5"). It is therefore not suitable as a hand held device.

When purchasing this device you can opt for 80 pre-recorded tags and 20 blank OR 100 blank tags. I recommend ordering 100 blank tags as this will allow you to personalise to the individual child. Make your own tags easily using the U.K BoardMaker/WORD template found on the ProxTalker website. I would advise you to print out a test page before printing the labels as I found that on an old P.C the pictures can print slightly outside the margins. Recording and changing messages is quick and straightforward.

In my experience the ProxTalker is an innovative and useful device for non/minimally-verbal service users. Its simplistic nature means that service users who are already familiar with PECS learn to use it very quickly.

For a free trial period contact O'Neill HealthCare today!

RESOURCE REVIEW

A review of the New Reynell Developmental Language Scales

Sarah Keegan, Speech and Language Therapist, Dublin South City

Presented in a tidy new carrier bag, the New Reynell Developmental Language Scales (NRDLS) promises to “reflect developments in our understanding of typical and atypical child language” (Edwards, Letts & Sinka, 2011).

Differences between the NRDLS and its predecessor the Reynell Developmental Language Scales III (RDLS III) include “new bright and attractive pictures” and greater “transparency”, making it clear which aspect of language is being tested by each section. Whilst some of the testing sections from the RDLS III remain intact, others have been omitted in order to limit testing time.

The NRDLS has retained two scales, a comprehension scale and an expression scale which has been renamed “production” to reduce confusion around interpretation of results by fellow professionals. Authors recommend that a unique feature of the NRDLS is that it allows for qualitative analyses of results, highlighting areas of language that require further assessment (e.g understanding tense marking, complex sentences or vocabulary development).

Advantages

From an administrator’s perspective, the NRDLS presents as a more user friendly tool than it’s predecessor. On a practical level, fewer test materials make administration more fluid and time efficient. The pictures are child friendly with three main characters (teddy, rabbit and monkey) featuring consistently throughout. In my experience, children responded positively to test materials and as administration required less manipulation of materials, children’s attention levels were retained throughout. A further advantage of The NRDLS is the inclusion of a Multilingual Toolkit which provides guidelines on ways in which the assessment may be adapted for use in different linguistic and/or cultural settings (Edwards et al., 2011). The guidelines outline the linguistic focus of each section in the NRDLS and also cultural/experiential issues that may impact on results, semantic and structural issues that may arise as well as questions to ask about the target language and adaptations that may be required.

Disadvantages

The NRDLS has a retail value of £499.00 for the complete set (as advertised on GL assessment website) which is an expensive investment for clinics already utilising the RDLS III. Also, the assessment has been standardised on a British population only and subsequently, standard scores may not be entirely representative when used with an Irish population.

In summary, modifications reflect changing populations and the inclusion of the Multilingual Toolkit is a positive step toward aiding therapists in the assessment of children who do not use English as their primary language. In all the NRDLS presents as an attractive and more efficient assessment tool than it’s predecessor, and subsequently, if you’re looking at replacing the RDLS III in the near future, the newer model is well worth the investment.





IASLT STUDENT CONFERENCE 2011

Éanna Corbett, NUIG Graduate and chairperson of the student conference 2011.

The 5th Annual IASLT student conference took place in NUI Galway on the 5th of March of this year. The previous night the students of NUI Galway hosted a wine reception in the college bar for the students from the other three universities University College Cork, Trinity College Dublin and the University of Limerick all who offer Speech and Language Therapy as a study option. Following the wine reception, stuffed to the gills with spring rolls, chicken goujons and washed down with a complimentary glass of wine, students retired for a well needed nights rest before the conference itself on the Saturday.

The conference on the Saturday was met by queues of bustling students registering for the much popular event, which had been advertised since the previous Autumn in their respective colleges with the

most illuminous posters you have ever seen. It would have been extremely hard not to catch a glimpse or miss out on the advertising!

The line up for the day had been decided by the IASLT Student Liaison committee at their November meeting. The IASLT committee each year is made up of two students from each of the four colleges. As well as this each college takes its turn to host the all important student conference and this year it was NUIG's for the second time. NUIG had previously hosted the first ever student conference in 2007. This year the members of the student committee were Éanna Corbett, Fiona Ní Mhaolalla, Rachel Moore, Roisin O'Grady, Anna Gillman, Patricia Donnelly, Shinan Buckley and Karen O'Driscoll. All who had been frantically communicating with each other via e-mail in the months before the conference

trying to organise the whole day and ensuring that everything ran smoothly. All of the organisation was carried out under the watchful eye of the student liaison officer Aoife McGuire (UL), who was there at all our times of need with words of wisdom and encouragement.



