

FACILITATING LINKS BETWEEN RESEARCH AND CLINICAL PRACTICE



Welcome to the CSLIR newsletter; providing updates of the Centre's activities and events.

If you would like to receive future copies of this newsletter and/or find out more about the Centre then please visit our new website.

Full references for papers cited in this newsletter, and previous copies of the newsletter can also be found on our website.

To read more about the Centre's activities and events please visit

<http://www.ucl.ac.uk/speech-language-intervention-research>

or follow us on Twitter at
[@CSLIR_UCL](https://twitter.com/CSLIR_UCL)



Upcoming events

20 June, 5-6.30pm

Vocabulary Development

Invited speakers: Dr Danielle Colenbrander, Dr Hannah Dyson, Stephen Parsons

In this issue:

- Upcoming CSLIR events
- Upcoming CSLIR ARG Research Group dates
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UCL CSLIR APHASIA RESEARCH GROUP

Sharing new advances in aphasia research & clinical practice



In 2018, our meetings will focus on topics including:

- communication difficulties following TBI,
- acquired reading and writing difficulties,
- progressive aphasia

Our 2018 meeting dates are:

- 13 June, 3-5pm
- 12 September, 3-5pm
- 05 December, 3-5pm

Meetings will be held at:
Chandler House, 2 Wakefield St
London WC1N 1PF

Check out our blog for updates and information about previous meetings:
aphasiaresearch.wordpress.com



Follow us on twitter:
[@arg_ucl](https://twitter.com/arg_ucl)

Previous events highlights

Behaviour Change

By Kate Shobbrook

What exactly do speech and language therapists do that makes a difference to the people that they work with? How can we describe what these things are? Whose behaviour needs to change?

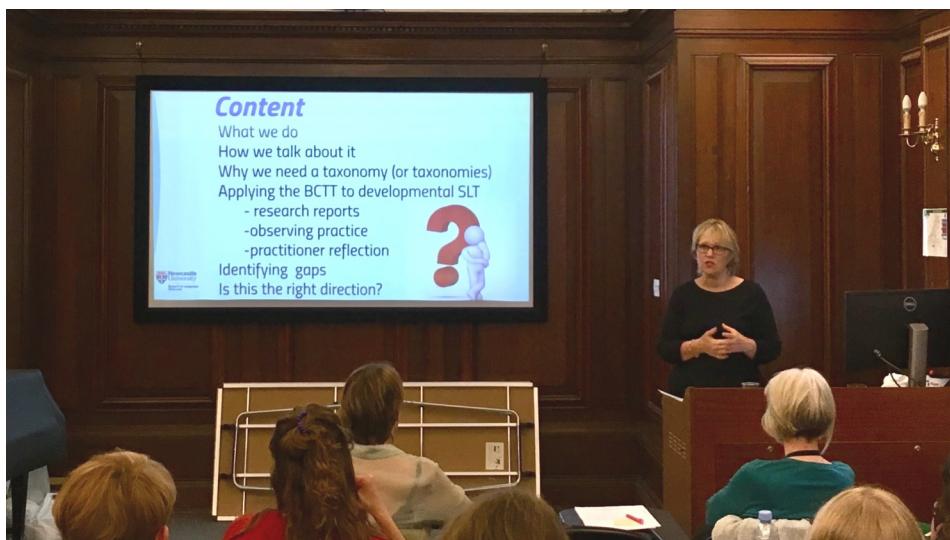
These, and questions like it, were food for thought at the CSLIR Behaviour Change event in October. Dr Helen Stringer, a lecturer and speech and language therapist from Newcastle University and Dr Penny Williams, speech and language therapist from the Evelina London Children's Hospital, gave summaries of their research in the field of Behaviour Change as applied to working with speech and language therapy students and

children with speech, language and communication difficulties and parents.

