Integrated
Treatment Services
Client-centred Therapy

SLT Graduate Transition day

Sarah Davis - Director of Services
Helen Dunn - Service Delivery Manager

AGENDA FOR OUR DAY TOGETHER

10am - Arrival - Please sign in and order your bagged lunch if required, then wait in reception

10.30 - Welcome - Sarah Davis - Director of Services - ITS

10.45 - Successful SLT interviews - Helen Dunn Service Delivery Manager - ITS

11.30 - Developing confidence & skills when working with your first caseload - practical session - Sarah Davis

12.10 - Understanding the NQP competencies framework & how to gather evidence to reach sign off - Helen Dunn

12.30 - 1.00 - LUNCH BREAK and networking

1.00 - A whistle stop tour of assessments you might use - Helen Dunn

1.40 - Insight into different client groups and confidence in working with them - Sarah Davis

2.15 - A whistle stop tour of evidence based and therapeutic interventions - Helen Dunn

2.45 - Working in schools - quick tips - Sarah Davis

3.00 - Why work with ITS - Sarah Davis

3.15 - Interactive question and answer session - Helen and Sarah to respond

3.30 - CLOSE

Successful SLT interviews

- **Overview of the different forms SLT interviews can take now: face to face, online telephone, online skype - so be prepared for any of these.**

- **Overview of interview questions below that could come up - shared info in our graduate section**

- **Don’t forget the following is important:**

- Candidate's aptitude
- Responses to pre interview emails etc - spelling, coherence, professionalism, flexibility to meet interview dates, building a rapport pre interview to become memorable, a good CV (which we won’t cover today as we know Uni’s do often cover this well)
- Always remember to give three points to the question.
- 3 points to the question

- **Useful docs to be familiar with:**

*Code of practice overview - http://integratedtreatmentservices.co.uk/resources/schools/

Examples of typical interview questions

1. Tell us about your speech and language therapy experiences so far.
2. What do you think your strengths and weaknesses are?
3. What would you do if you were about to discharge a client after their 6 week treatment block and they complained to you and were not happy about it?
4. Tell us about an episode of care that went well and one that didn't.
5. How do you prioritise/meet the needs of your caseload?
6. Tell us about yourself and why this role (they always seem to start with something like this – try to relate as much experience as possible to this and always say you have a special interest in this area)
7. Tell us about your SLT career so far?
8. Tell us why we should offer you this post
9. Name a piece of work / placement task that went well and and same for that did not go well ?
10. Tell us about a client you have worked with recently – how you assessed their needs and manage their care?
11. Describe an episode of management you have done that has resulted in a good outcome
12. ·Imagine you order food in a restaurant but when it arrives, it's not as it was stated in the menu. How would you manage this situation?
13. How would you approach assessment differently for a 2 year old & a four year old?
14. How would you make a differential diagnosis between SLI and dyspraxia?
15. You were running a group with an LSA and 4 SLI children, one became upset and started acting out. How would you handle the situation?

Further examples see ……..

What skills to show in interviews….

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Developing confidence and skills when working with your first caseload

- Building a rapport
- Showing confidence and overall management of their case
- How to show confidence when you don’t feel confident
- How to answer questions for which you don't know the answer
- Learning from MDT colleagues
- Taking a holistic view of the client
- Understanding teachers and the demands placed on them
- How do I compete with Google
- Length of session and how to incorporate demonstration and feedback into the therapy session
- Using video baselining
- Writing and recording notes

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Understanding the NQP competencies framework and how to gather evidence to reach sign off

- Not scary
- What are they?
- Where can the paperwork be found
- How do i collect evidence observations/cpd/supervision/caseload
- The new framework expected 2017/2018

https://www.rcslt.org/members/professional_roles/nqps/Information_Leaflet_for_NQPs

http://integratedtreatmentservices.co.uk/wp-content/uploads/_mediavault/2015/05/nqp_competency_framework0814.pdf