Deirdre Kenny,
Chairperson of IASLT

In total seven talks were delivered on the day of the conference. The conference was opened by Rena Lyons, Head of the Department of Speech and Language Therapy in NUIG who delivered a warm welcome to students from all the universities and all speakers. Éanna Corbett welcomed students to the university on behalf of the student committee and asked everyone to be on their best behaviour for the talks that were to follow!

Deirdre Kenny, IASLT Chairperson delivered two talks to students, the first, introducing IASLT as a professional body and also about the Mutual Recognition Accord (MRA), while her second talk focused on the all important interview tips for the pending panel interviews for all the final year students. All of whom have now entered the competitive race for that all important job. AH the relevance! Sarah Brady talked about working in Private Practice along with a senior following graduation, and inspired students to have a positive attitude to viewing private practice as an option with the obvious restrictions such as having adequate supervision. Martina Boyle gave us a whistle stop and incredibly informative account of her experience of working in Wales as a new graduate. She helped students with their queries about the numerous forms and rain forests they would need to destroy in order to fill out the paper work for registration with the Health Professional Council in the UK.

The students then retired for the all important tea and coffee, which would pave the way for students from each of the universities to mix and interact with each other and discuss all of the important information that had been imparted to them in the morning talks.

Upon return from the coffee break, students participated in a student activity led by the UCC reps and then James McCormack took to the stage



Aoife McGuire Presenting at the Student Conference

and went on to deliver a powerful and emotional account of living with a stammer. While James was speaking to the students, the atmosphere in the room was the most focused we have ever seen students at a lecture ever... and we speak from experience. In that room, during that talk, you could hear a pin drop. And although we as student SLTs have the knowledge about specific communication disorders, there is something breathtaking about listening to a person's lived experience of a communication disorder. It was during this time that we realised who the real experts are.

Following James' electric talk the group broke up once again this time for lunch in Friars. Students again had a great opportunity to mix with each other and to talk about the day as a whole and prepare themselves for the remaining talks in the day.

Following lunch, Patricia Collins spoke about a possible post graduate opportunity for students, as she explored the European Clinical Specialism in Fluency Disorders and recounted her own experience of completing the course. The final talk of the day was delivered by Edel Dunphy CPD officer for IASLT. Edel's talk was both important and informative for students, in order for students to be clear on the area of CPD, a topic which is often discussed on placement.

At the end of the conference all of the guest speakers formed a panel for questions from the audience. The majority of the questions were geared towards James with students hungry to hear more of his stories and to hear his insightful answers. Other areas addressed on the panel included registration for the UK, employment challenges and questions on the panel interviews. At half past four the day was over. NUIG closed its doors to students, and the months of preparation on the part of the student committee were fully realised. Students talked to one another as they left the lecture hall and waved goodbye to fellow students who had been in their company during the day. All in all the conference was a huge success and the large numbers in attendance was reflected by the topicality of the talks covered. Now the responsibility of the 2012 conference passes to.... the UCC reps.

We, the IASLT Student Committee would like to thank all of the guest speakers, the students who attended and also to thank everyone for their kind words and wishes which they expressed at the end of and since the conference. It was a pleasure representing you and organising and co-ordinating the 2011 5th Annual IASLT Student Conference.

TRIALS AND TRIBULATIONS OF BEING A REP

Éanna Corbett, NUIG graduate

Being asked to volunteer oneself as an IASLT Representative (Rep) in the middle of a nightclub on a night out by a student who was two years ahead of me was definitely a different experience of being chosen as an IASLT Rep. Although I'll admit I have no regrets about accepting the position. Being an IASLT rep definitely has its high points and low points. I had the pleasure of being involved in organising the IASLT Student Conference which took place in NUI Galway in March of this year. It was a great experience to co-organise an event at an undergraduate level, and it is definitely a sign of commitment when you're more worried about the conference going well rather than your case presentation and viva you have the same day! I have to say that the job has more high points than low points. You have great opportunities to meet the other students on the committee and find out how they are coping with life as an SLT student. You also have great opportunities to meet with and make friends with the University staff that are

involved in the committee, and begin to make yourself known in the SLT circle from an early point.

The duties of each rep include sending e-mails between other reps, attending the meetings of the student committee and having the opportunity to sit in on IASLT council as a student observer. All of these are great experiences to have as an undergraduate student and all are transferable skills you can use both on placement and in your working life. Being a rep helps you build skills such as organisation, delegation, interpersonal skills and team working skills. If you have the pleasure of being a rep of the hosting university of the conference then you will have a bigger workload. You are responsible for organising the conference venues, catering, electronic equipment, drinks and maps to the conference site to name but a few. However, the purpose of this article is to entice people to sign up to be a rep and not to scare them! It is important to delegate work to the other reps, such as making signs, obtaining membership lists,

and to other reps who can still perform a number of duties without being onsite. The key to making the conference work is to be organised but also to delegate.