Dr Stringer described how the team at Newcastle University have applied the Behaviour Change Technique Taxonomy (BCTTv1, Michie et al., 2013) to the specific techniques employed by speech and language therapists (SLTs) in their intervention with children with developmental disorders. The BCTTv1 was originally developed from public health research to provide a way of describing delivery *techniques* as separate from the *intervention* being delivered. Examples of techniques within this taxonomy are aspects such as goal setting and feedback on behaviour. In their examination of the techniques used by SLTs, Dr Stringer and her colleagues found that the BCTTv1 does not neatly map to SLT practice: there are many techniques that SLTs use that are not included within this

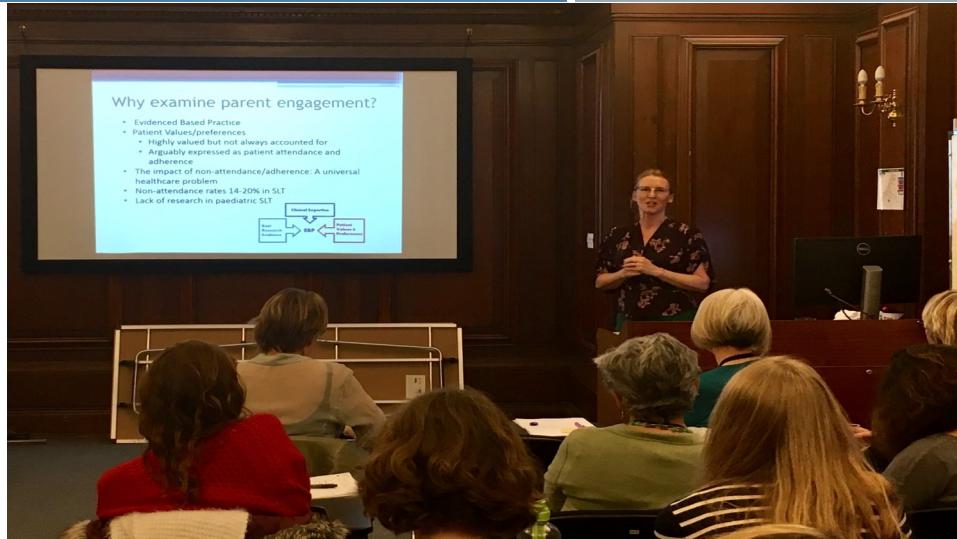
taxonomy and of those included, SLTs only use a small set. Nonetheless, Dr Stringer demonstrated how the explicit identification, description and grouping of techniques relevant to SLT practice has been a valuable tool in the education of SLT students. The creation of a new Behaviour Change Technique classification system for SLT has led to the provision of a common vocabulary in which SLTs can describe what exactly they do that effects change in the individuals with which they work, and this work is being continued in the education of SLT students at Newcastle University through the use of specific video software to support the development of reflective clinical learning.

Behaviour Change was viewed from a different angle by Dr Williams, who described her research into the factors that lie behind parental engagement in SLT services. Dr Williams conducted research that aimed to identify levels of attendance and adherence to SLT recommendations within a pre-school service, and the subsequent factors related to parent engagement and child outcome. In relation to attendance, relevant predictors were found to be circumstances related to the parent: the mother's level of education and age; and the



Dr Helen Stringer speaking at the CSLIR Behaviour Change event

parent's belief about the cause of the difficulty and their personal belief about their ability to support their child. Predictors of adherence were again found to be related to parents' beliefs about their confidence and ability to support their child, and their positive experience of the treatment and the perceived importance of the recommendation. One finding was that, in this sample spotlighting a specific aspect of the care pathway, levels of attendance and adherence did not make a significant difference to child outcome. Dr Williams described the resulting learning points in relation to overall models of service delivery and the possible need to look at behaviour change from the perspective of the SLT as well as the children and families that they work with.



Dr Penny Williams speaking at the CSLIR Behaviour Change event

needs more attention (<https://www.youtube.com/RADLD>) .

We were thrilled to see coverage of DLD in the Times (<https://www.thetimes.co.uk/article/hidden-disorder-hinders-speech-of-860-000-children-lq8x6d8k7>) and the Guardian (<https://amp.theguardian.com/science/head-quarters/2017/sep/22/developmental-language-disorder-the-most-common-childhood-condition-youve-never-heard-of>).