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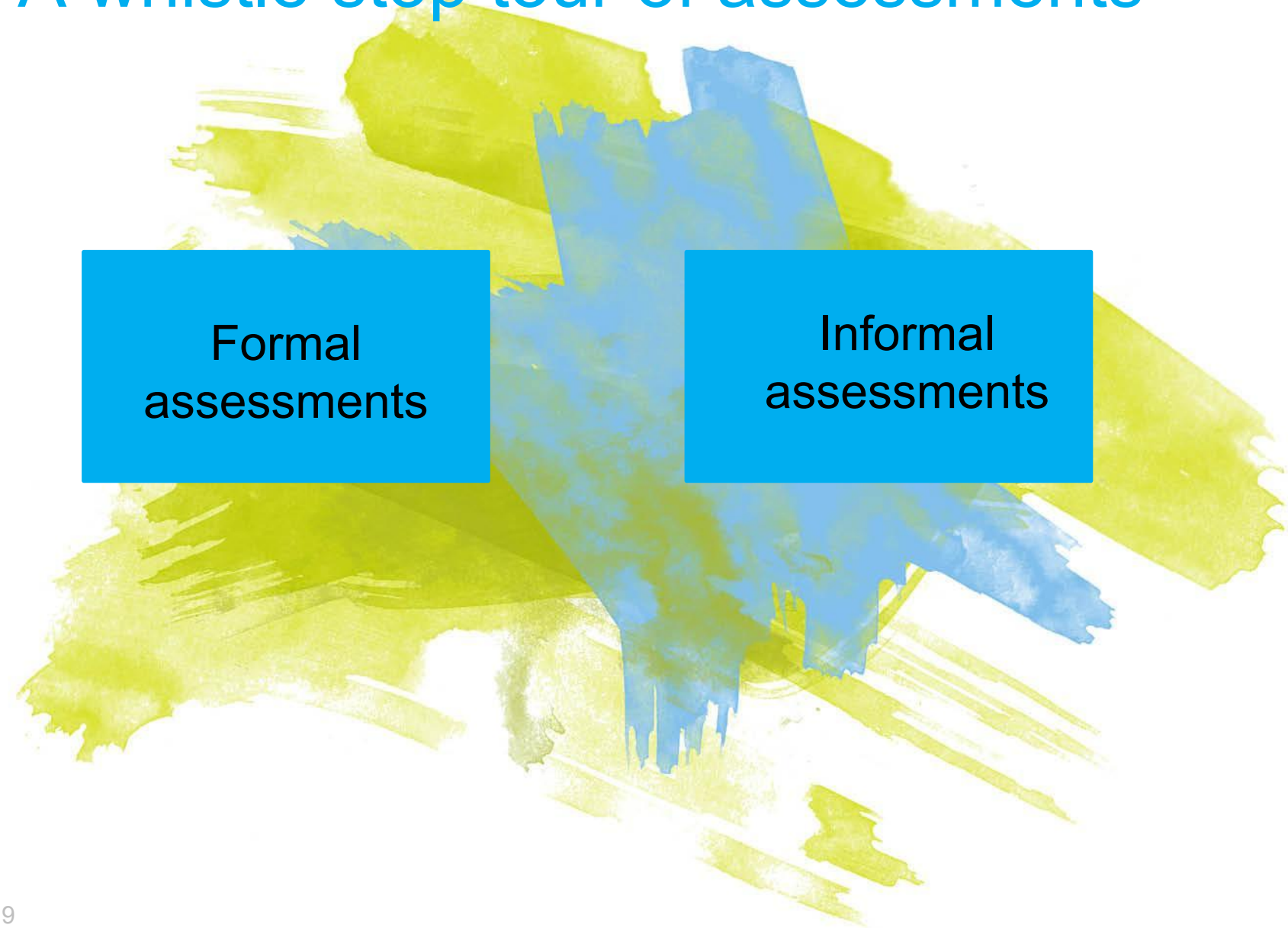