All in all being an IASLT rep teaches you a lot of transferable skills which are important for your work as an SLT. It provides great opportunities to meet other students and make yourself known in the circle of SLT from an early stage. It is a fun and enjoyable experience and one that will make you stand out from your peers in interviews. Being an IASLT rep can only benefit you in your future careers and teach you valuable experiences. I would encourage anyone thinking of taking on the position as IASLT rep to make themselves known to the IASLT reps in their college who can put their names forward for election in the future.



Dr Robert Fourie, speaking at the IASLT AGM

IASLT AGM & STUDY DAY

The IASLT AGM and study day was held on Friday May 20th in the School of Nursing and Midwifery on D'Olier street in Dublin. There was a good turnout to the AGM with a number of members making the trip to D'Olier street. This event was free for members.

The survey we sent to members in 2010 indicated that the majority of those who responded would like the AGM to be held alongside our biennial conference. Given time restrictions, it was not possible to hold the AGM at the conference this year but this will be planned for 2013.

The day opened with a presentation from Ginny Hanrahan, CEO of CORU (www.coru.ie). CORU is the regulating authority for health and social care professionals in Ireland. Ginny gave us an interesting and informative update on registration and the process as it will apply in Ireland. The social workers register opened on the 31st of May and work has begun on developing registration for radiographers and physiotherapists. To give SLTs an idea of what we might expect in the future, Ginny discussed the social work system. Her full presentation is available in 'Other IASLT documents' in the members section of our website (www.iaslt.ie).

The annual general meeting opened at 11.30 am. Reports were presented by the Chairperson, Deirdre Kenny, the treasurer, honorary secretary, PR officer and representatives of all the standing committees. Thank you to all who submitted reports. As is usual at the AGM, members of the 2011-2012 council were elected. Five members of 2010-2011 council stepped down: Maeve Murphy, Ciara O'Toole, Aoife Henn, Kerry O'Grady and Lorraine Carmody. Thank you to all of these members who gave their time and expertise to IASLT. Seven members of 2010-2011 council agreed to be nominated for another year and were re-elected.

Four new council members were elected leaving one vacancy to be filled via co-opting. Details of those who make up 2011-2012 council are available at the end of this report. Full minutes from the AGM will be available for members at a future date. Following the AGM, Edel Dunphy, IASLT's CPD officer gave us a report of the work carried out to date.

Following lunch, Dr Robert Fourie, University College Cork, led a workshop for the afternoon. This workshop was titled 'Therapeutic relationships in SLT: Caring for ourselves so that we may care for others'. This was an incredibly interesting look at the topics of stress and burnout and the impact of these on SLT. It was refreshing to attend a CPD event in which the focus was on therapists themselves and the feedback following the workshop was extremely positive. This presentation is available in 'Other IASLT documents' in the members section of our website (www.iaslt.ie).

Finally I would like to thank all who contributed to the success of the day: the staff at the school of nursing and midwifery, Ms Ginny Hanrahan, Dr Robert Fourie and all members of IASLT who freely gave their time to help organise or present on the day.

**Anne Healy,
Hon Secretary**



Anne Healy, Secretary of IASLT, opening the IASLT AGM

INTERNATIONAL ASSOCIATION OF LOGOPAEDIATRICS & PHONIATRICS (IALP)

CONGRESS DUBLIN 2016

Congratulations to Aoife McGuire and Ciara O'Toole for successfully bidding, on behalf of IALST, to hold the 2016 IALP Congress in Dublin. The bid took place in Athens in 2010. On speaking recently with members of IASLT I discovered that many were unfamiliar with the INTERNATIONAL ASSOCIATION OF LOGOPAEDICS AND PHONIATRICS (IALP), even though all members of IASLT are affiliate members of that organisation. I thought therefore that it might be helpful to give some information in UPDATE over the intervening period.

As you will be aware interest in and remediation of speech and language disorders has a very long history. However it was not until the early 20th century that the profession began to take the form with which we are now familiar.

