



The Association  
for Child and Adolescent  
Mental Health

# LASER SIG Newsletter

March 2020 Issue 2

Gillian Davies and Christian Boakye  
describe their work as Speech and  
Language Therapists

## Welcome to the LASER SIG

*The LASER SIG is the Special Interest Group for Clinicians and Researchers working with Children and Young People with Learning Disabilities in the London and South East Region.*

We are committed to supporting the professional development of those working with this client group. Uniquely this is the only multi-disciplinary forum for professionals (clinicians and academics) working with children and young people with learning disabilities. This is one of the aspects of the SIG that members value most!

We meet three times a year on a Friday morning at Canada Water Library (SE16 7AR) with invited speakers presenting on best practice, research and service development. The talks often focus on how teams find ways to bridge the gaps between rigorous research and clinical practice. We actively encourage presentations from researchers with active links with clinical practice. There is always time for questions. The content of meetings includes discussion of complex cases brought by members, new service developments, policy initiatives and other items of relevance.

### Contents

- P1** Welcome
- P2 - 6** Two Speech and Language Therapists describe their work in very different settings
- P6** Recommended reading
- P7** Important notice

#### *Chair*

Dr Orlee Udwin

#### *Secretary*

Dr Matthew Hollocks

#### *Members*

Julie Blackaby  
Dr Catherine Sholl  
Dr Monica Aziz

#### *Newsletter Editor*

Dr Sophie Grant

@acamh  
www.acamh.org

# Profile

## Speech and Language Therapist

*In each LASER SIG newsletter, we focus on a different professional role. In this edition Gillian Davies and Christian Boakye give insider accounts of the role of Speech and Language Therapists.*

Gillian Davies works across Lambeth and Southwark boroughs in London as a Senior Specialist Speech and Language Therapist in the Evelina London Community Speech and Language Therapy service (Guy's and St Thomas's NHS Foundation Trust). She is based within the Autism and Related Disorders (ARD) service, Community Complex Feeding service and a secondary school for adolescents with Learning Disability (LD), some of whom also have Autism Spectrum Disorder (ASD). She is also involved with service development projects, which includes gathering parent/child feedback and sharing findings.



### *Gillian tells us about her role*

Since graduating with a BSc in Speech Pathology and Therapy, I have worked with children and young people (CYP) with speech, language and communication needs (SLCN) in clinics, child development centres, mainstream schools, resource bases, and specialist school settings. Speech and Language Therapists work on assessing and developing communication skills, and the aim is to develop functional communication using an individual's most effective modality. If spoken language is not accessible, alternative forms of communication will be considered, which could include signing, or the use of objects, pictures or symbols. Speech and Language Therapists may also work on eating and drinking, to ensure a safe swallow and maximise nutritional intake, and possibly aiming to reduce anxiety and aversions related to food textures. Working with CYP with complex developmental needs requires specialist post-graduate training, and I have completed training in the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), and Post-Graduate Dysphagia and Sequential Oral Sensory Approach to Feeding. I have also recently completed an MSc in Language and Communication Impairment in Children.

### *What is a typical day for you?*

Every day is different! Working with a variety of professionals involves having a flexible, open approach, listening to and valuing others' contributions and opinions, and actively participating and contributing to the teams. Multidisciplinary team working enables me to consider communication, or feeding, within the context of the whole child and the wider family, and take all factors contributing to a child's presentation

into account, as well as protective and compounding factors. This allows for differential diagnoses, and holistic care plans to be developed, to maximise progress. I use strategies including solution-focused questions or coaching techniques to gain insight into a parent or caregivers' understanding of their child's needs, to underpin recommendations and inform intervention plans.

### *Autism and Related Disorders Service (ARD)*

The ARD service uses gold-standard diagnostic assessments and in these clinics, I administer the ADOS-2 while the paediatrician completes a developmental history with the parent. As well as assessing communication development during the ADOS-2 assessments, Speech and Language Therapists are uniquely placed to assess features of structural language disorder including grammatical errors, difficulties with sentence formulation, and word finding difficulties. I maintain a calm and approachable manner to put children at ease and encourage their best communication and interaction.