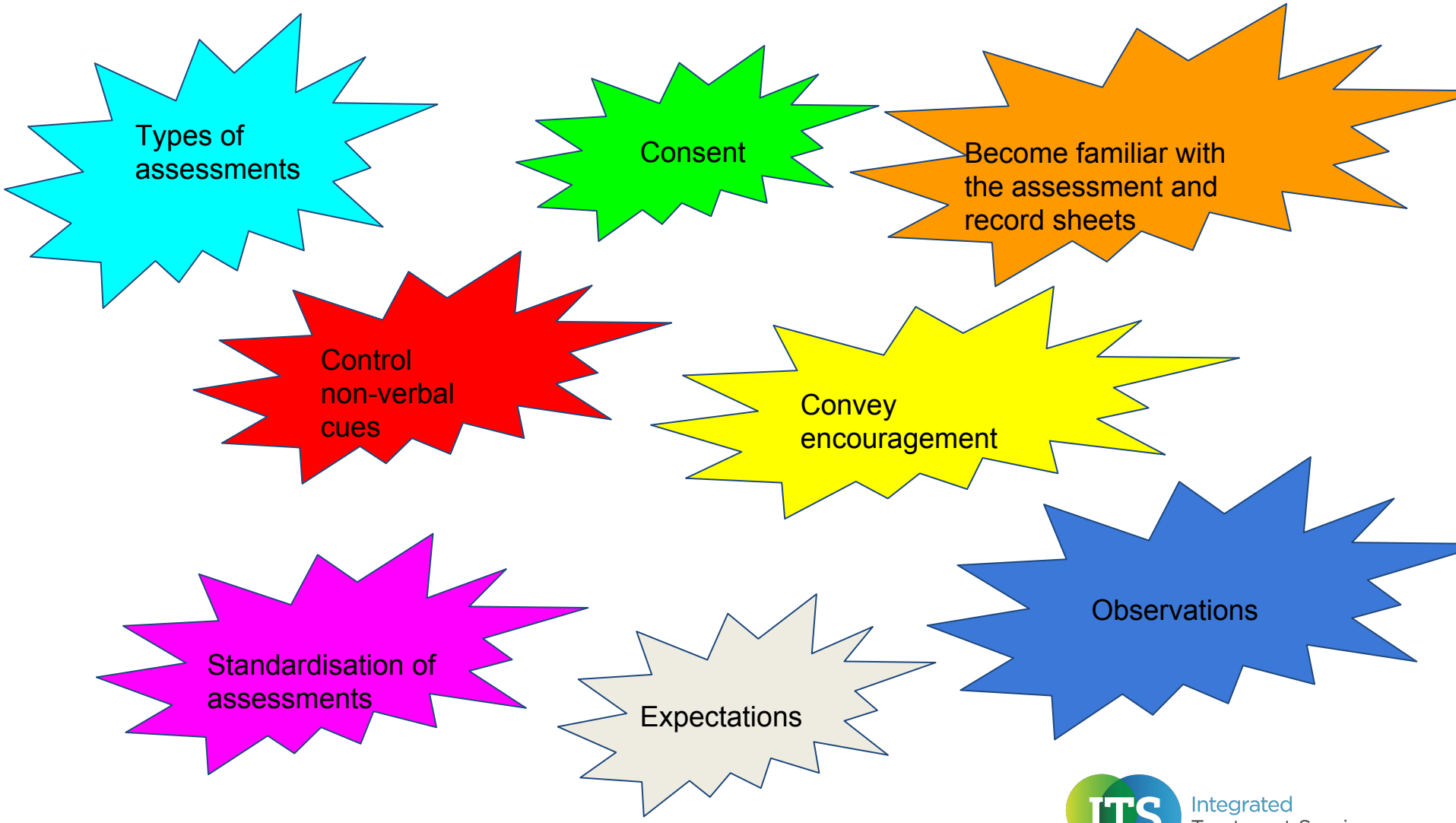
Lunch Break