In the early part of the 20th century medically oriented centres for the diagnosis and treatment of speech and language disorders were established, these centres were initiated by physicians who developed the profession of "phoniatics". Prominent among these pioneers was Emil Froeschels, an Austrian, who can be considered a founder of the profession of speech and language therapy in Europe and in the United States of America. He, along with many colleagues, emigrated to the USA in the 1930's due to the political situation in Europe. In the 1920's Froeschels had established clinics for children with speech and language disorders in Vienna which attracted the attention of Karl Rothe, an educationalist, who noted that children from his school were absent on specific days, and were found to be attending the clinics. Froeschels and Rothe collaborated to establish an educational programme in "remedial speech", thus began the profession of Sprachheilpaedagogik. Students initially trained as classroom teachers followed by an additional year of education

to qualify as "speech teachers". This system continued in some European countries into the 1980's.

The early 20th century also saw the founding of Professional Organisations. The oldest, still existing, professional organisation was established in Denmark in 1923. This was closely followed by the founding of the International Association of Logopaedics and Phoniatics (IALP) established by Froeschels in Vienna in 1924. The By-Laws of the association, which have been updated over time, state that it is;

A nonprofit, non-political and nongovernmental worldwide organisation, IALP adopts the policy of non-discrimination with respect to race, national origin, religion, handicapping conditions and gender.

The organisation works for the benefit of persons with speech, language, voice, swallowing and hearing disorders. The organisation has two subfields: Logopedics and Phoniatics.



One of the stated purposes of IALP is to cooperate with international organisations such as UNESCO, UNICEF, WHO, ECOSOC, AND CIOMS.

There are four types of membership of the organisation;

- a) Individual membership open to professionally educated persons within the field of human communication disorders and sciences.
- b) Senior membership-those who have been individual members for more than 20 years may request to be designated as senior members.
- c) Honoured Members appointed by the Board and the General Assembly
- d) Affiliated Members - Members of affiliated societies.

The organisation of congresses has always been a major feature of IALP. The first Congress was held in Vienna in 1924. By this stage Froeschels was joined by a number of collaborators including Stern, Rothe, Trojan, and Stein all of whom were involved in this first congress. The format of the congress consisted of 5 main reports and 10 free papers of 15 minutes duration. A similar format has been used in succeeding congresses, now held every 3 years, the numbers attending and the number of free presentations have naturally greatly increased. In 1998, 926 participants attended the congress in Amsterdam; there were 3 main reports on invited topics and a total of 545 presentations.

The General Assembly is held during the congress, this involves individual members and delegates of the Affiliated Societies.

1. At this meeting, a number of decisions are made including;
The site of the congress 6 years hence.
(to facilitate the booking of venues etc.)
2. The topics for 3 or 4 main reports for the next congress. Presenters of these reports and respondents are decided by the Board.
3. Candidates for the new board.

Twelve minutes are usually allotted for each free papers, these presentations are submitted and subjected to a selection process approximately one year in advance of the congress—so start preparing!

There are certain other procedures which congress organisers must follow including an Opening Ceremony which usually involves cultural displays from the host country , also a half day tour which is considered an integral part of the Congress.

Committees:

A number of committees have been formed over the years in special subject areas, these include, Child Language, Fluency, Education, History etc. These committees organise meetings on specific issues and many of them present seminars during Congresses.

You will find much further information on the IALP web site. www.ialp.info and in History of the IALP, 4th edition, 1924-1998.
Edited by Margaret Leahy.

Watch out in UPDATE for further information on the 2016 Congress planning and organising in future issues!

**Submitted by
Sr de Montfort and Aoife McGuire**

Update from the SIG

Special Interest Group Adult Acquired Communication Disorders

About Us

Who are we for?

For Speech and Language Therapists who have a special interest in Adult Acquired Communication Disorders (AACD).

What do we do?

The SIG is a forum for members to advance their professional development in the area of AACD through information, knowledge and skills obtained via regular SIG newsletters and study days, which are organised by the SIG committee.

Why join?

Member benefits include newsletters, study days, bursaries, resource funding and email forums for any questions/queries SLTs have in the area of AACD. To join contact iseult.clarke@amnch.ie

SIG News

Summer Study Day: In May this year, in response to member suggestions and feedback, the AACD SIG held a hugely successful Spring Study Day on Management of Depression after Stroke. Dr Simone Carton, Principal Clinical Neuropsychologist at the National Rehabilitation Hospital facilitated an informative session on mood disturbance after stroke. This was followed by a thought provoking group discussion of SLT specific case studies led by SLT's Klara Anderson and Mary Walshe. The Update from the SIG practical use of Cognitive-Behavioural Therapy within SLT for people post stroke was presented by Clinical Specialist SLT, Jennifer Brophy.

New initiative for members: The SIG are happy to announce they are funding a resource for two members each year, up to the value of €150 per applicant. This can be used to purchase a resource or as a part payment towards more expensive resources.

