Evidence-based practice update: What we are teaching undergraduate SLT students

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Overview

• Children
  – Language terminology
  – Speech disorder classification
  – Speech therapy task terminology
• Adults
  – Trans terminology
• Treatment intensity
  – Service restrictions

Language

• Developmental Language Disorder
  – After Bishop et al. 2014
• Old terms now no longer used:
  – Specific Language Impairment (SLI)
  – Language delay / delayed language
### Developmental Language Disorder (DLD)
**UCD commentaries and articles**
**Twitter debate**
**RCSLT online forum**
**76 candidate statements**
**Review by expert panel**

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### Developmental Language Disorder (DLD)
‘An important message is that one indication of the severity of language difficulties is poor response to intervention, whether this be direct one-to-one work with a SLT/SLP, attendance in a language enriching educational setting, or indirect intervention via carers.’ (19)  
– Bishop et al. (2016)

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### Developmental Language Disorder (DLD)
‘...the issue of delay versus disorder in language development: although the difference is not supported by research, there appears to be a widely held belief that children with uneven profiles of language impairment are being prioritised for SLT/SLP services over those with ‘flat’ profiles of impairment.  
**Second, there is a persisting tendency in some circles to think that intervention is not required when language impairments are associated with social disadvantage. Where these misconceptions persist, they need challenging.’
Developmental Language Disorder (DLD)

• "Many late talkers (children with limited expressive vocabulary at 18-24 months) catch up without any special help. Research to date has shown it is difficult to predict which children will go on to have longer-term problems. Children at greatest risk of persisting problems are late-talkers with poor language comprehension, poor use of gesture, and/or a family history of language impairment. Nevertheless, even with these indicators, prediction of outcomes for individual children is unreliable, and except where problems are severe (as in item 4), Therefore reassessment after six months is recommended in our current state of knowledge.'
  – (Bishop et al. 2016:9)

Language

• ‘...specific language impairment (SLI) has been defined by ‘what it is not’”
• Little agreement on terminology
• Barrier to research, practice and commissioning
• Low awareness of terminology despite higher incidence than other conditions
Speech

- Speech – University of Manchester are using the Dodd et al. 1989 classification:
  - Articulation disorder
  - Phonological disorder
    - Phonological delay
    - Phonological disorder
      - Consistent
      - Inconsistent

Speech

- Controversial terms under threat from the evidence base:
  - Developmental Verbal Dyspraxia (DVD)
  - Consider Inconsistent Speech Disorder
- Been under question for more than 25 years
  - Stackhouse, 1992, Stackhouse and Snowling 1992
- Last remaining terminology borrowed from adult pathology

Speech

- Exclusion criteria
- Specialists see small number of persistent cases
- Generalists must try diagnostic therapy:
  Core Vocabulary approach
- Children have no phonological system
- Therapy organises contrast and establishes fixed patterns
- See Afasic debate papers by Pert (2017) and Williams and Stephens (2017)
Speech

- Terminology
- Therapy
  - Discrimination = Same/Different tasks
    - ‘…auditory discrimination skills were investigated by asking her to make same/different judgements about pairs of closely related words (e.g. ROPE/ROTE)…’
    - Pascoe et al. 2005
  - Identification = Pointing to a sound symbol from a choice of 2 or more

Adults: Dysphagia

- King’s schedule replaced with RCSLT Dysphagia Training and Competency framework (2014)
- Students can gain experience and competence whilst training

Adults: Trans

- Transgender, transsexual, M2F, F2M and other terms may be considered too medical, or even offensive to trans individuals, as they highlight their (unwanted) birth assigned biological sex
- Focus on the two genders excludes Gender non-compliant individuals
Adults: Trans

- ‘Trans man’, ‘Trans woman’, or merely ‘Trans’ are seen as acceptable, with ‘trans’ as an umbrella term
- High risk of mental health difficulties and distress from mis-gendering
- Voice main area of concern
  – LGBT Foundation, 2016
  – See http://lgbt.foundation/trans

Adults: Trans

- Voice and communication therapy at Gender Identity Clinics (GICs) – long waiting lists
- Local SLTs can provide support – spoke and hub model; Current NHS consultation
- Provide basic advice
- Trans CEN now active
- New RCSLT competency framework in the final stages of development

Adults: Trans

- Pre-existing voice disorder ➔ Refer to ENT and voice specialist
- Trans client ➔
  – Vocal hygiene
  – Diaphragmatic breathing
  – Voice: Pitch, Resonance and Loudness
  – Articulation
  – Language use
  – Facial expression and non-verbal
- See http://transvoicetherapy.co.uk
**Intervention: Treatment intensity**

- Concept of treatment intensity – see Care Plan
- Raised as unfocused therapy proved to be ineffective if delivered in low intensity
- “Taken together the data indicate that offering limited amounts of speech and language therapy is not a tenable solution to the problem. The six hours provided did not necessarily reflect the choice of the speech and language therapists in the study but rather a constraint imposed on them by the “package of care” model of service delivery. The data suggest that such a simplistic model is not helpful and that the practitioners and their managers should be able to offer a more flexible package of interventions. This is likely to require a reorganisation of speech and language therapy services, but this is the point of practicing evidence based medicine: when you fill the evidence gap you need to act.”
  - Law and Conti-Ramsden, 2000: 908-909

- “...interventions lasting longer than eight weeks may be more effective than those lasting less than eight weeks.”
  - Law et al. 2003: 15
- The type of input may be more important than dosage (theory driven)
  - Zeng et al. 2012 :475
- For speech sound disorder in children, Allen 2013 found that children receiving 3 times for 8 weeks versus once per week for 24 weeks made significantly greater gains
  
**Intervention: Language**

- Language acquisition – UoM use a constructivist approach
  - After Ambridge and Lieven (2011)
- Challenges ‘Comprehension precedes expression’
- Derbyshire Language Scheme challenged for work with DLD children as:
  - Not designed for this client group
  - Not based on a theory
  - Not evidence based
  - Not applicable to bilingual children / other languages
Intervention: Speech

- Speech
- Tradition approaches challenged, as, unless the child has an articulation disorder, therapy must link to meaning and contrast
- Approaches now well established include phonological therapies including:
  - Cycles phonological remediation approach
    - (Hodson and Paden, 1983)
  - METAPHON
    - (Dean, Howell, Waters and Reid, 1995)
  - Minimal and Maximal Pairs
  - Level of breakdown

Intervention

- Speech intervention treatment intensity (dose)
- 'Over the 134 studies, service delivery typically involved an SLP conducting one-to-one intervention in a university clinic for 30- to 60-min sessions two to three times per week.'
  - Baker and McLeod, 2011: 113

Intervention: EBP versus Service delivery

- Service restrictions versus EBP
- Reflections
- Clinical and professional studies – aware of commissioning and rationing
- Outcome measures
Intervention: Group versus individual

• Law *et al.* found that ‘...studies did not show a difference between the effects of group and individual interventions’
  – 2003: 1
• Group therapy is more cost-effective
  – Dickson *et al.* 2009

References