A whistle stop tour of assessments

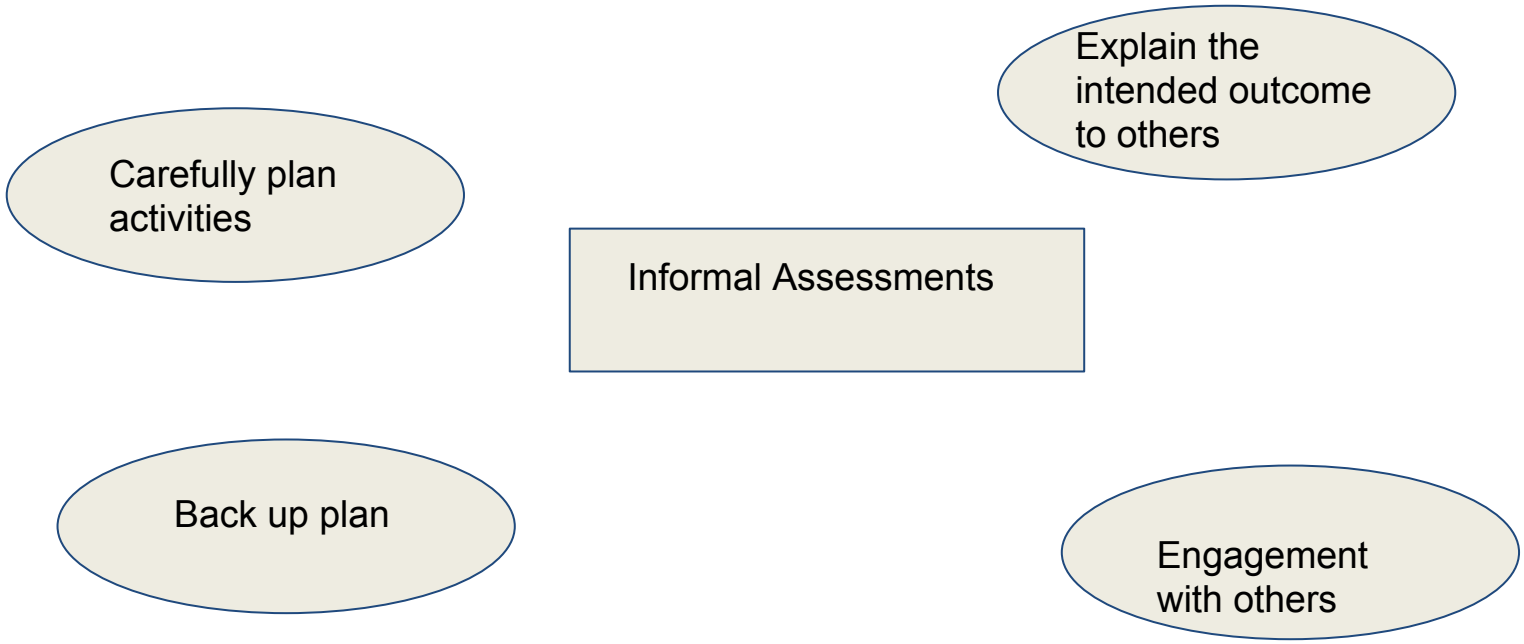


Ground rules for formal assessments



Ref kersner and wright 2001

Informal Assessments



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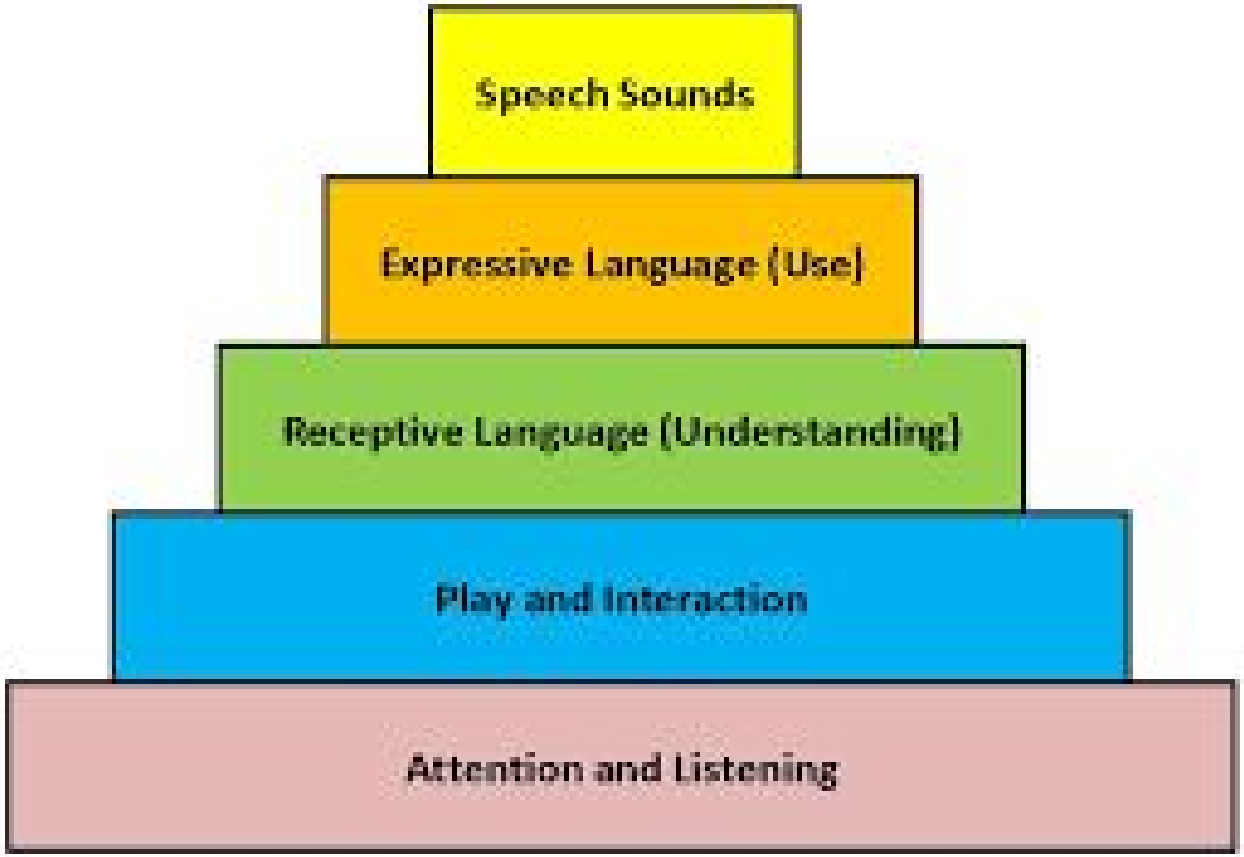
Paediatric formal assessments .....



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Adult assessments -

- Adult Acquired Language Disorder
- Motor Speech Disorders
- Adult Learning Disability

Confidence in working with different client groups

WHAT	SCARES	YOU	ABOUT	THESE
Autistic Spectrum conditions	Language delay	Hearing Impairment	Bi-lingualism	Dysarthria
AAC	Dyspraxia	Voice	SLI	Dyspraxia
Traumatic Brain Injury	Complex needs	Dysfluency	Mental Health	Acquired Brain Injury
Speech delay	Neurological conditions	Transgender	Social Communication Problems	Cleft Palate

Evidence based interventions a whistle stop tour

Colourful Semantics	Word aware	Talk Boost	SCERTS	PECS
Talk Tools	Attention Autism	Hanen	TEACCH	Objects of Reference
AAC	Core Vocabulary Approach	Time to Talk	Elklan	DLS

How do you determine what intervention package to use?

- Resources available?
  - What is already being used within the department
  - Time
  - parental/school support
- What your end target is for the client?
  - Direct V's indirect intervention
  - Group V's individual
- Evidence base?
- What you are familiar with?
- What works? Communication trust
  http://www.thecommunicationtrust.org.uk/whatworks

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Colourful semantics

http://integratedtreatmentservices.co.uk/wp-content/uploads/2015/01/Colourful-Semantics.pdf
https://www.youtube.com/watch?v=17smjL8Y21s

What is Colourful Semantics?