Summer Newsletter: The SIGs summer newsletter was a great success – a big thank you to all our contributors. We have included an article from the Newsletter which was written by SIG member, Eleanor Meally reviewing our Winter Study Day in January 2011.

Course Review:

Eleanor Meally Snr SLT Wicklow HSE

Jane Marshall Study Day January 2011 – Gesture therapy in Aphasia, Bilingualism and Aphasia.

Taken from the Adult Acquired Communication Disorders SIG Newsletter

The winter Study day of the Adult Acquired Communication Disorders SIG was held on January 21st 2011 and featured two presentations by Jane Marshall, Professor of Speech Pathology at City University in London. Her areas of research interest include naming impairments, sentence processing impairments and the use of writing and drawing in therapy. The focus for her presentations was aphasia in bilingual populations based on the findings of a study carried out at City University, London and the use of gesture in severe aphasia, which was also based on a study at the same centre.

Bilingual Aphasia

Some definitions of bilingualism were discussed, Faroqi Shah et al 2010 found over 50% of the world's population to be bilingual. As bilingualism appears to be on a continuum, varying degrees of proficiency in L1 and L2 are observed ranging from balanced bilingualism through to what may amount to a "cúpla focal" or minimal use of L2. The impact of bilingualism has been apparent over the past 10 years in Ireland with increasing numbers of service users who do not have English as their primary language. The challenge for speech & language therapy as a profession continues to be how to appropriately identify, assess and treat these individuals on a background of limited resources.

Theoretical models of bilingual language processing range from L1 and L2 having common semantic systems, shared or connected lexicons.

The interaction between the lexicons may support the clinical findings of a difference in the aphasic severity in L1 and L2. Differing patterns of impairments and recovery patterns in bilingual clients with aphasia were discussed in relation to the underlying assumptions of language processing models. Code switching phenomena which is common in bilingual speakers has been found to be uncontrolled in some aphasic clients, Munoz et al (1999) suggest that this may be used as a strategy to circumvent word access difficulties. Treatment studies looking at the effectiveness of delivering aphasia therapy to clients in L2 indicated that this approach has merit and demonstrated improvement in the targeted language; generalisation to L1 however was limited.

The study carried out at City University investigated a group of 5 aphasic clients who spoke both Bengali (Sylheti Dialect) and English. Two phases of naming therapy (semantic and phonological) was delivered, in English (L2) by a monolingual therapist and in Bengali (L1) by bilingual volunteers. Outcomes were measured at four time points, two pre therapy, one immediately post therapy and one 4 weeks post therapy. It emerged that four of the five participants made gains from therapy with evidence of cross linguistic generalisation from L1 to L2.

Croft, S; Marshall, J; Pring, T & Hardwick, M (2011) Therapy for naming difficulties in bilingual aphasia: which language benefits? *International Journal of Language & Communication Disorders* 46:1, 48-62.

Gesture Therapy

The use of gesture when communicating has been hypothesised to help "get the message across" to a conversation partner, but also is used for the speaker as a means of accessing words. Recent findings by Lanyon & Rose (2009) indicate that for 19 participants with chronic aphasia, gestures accompanying word finding blocks may help to resolve them.

Evidence for the Lexical Retrieval hypothesis was provided by Krauss et al (2000) which cited studies which found more gestures seen in spontaneous versus rehearsed speech and higher naming failures when gesture was inhibited. The Information Packaging Hypothesis, Kita (2000), indicates that gestures frame thoughts for language as speakers' gesture more when conceptual demands of a task increase.

The use of gestures in everyday communication when viewed in terms of clients with aphasia is of interest to clinicians. By facilitating message transmission, a more satisfying and rewarding communication experience may result.

The availability of functional gesture to people with aphasia has been found to mirror their language impairments; the presence of limb apraxia is not so clear cut. Evidence indicating reduced ability to gesture was provided by Rothi & Heilman (1997) and Wang & Goodlass (1992) while studies by Rose & Douglas (1997, 2003) and Lausberg et al (2000) demonstrated that clients with severe aphasia and limb apraxia used gesture successfully in conversation. Recent treatment studies, Rose (2006), Daumuller & Goldenberg (2010), indicate positive outcomes when gesture use is directly targeted in therapy.

A Gesture Therapy Project based at City University and UCL looked at the ability of people with severe aphasia to learn gestures and use them in communicative situations with others. The study also investigated if gestures cued speech and compared learning of gestures to learning of words.