The ARD service provides support to parents in the form of twice-monthly workshops. Post-diagnosis workshops cover more general information about ASD and are aimed towards families following diagnosis, or who would like signposting to local services. Topic-based workshops focus on areas including early communication, attention, mental health, behaviour. We cover the theory, and consider challenges faced by families, before discussing strategies and supporting parents to problem-solve and identify approaches which may be helpful. The groups are usually well-attended and the discussions are varied and

unpredictable, which has helped me understand the value of these opportunities for parents to share their thoughts, feelings and opinions. I am increasingly able to 'go with the flow' in order to provide an open and safe space for these discussions, which has subsequently helped me manage difficult conversations in other situations. Parents often provide support and advice to each other, which can be more accessible and meaningful than when it comes from a professional, and it is heartening to enable this to happen.

### ***The Feeding Service***

The Feeding service assesses and provides intervention for CYP with restricted eating and aversive responses to sensory aspects of food. Approximately 50% of the CYP seen in this clinic have ASD, and may or may not have LD. Each professional in the team (Paediatrician, Dietitian, Clinical Psychologist, Occupational Therapist and Speech and Language Therapist) is directly involved in the hour-long assessment. The Speech and Language Therapy role is to informally assess, through observation and play, the child's communication level and response to a variety of food. If they eat anything, their oral motor skills and swallow are also assessed. An action plan is agreed with parents which may involve a parent workshop, a home or school visit, or 'food school' therapy sessions. Therapy involves supporting children and their families to progress through the steps to eating including tolerating, looking, touching, and smelling food, before eating. This is done through play with accepted food and gradually introducing items linked by colour or shape. I am always impressed by families' efforts and appreciate their pleasure when their child explores (or tastes!) a new food.

### ***Secondary School work***

My role in the secondary school involves working collaboratively with Teaching Assistants, Class Teachers and the school's SENCO (Special Educational Needs Co-ordinator), delivering training, assessing the communication environment and the communication needs of students, as well as planning, providing and evaluating intervention, with the support from teaching staff. In this context, communication can often manifest through behaviour which challenges, particularly for students who do not have a functional communication system, or for those with emotional regulation needs impacting on their expressive communication.

Part of the Speech and Language Therapy role is to support teaching staff to understand the purpose of behaviour by using strategies such as ABC (antecedent, behaviour, consequence) charts, and identifying environmental adaptations required to maximise communication, or any new communication skills the student may need to learn. Working in schools helps me understand the educational demands on students with learning needs, and the importance of effective communication to access learning opportunities.

### ***What are the challenges?***

True multidisciplinary working can be challenging, due to a range of factors such as timetabling/ working patterns, budget constraints, and waiting times. Managing parental understanding of their child or young person's stage of development can be difficult particularly when considering expectations related to progress and outcomes. Developing and maintaining the understanding that children and young people with speech, language and communication needs (SLCN) should be targeted within every day, functional experiences not isolated to the work of a Speech and Language Therapist, is also a challenge. I am mindful of the vocabulary I use when talking to families and I avoid using jargon or technical terms.

### ***What makes the role worthwhile?***

Working with families and empowering them to understand and independently manage their child or young person's needs is extremely rewarding. Supporting parents to identify strategies and ideas they can implement at home, and seeing individual progress, as well as increasing the confidence of families, makes surmounting the barriers worthwhile. I am interested in the service development side of Speech and Language Therapy within neurodevelopmental conditions and, alongside Paediatricians, Clinical Psychologists and Educational Psychologists, I have been involved in planning and putting a bid together for funding to develop a community LD pathway. Similarly, I work closely with the Speech and Language Therapy Developmental Language Disorder (DLD) team to consider how the DLD assessment, diagnostic and intervention pathways link to the ARD service, and how they potentially link to a future LD pathway. I am hopeful of a more streamlined approach between services and teams to improve the experiences and outcomes of the CYP we work with.