Colourful semantics is an approach created by Alison Bryan. It is aimed at helping children to develop their grammar but it is rooted in the meaning of words (semantics).

Colourful semantics reassembles sentences by cutting them up into their thematic roles and then colour codes them.

The approach has 4 key colour coded stages. There are further stages for adverbs, adjectives, conjunctions and negatives.

1. WHO – Orange
2. WHAT DOING – Yellow
3. WHAT – Green
4. WHERE – Blue

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Talk Tools

What is Talk Tools?

Talk Tools is an oral motor placement therapy approach. The approach incorporates sensory and tactile input, by using a range of specifically designed tools. The multi sensory approach consists of a range of hierarchies and programmes to develop and strengthen key motor skills, such as Jaw stability, lip closure and tongue elevation and also to improve feeding skills.

The Talk Tools approach involves the therapist and family members/carers. A weekly home programme is devised, and requires commitment from the family/carers in order to gain the best outcomes.

It can be used with a range of clients:

- Down Syndrome
- Cerebral Palsy
- Rare Syndromes including Rett Syndrome and Angelman Syndrome
- Autistic Spectrum Conditions
- Developmental Verbal Dyspraxia
- Feeding difficulties and/or dysphagia

What to expect from a Talk Tools Therapist:

The Talk Tools trained therapist will:

1. Assess your child's sensory preferences and oral motor skills including strengths and weaknesses.
2. Identify oral motor skills which need to be strengthened or improved.
3. Create a 'home programme' detailing the tools to be used and the number of repetitions needed.
4. Train the family members/carers to deliver the programme and state how often it should be done.
5. Continually review the progress and provide updated home programmes.

Attention Autism

- 4 stage attention programme
  - Stage 1 The Bucket targets, Focus
  - Stage 2 The attention builder, targets sustain
  - Stage 3 The interactive game, targets shift
  - Stage 4 The table activities, targets transition
- Looks at activities being ……..
  - Motivating
  - A shared experience
  - Worth communicating about
- Focuses on the therapist being …….
  - Visual
  - Appealing
  - An essential part of the activity
- 2 day course http://ginadavies.co.uk for further information

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Hanen

- Hanen incorporates crucial parental involvement
- Intervention approaches that incorporates group and individual sessions with parents. Videoing is used to give feedback to parents.
- Hanen has developed a number of different programmes for use with children with a range of needs.

  These programmes include:

  - It Takes Two to Talk® – The Hanen Program® for Parents of Children with Language Delays;
  - Target Word® – The Hanen Program® for Parents of Children who are Late Talkers;
    - TalkAbility™ – The Hanen Program® for Parents of Verbal Children on the Autism Spectrum (Aspergers);
    - More Than Words® — The Hanen Program® for Parents of Children With Autism Spectrum Disorder

Programmes for educators

- The Hanen I'm Ready!™ Program for Building Early Literacy in the Home
- Learning Language and Loving It™ - The Hanen Program® for Early Childhood Educators
- ABC and Beyond™ – The Hanen Program® for Building Emergent Literacy in Early Childhood Settings

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Talk Boost

Talk Boost is a structured and robustly evidenced programme that can boost a child's communication by an average of 18 months after 10 weeks of intervention. Language delay can significantly impact children's attainment. Many of these children have the potential to catch up but only if they receive timely intervention. Some schools tell ICAN this programme could help more than half their learners.

What is Talk Boost?

Talk Boost is a targeted and evidenced based Intervention,which supports language delayed children in KS1 to make significant progress with their language and communication skills. Talk Boost builds the quality of teaching by providing classroom staff with practical activities that children enjoy.

There are a range of benefits to using this approach, including (but not limited to):
supporting the language skills that lead to phonics;
improving language and communication;
improving confidence and skills in listening, vocabulary, narrative, sentence building and conversation.