20 participants were recruited, all of whom had severe aphasia (< 20% on CAT spoken and written naming subtests, were at least 6 months post onset of aphasia, had a regular conversation partner, were able to match objects to pictures and were English speaking prior to neurological injury). They received 15 therapy sessions using 30 standard and 30 personal items, 20 items were used for gesture therapy, 20 items used for naming therapy and 20 were untreated. Participants were divided into two groups – Group A had 15 hours of therapy – one hour, twice per week focusing on single items, half naming half gesture; conversation partners were not involved with this group. Group B participants had 15 hours of therapy, one hour per week involving their conversation partner and focusing on messages, narratives, strategies and personal goals.

Results of blind ratings (via video recording) showed that people with severe aphasia can make significant gains on gesture production in response to gesture therapy and significant gains on word production in response to naming therapy but cross modality generalisation did not occur. Gains for naming therapy were found to be greater. Therapy was shown to improve performance on interactive communication tasks such as conveying messages and narratives.

ADULT INTELLECTUAL DISABILITY S.I.G & ISAAC JOINT STUDY DAY



Working with Augmentative and Alternative Communication

Jennifer Deasy Speech and Language Therapists, Prosper Fingal,
& Adeline Quinn, Speech and Language Therapist, Stewarts Care.

Many adults with intellectual disabilities use augmentative and alternative communication (AAC) systems to support their communication. These AAC systems vary from non-aided systems, such as Lamh, gesture and pointing to aided systems such as communication passports, books and high-tech devices. The members of the Adult Intellectual Disability SIG therefore work with AAC and multi-modal systems on a regular basis but often encounter similar challenges and barriers to supporting successful communication with AAC. For this reason, the SIG decided to hold a joint study day with ISAAC Ireland to share ideas and resources for supporting both children and adults who use AAC.

The study day was held on Monday 25th of July in St John of God's services in Stillorgan and organised by Adult ID SIG Secretaries Sinead Kelleghan, St Michael's House and Aoife Quigley, St John of Gods. There was a very positive response to the study day with over 40 people in attendance and several interesting presentations. Paul Thompson from Ablenet started off the morning with an informative introduction to switches and AAC devices. He provided the group with oodles of ideas and resources to add to their AAC toolkits. At the end, he laid down a proposal for SLTs to support service users to hold a talent show using switches, big macks® and step by step™ communicators. The added incentive was that he would supply all of the assistive technology needed for the show, so watch this space to see if anyone is brave enough to take on his challenge!

Leigh Hagan from St John of God's Carmona services followed up with a presentation about the 'Introduction of a Speech Generating Device for an adult with Moderate Intellectual Disability'. Intervention was provided collaboratively with a clinical nurse specialist in behaviour that challenges. The case study started to tackle a question that many SLTs working with adults with moderate intellectual disability face – how to introduce a speech generating device and what impact it has on their conversation skills. The results of her case study were positive and motivating for those starting to work in this area. She demonstrated the positive changes in measures of staff perceptions of the adult's communication skills and also measured the positive effect the communication device had on the adult's conversational skills.

The afternoon session started with Lindsay Harrison from Enable Ireland. She presented an approach to developing the narrative skills of AAC users. The importance of telling stories is often something we take for granted but for AAC users a more formal approach may be required to support the development of this skill. Lindsay gave useful advice and ideas on how to support AAC users in learning the structure of a narrative and how to tell a narrative using AAC.

Jennifer Deasy from Prosper Fingal presented 'Devising a programme to facilitate the awareness of total communication and communication breakdown

in adults with intellectual disability and unintelligible speech'. This programme looked at developing adult AAC user's awareness of all the different modes of communication, and how to recognise and repair communication breakdowns. It highlighted to the audience some of the ground work that has to be done in order for low and high tech AAC to be successful for the individual.

Finally Siobhan Long, Enable Ireland talked about the growing AAC app market for iPads, iPhones and iPods. SLTs are moving with technology and beginning to embrace the new developments not only as a potential AAC device but as an assessment and therapy resource.

The study day promoted a sharing of resources and strengthening of connections and hopefully more of these valuable days will follow.

ADULT DYSPHAGIA IRELAND

Special Interest Group



Membership

Numbers: 140 (and counting!)

Pricing: €10

Study Days

Following members' interest in Cervical Auscultation training two one day certified courses were held in April 2011 and Quest Training trained over 60 members in the practical use of cervical auscultation as a screening tool.



We also ran a study day on the 2nd September 2011 in the Mater Misericordiae Hospital entitled "Long-Term Illness and Dysphagia: Ethics and Practice" given by Dr Paula Leslie, Cert.MRCSLT, CCC-SLP, PhD and Mr Justin Roe, Cert.MRCSLT, MSc. SLTs can lack support in long-term, community and palliative care settings. Using their experience Dr Leslie and Mr Roe addressed issues to optimize care and challenge dubious authority. "Best" decisions are systematic and robustly formulated, not "recipes".