Developmental Language Disorder

DLD123: International day of raising awareness

By Courtenay Norbury

The autumn term started with a bang as Professor Courtenay Norbury organised a research-practitioner workshop here at UCL to celebrate the first ever Developmental Language Disorder Day – a day of co-ordinated activities to raise public awareness of DLD and its impacts. The day came about as RALLI rebranded to RADLD (Raising Awareness of developmental language disorder) to reflect the recommendations of the CATALISE consortium. A fabulous new film explaining the change in terminology and featuring young adults with DLD really drove home the message that DLD is a serious and persistent disorder that

References:

Michie S, Richardson M, Johnston M, Abraham C, Francis J, Hardeman W, Eccles MP, Cane J, Wood CE. (2013). The Behavior Change Technique Taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions, Annals of Behavioral Medicine, 2013; 46(1): 81-95. doi: 10.1007/s12160-013-9486-61

Professor Norbury hosted an afternoon at UCL showcasing cutting edge research into DLD that was included in a special issue of the Journal of Child Psychology and Psychiatry, and a clinical perspective on how changes in terminology and diagnostic criteria had been addressed in practice. We had 150 clinicians, teachers, professional organisations and researchers in the audience. We were especially fortunate to have representatives from the Nuffield Foundation and the Education Endowment

Foundation join us. It was really important for them to hear about the gulf between the level of support for children with DLD that features in successful intervention trials, and the level of support that is available on the ground. There was also a lively discussion about the role of teaching assistants in supporting children with DLD and how best to prioritise very stretched funds. Clearly more multi-disciplinary discussion of this kind is critical to developing a co-ordinated approach to improving the lives of children with DLD.

DLD day was an international hit. Teams across Australia, Sweden, Spain, Portugal, Canada, and Brasil were all sporting DLD1-2-3 t-shirts, adorning friends and colleagues with stickers, organising bake sales and CPD events, and using many other creative means of getting the word out. Check out all the action on www.padlet.com/radld_contact/mm2stqkx9yii

Professor Norbury has already had emails asking about plans for next year. We would really love to hear your creative ideas and practical suggestions for DLD2018. We clearly have much work to do –continuing financial pressures on health and education services, not to mention the recent

announcement that the Government has cut funding for the Communication Trust, emphasizes the need for a strong and united voice to raise awareness of DLD.

Research Update

The Eye-Pointing Classification Scale

By Michael Clarke

Clinicians and academics from the Department of Language and Cognition at UCL and the Neurodisability Service at Great Ormond Street Hospital, have created a new eye-pointing classification scale (*eyePoint scale*) to support clinicians and families to describe the looking behaviours of children with complex motor disorders.

For children with cerebral palsy affecting their whole body, who have little or no functional speech, the intentional use of looking behaviours can provide a primary means of communication and access to learning at school and at home, and the means to engage with the world at large. For example, by looking between an object and an adult or peer, the child can draw that person's attention to that object for a range of different reasons.

The ability to use intentional and precise looking behaviours also supports access to low and high tech augmentative & alternative communication (AAC), and can be an effective response method in language and cognitive assessment. For example, in receptive language assessment, in the absence of an ability to point accurately, these children may use intentional looking behaviours to indicate their choice of response from an array of items.

The term 'eye-pointing' is often used by professionals and families to describe children's looking behaviour. However, there is also often disagreement regarding which looking behaviours can or should be seen as genuine eye-pointing for communication. This has important implications for effective clinical support including family counseling.

The *eyePoint* scale was therefore developed to help clinicians and families carefully describe children's looking behaviours in relation to eye-pointing.

It was created through review of relevant literature, discussion with clinicians and family representatives, and several rounds of feedback and

amendment via online surveys and presentations. The inter-rater and test retest reliability of the scale have also been thoroughly examined and found to be excellent.

The scale provides five narrative descriptions in order of increasing functional limitation to which the child's typical behaviour is compared. For example, clear evidence of eye-pointing (level 1 on the scale) is observed when the child demonstrates a combined ability to fix gaze on an object, then shift gaze to someone's face, and then return their gaze to the object. Alternatively, they may first fix their gaze on a person, then shift gaze to an object, and then return gaze to the person. The 5 point format mirrors the organisation of other established scales such as the Gross Motor Function Classification System (GMFCS)⁽¹⁾ and similar scales targeting levels of function in communication⁽²⁾, speech⁽³⁾ eating and drinking⁽⁴⁾ and manual motor ability⁽⁵⁾.

The scale is free to download at: www.ucl.ac.uk/gaze

Please do not hesitate to contact us with any questions etc. about the scale.