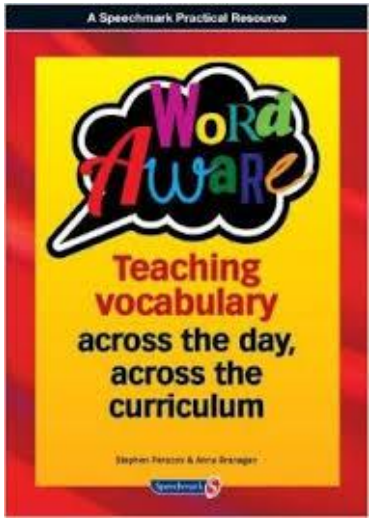
Elkan

- Elklan writes and delivers accredited courses for education and other staff working with those with speech, language and communication needs and for parents, and trains a network of licenced tutors to deliver Elklan courses locally.
- Whole setting training, communication friendly settings (EYS, primary, secondary and special schools).
- Core courses:-
  - Speech and Language support for (0-3, 3-5, 5-11, 11-16, post 16 and vulnerable young ppl).
  - Communication support for children with severe and complex needs
  - Speech and Language support for pupils with SLD
  - Communication support for verbal pupils with ASD
- Specialist courses
  - Supporting verbal pupils with ASD
  - Supporting children with hearing difficulties
  - Supporting children with unclear speech
  - Supporting children and adults using AAC

http://www.elklan.co.uk/

Word Aware

- Word Aware is a whole school vocabulary approach to promote vocabulary development in children. This method of developing spoken and written vocabulary in all children is evidence-based following extensive research by Anna Branagan and Stephen Parsons. It is of particular value for children with special education needs and for those learning English as an additional language.



Uses a Four pronged approach (4 strands)

1. Teaching vocabulary (STAR)
   - S- Select words from the curriculum
   - T- Teach words
   - A – Activate
   - R – Review
2. Word detective: Making phonological and semantic associations
3. Make words count: Word learning strategies, identifying whole words
4. Fun with words: Big Brain (I think with my big brain something that is (meaning clue) and it starts with a (letter clue)

Adult intervention approach

- Priority 1 - swallowing problem, acute high risk of aspiration, choking, reduced nutritional intake. See within 2 working days
- Priority 2 - swallowing problem, risk of aspiration, choking, inadequate nutritional intake or communication problem - individual is at high psychosocial risk to newly acquired communication difficulties or rapidly deteriorating communication skills. See within 10 working days.
- Priority 3 - swallowing problem - previously known to service, recent change in swallow function which a patient/carer is able to manage in short term, or communication problem which patient/carer is expressing/exhibiting need for input. See within 6 weeks.
- Priority 4 - communication problem - individual is at psychosocial risk due to communication difficulties eg patients who have long standing communication difficulties. See within 13 weeks.

Useful websites for resources

- http://integratedtreatmentservices.co.uk/resources/
- http://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/childrens-speech-and-language-therapy-service/cslt-toolkit/
- /https://www.speakingofspeech.com
- http://mommyspeechtherapy.com/

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Working in Schools

Confidence at meet and greet sessions

Developing paperwork to make life easy

Leading TAs and feeding back to teachers

Timetabling your work showing value for money

Building a rapport with the SENCO and SMT

Impact reports

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Consider working with ITS:

Flexibility to work from a setting that suits you

Control of your caseload – deciding both clinically and geographically their working preferences.

Access to a support network of other therapists and Specialist Mentors so as not to work in isolation.

Access to more specialised assessments and equipment to support your work around the client.

Time to work holistically around the clients needs, making joined up assessment with the team's multi-disciplinary professionals and seeing the client in a range of settings.

Effective paper work and digital case note system to support and ease the administrative duties of our jobs.

Autonomy in deciding with the school, care setting, client and the family what approach to therapy will suit them.

The development of direct clinical skills, much of our work is 'hands on'.

Strategic and professional skills, becoming involved in the business development of the service.

It is acceptable for therapists to combine ITS work with other paid work. This is entirely your choice.

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Thank you

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