AOB

(e.g. bursaries, future developments)

The SIG run an active bursary programme. In April 2011 a bursary was given to Karen Malherbe to attend the Irish Heart Foundation Council on Stroke 14th Annual Stroke Conference in Croke Park.

We also provided a bursary for a member to attend our Long Term Illness and Dysphagia Course and are contributing to the cost for a member to attend the Dysphagia Research Society's 20th Annual Meeting in Toronto in March of next year.

We also hope to provide a bursary to our upcoming course in April 2012. Bursary winners must write an article for our newsletter or present at a study day. In this way all members of the SIG benefit from the bursary.

Upcoming events

We have invited Dr. Bonnie Martin-Harris to present her 2 day Seminar on "Moving Towards Standardising Dysphagia Practice: Introducing the Modified Barium Swallow Impairment Profile (MBSImP)".



SEMINAR DESCRIPTION

Currently in the field of Speech and Language Therapy, universal standards for swallow evaluation terminology, measurement and reporting methods do not exist. Videofluoroscopy (MBS), while a clinically useful tool, remains a subjective test. Evidence, rather than opinion, should guide clinical decision making.

This seminar is built on the findings of a rigorous 5 Year Study which sought a system to quantify swallowing impairment via MBS. In other words, could the MBS be turned from a subjective test to an objective test complete with standardised instruments, data collection protocols, analyses of test results, and reporting methods? The answer was YES!

This seminar is scheduled for the 12th and 13th April 2012 – further details to follow.

For further details regarding the Adult Dysphagia SIG or to join please contact Niamh Barrett at niamh.barrett@hse.ie

IASLT BIENNIAL CONFERENCE 2011



Fresh Talk; Food for Thought

The conference this year will take place in the Radisson Blu Royal Hotel, Golden Lane, Dublin 8 on 24th & 25th November, 2011. Along with presentations showcasing the best of research and practice from around Ireland, this year's conference will also offer delegates the opportunity to hear from guest speakers including Prof Rosemary Varley, Carole Pound, Prof Shula Chiat, Dr Penny Roy, Dr Christina McKean and Pauline Frizelle (see proposed programme below).

There was a fantastic response to the call for papers this year, with over 100 applications. Oral and poster presentations were selected by a scientific committee using an anonymised system and rigid scoring process. The standard of abstracts submitted was notably high and we can look forward to a wide variety of high quality presentations.

A bonus of this year's conference will be the significantly lowered cost. With early bird member rates at €150 for two days and €80 for one day, the conference will offer superb value for money to delegates.

And of course, there will be plenty of opportunity for mingling and catching up with old friends and colleagues at the gala dinner on Thursday evening!

The registration process is now open. Please visit to www.iaslt.ie for registration information. You can download the application form through the website and post to our registration office. Early bird deadline is 21st October, 2011. For enquiries please email conference@iaslt.ie.

Keep following conference developments on www.iaslt.ie and twitter.com/iaslt. We look forward to seeing you in November!

The Organising Committee



IASLT

Biennial Conference | Fresh Talk; Food for Thought Dublin, 24th & 25th November 2011

Thursday

24th November 2011

08:15 Registration

09:00 Keynote Address: **Deirdre Kenny, Chairperson IASLT**

09:30 Session 1

10:00 **SLT Profession**

10:30 Coffee

11:00 Session 2a

Adult

11:30

12:00

12:30

13:00 Lunch

13:45 Session 3a

Dysphagia

14:00

14:30

14:45 Coffee

15:00 International Speakers:

Prof. Shula Chiat, Dr. Penny Roy, Dr Christina McKean &

Ms. Pauline Frizelle

15:30

16:00

16:30

17:00 Finish

Friday

25th November 2011

International Speaker:

Prof. Rosemary Varley

Session 4

Child Speech

Poster Presentations

Coffee

Management Session

Lunch

Session 5a

Practice Education

Session 5b

Disability

Coffee

International Speaker:

Carole Pound

Closing

08:15	Registration	
09:00	Keynote Address: Deirdre Kenny, Chairperson, IASLT	
09:30	Trudy Smith: What knowledge, skills and attitudes do speech and language therapists working in a range of practice settings believe are required of a new graduate who is expected to work with feeding and swallowing disorders?	
10:00	Arlene McCurtin: Exploring SLTs reasons for using and not using therapies & techniques Caroline Howarth: Exploring factors perceived by Speech and Language Therapists as influencing their decision to stay in/leave their employment	
10:30	Coffee	
11:00	Marion Dolan: Exploring opportunities and barriers to communication for people with dementia in an acute inpatient hospital environment Julia O'Rourke: YouTube: A useful tool for reminiscence therapy in dementia? Deborah Hendy: Well, the truth is, we cannot speak other than by our paintings'. A window to understanding mental health disorders and communication difficulties through analysis of the letters of Vincent van Gogh to his brother Theo	Jessica Molloy & Eadaoin Flynn: Is there a relationship between the viewing of educational DVDs and knowledge of vocabulary featured in those DVDs in children under age five? Claire O'Connor: Familiarity of speaker accent on Irish children's performance on a sentence comprehension task Cíara O'Toole: Telling their stories: an investigation into narratives in children from lower socioeconomic groups Duana Quigley: Exploring the observational rating scale (ORS) as a language screening tool for primary school teachers Aileen Wright: Making Sense of It: Improving reading comprehension in secondary school children with language impairment TBC
11:30	Kate Martin: The perceived importance of anatomy and neuroanatomy in speech and language therapy Joy O'Brien: Awake craniotomy: Beyond just naming Sue Franklin: Participation, quality of life and aphasia severity: a quantitative, sensecam study	
12:00		
12:30		
13:00	Lunch	
13:45	Anne Healy & Karen Kirrane: Introducing swallow screening in an acute hospital Susie Doyle: Introduction of the Massachusetts General Hospital - Swallow Screening Tool (MGH-SST) in the emergency department of the Mater Misericordiae University Hospital (MMUH)	Rena Lyons: What is it like to be a child with a primary speech/language impairment? Exploring children's perspectives Aisling Murphy: Grammatical production in a narrative context by children with specific language impairment and their typically developing peers Cíara O'Toole: Exploring specific language impairment in Irish-English bilinguals
14:00		
14:30	Caolmhe McDermott: Primary community and continuing care/St. Mary's Hospital/Mater Misericordiae Videofluoroscopy project	
14:45	Coffee	
15:00		
15:15		
15:30		
16:00		
16:30		
17:00	Finish	

Child language symposium - The changing face of language impairment: from early processing to words to syntax

Prof. Shula Chiat & Dr. Penny Roy Very early processing skills as predictors of later language and social communication.
Dr Cristina McKean How children with Language Impairment learn (or don't learn) new words: interactions between phonology, processing and semantics
Ms. Pauline Frizelle Investigating the control of complex syntax in school age children with SLI

08:15 Registration

International Speaker: Rosemary Varley

A new intervention for apraxia of speech: self-administered word therapy

10:00 **Helen Stringer:** Assessing developmental speech disorders: what do assessments tell us?

10:30 **Felicienne Rahill:** Parents' perceptions of change following a 12-week block of therapy for their preschool-aged child with a severe speech sound disorder

11:00 **Elmear Hannigan:** Do phonological skills influence lexical development in Irish?

Coffee

Poster Presentations and Exhibition

Management Session

12:00 Lunch

13:45 **Nicole Kennedy:** Development of a virtual learning environment (VLE) to support speech and language therapists ordering clinical placements to UCC students

Laura Loftus: A study of feedback practices and beliefs used by peers and educators

14:00 **Nicole Kennedy:** The use of actors in practice education; a novel approach to preparing speech and language therapy students in Cork for clinical practice

Nicole Kennedy: The use of a combination of simulation, role play and practical workshops to prepare speech and language therapy students for acute hospital placement in Cork

14:30 **Laura Tobin:** An investigation into speech and language therapy students' experiences of pseudo-stuttering

15:00 **Máiréad Cronin:** Can a framework for written reflection improve student reflective writing?

Arlene McCurtin: Therapies & techniques used by Irish speech and language therapists working with clients with disabilities

Margaret Walshe: Interventions for drooling in children with cerebral palsy: a systematic review of the evidence

Nóirín Carroll: Outcomes of referrals for velo-pharyngeal insufficiency (VPI) speech assessment

Sara Staunton: Mothers' experiences of parenting a child with selective mutism: an interpretative phenomenological analysis

Damhnait NíMhurchú: A study of expressive language in narrative in older children with spina bifida/hydrocephalus

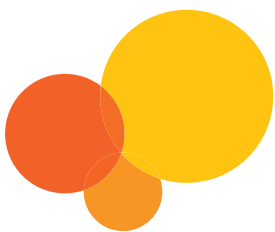
Robert Fourie: A phenomenological exploration of the life experiences of adult hearing children of deaf adults (CODAs) in Ireland

15:15 Coffee

International Speaker: Carole Pound

Revisiting relationships in therapy and beyond

15:30 Closing



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