Michael Clarke

m.clarke@ucl.ac.uk

1. Palisano, R. J., Rosenbaum, P., Bartlett, D., & Livingston, M. H. (2008). Content validity of the expanded and revised Gross Motor Function Classification System. *Developmental Medicine & Child Neurology*, 50(10), 744-750.
2. Hidecker MJC, Paneth N, Rosenbaum PL, Kent RD, Lillie J, Eulenberg JB, et al. Developing and validating the Communication Function Classification System for individuals with cerebral palsy: Developing a Communication Classification System. *Dev Med Child Neurol*. 2011 Aug;53(8):704-10.
3. Pennington L, Virella D, Mjøen T, da Graça Andrada M, Murray J, Colver A, et al. Development of The Viking Speech Scale to classify the speech of children with cerebral palsy. *Res Dev Disabil*. 2013 Oct;34(10):3202-10.
4. Sellers D, Mandy A, Pennington L, Hankins M, Morris C. Development and reliability of a system to classify the eating and drinking ability of people with cerebral palsy. *Dev Med Child Neurol*. 2014;56(3):245-51.

While developed for use with children with cerebral palsy, the scale has wide appeal, and we are delighted that since its launch in September 2017 it has been downloaded by clinicians in 26 different countries.

5. Eliasson AC, Krumlinde-Sundholm L, ösblad B, Beckung E, Arner M, -hrvall AM, et al. The Manual Ability Classification System (MACS) for children with cerebral palsy: Scale development and evidence of validity and reliability. *Dev Med Child Neurol*. 2006;48(7):549-54.

UCL Communication Clinic

The UCL Communication Clinic has a new issue of its Research Update newsletter. This contains a summary of projects in the Department of Language & Cognition that people with acquired communication difficulties have participated in over the last year, and is presented in an aphasia-friendly way.

The newsletter can be downloaded by clicking on this link: https://www.ucl.ac.uk/pals/sites/pals/files/research_update_issue_2.pdf



UCL
Communication Clinic

**Research
Update**

Issue 2, January 2018

Special Interest

Eleanor M. Saffran
Centre for Cognitive Neuroscience

<http://www.saffrancenter.com/>

By Wendy Best

This Centre based at Temple University, Philadelphia, aims to understand the relationship between language and other cognitive processes and to use the findings to develop effective treatment programs for the treatment of language disorders in children and adults.

The Centre holds a Saffran conference annually, co-ordinated by Professor Nadine Martin, and the archives of the conferences are likely to be of interest to CSLIR members. The conferences, like our centre here, aim to build bridges between research and practice. Additionally, the conference is unusual in bringing together practitioners

and students (largely SLT/Ps and psychologists) working with adults and children with language disorders in order to facilitate sharing of theory and practices across fields.

The conference usually takes place over 2 days, one devoted to the theoretical research on a particular topic (e.g., the cognitive and neural foundations of sentence processing) and the other devoted to current rehabilitation approaches that are in various stages of development. (e.g., verb-network strengthening treatment). The second day typically provides significant time for discussion between researchers and clinicians and students about practical ways to implement theoretically-based and empirically-supported treatments in school and clinic settings.

In recent years themes have included:

Foundations and management of reading and writing disorders in children and adults

Virtual technology and rehabilitation of speech and language disorders: current applications and future directions

Advances in working memory and working memory training: implications for language processing and rehabilitation

Auditory processing disorders in children and adults: foundations and interventions.

The conference web-site provides a rich resource for researchers and SLTs as the lectures and workshops are videoed and available on the Saffran centre web-site. Worth a look!

Doctoral and Postdoctoral Study at UCL — Information Session

Wed 16th May 6pm — 8pm

Information session for SLTs and AHPs who are committed to clinical research as part of their career and are considering further study at doctoral level (PhD) or who already have/are completing a PhD and are considering postdoctoral research opportunities.

Insider information on the NIHR schemes and other funding sources.

Sign up on Eventbrite:

<https://tinyurl.com/yccmmvh3>

<https://www.ucl.ac.uk/pals/study/pals-phd-and-doctorate-programmes/mphilphd-language-and-cognition>



Mark your Calendar!

13th Annual Eleanor M. Saffran Conference on Cognitive Neuroscience & Rehabilitation of Communication Disorders

14-15 September, 2018

Cognitive, Neural, Linguistic, and Social Models as Frameworks for Diagnosis & Rehabilitation of Communication Disorders

Greg Hickok, University of California, Irvine
 Julius Fridriksson, University of South Carolina
 Cynthia Thompson, Northwestern University
 David Howard, Newcastle University
 Howard Goldstein, University of South Florida
 Roberta Elman, Aphasia Center of California