# Profile

## Speech and Language Therapist

*Christian Boakye is a Highly Specialist Speech and Language Therapist based in The Wellbeing Team at HM Young Offender Institute Feltham, Barnet, Enfield and Haringey Mental Health Trust.*

**“My role involves highlighting the communication needs of our prisoners and providing direct and indirect support to these young men and colleagues across the prison”**



As a Speech and Language Therapist working in a prison, I am often asked, “what do you do, and why do prisoners need Speech and Language Therapy?” I’d like to share a little about my working life at **HM YOI Feltham**.

Feltham is a Young Offender Institute (YOI) in London that houses around 500 boys and young men aged 15 to 21. Research shows that more than 60% of young offenders present with speech, language and/or communication difficulties. My role involves highlighting the communication needs of our prisoners and providing direct and indirect support to these young men and colleagues across the prison.

### ***Providing support at any stage of the prisoner’s journey***

A Speech and Language Therapist may provide support at any stage of a prisoner’s journey.

To help new arrivals of young people into custody understand prison jargon and the complex words used in the criminal justice system, I offer training on how to recognise and support communication needs to Resettlement Practitioners (Case Workers) who help induct new arrivals. As a result, the Resettlement team have recently purchased and now use ‘Wordbuster’. These are postcard size cards which contain 83 youth justice words explained using simple language, with visual support. The cards also include examples of how the word might be used in conversation and any other meanings the words might have. This way, Resettlement Practitioners are able to check our young men’s understanding of words often used within the criminal justice system and explain them where necessary. With the help of a SLT Masters student, we will be producing a ‘jargon buster’ sheet that will go in an induction pack for new arrivals into custody. This sheet will contain prison specific expressions or terms such as ‘canteen’, which in prison describes items a prisoner may order from a prison catalogue as opposed to a place where meals are served.

I also work with prisoners towards the end of their sentence. I provide support to ensure prisoners are able to understand their licence conditions. Licence conditions are the set of rules prisoners must follow if they are

released with still a part of their sentence to serve in the community. If these rules are broken, a prisoner is recalled back into custody. It is therefore important that these conditions are written and explained in a way that the prisoner is able to understand.

An interesting area for future research may be to explore the number of prisoners who are recalled to prison because of a failure to fully understand their licence conditions; perhaps due to a learning disability or an underlying difficulty with language.

### ***Social Communication - working with prisoners to form pro-social relationships and stay in employment***

A good ability to form pro-social relationships and stay in employment, are factors that have been shown to decrease the risk of re-offending. I therefore work with some prisoners coming up to their release date on their social communication skills and communication skills for employment. This includes interview skills and support to understand different styles of communication (e.g. passive, assertive, aggressive communication etc.). This work can be completed at any stage of their journey through custody but I find that it is particularly impactful towards the end of their sentence.

### ***Assessment and support for those in custody***

Not all our young men are sentenced prisoners. Some have been remanded into custody and are awaiting a trial. A few who are sentenced may

“Back in custody, a big part of my role is to support prisoners to understand and participate in the prison regime and interventions offered by various agencies”

however have an impending trial for a different offence. On several occasions, I have carried out speech and language assessments with this cohort that have revealed significant language difficulties. In these circumstances, I contact their Solicitors and advise that an ‘Intermediary’ should be requested to support the young man in court. An Intermediary is a professional who advises the court on the person’s ability to communicate and how best to work with that person during the proceedings. This ensures that an individual can meaningfully participate in court proceedings.

Back in custody, a big part of my role is to support prisoners to understand and participate in the prison regime and interventions offered by various agencies.

### **Speech**

In terms of a client’s speech, I may offer assessment and interventions for prisoners who stammer, present with a lisp or other speech impairments.

### **Case example- TD**

I recently worked with a young man with a rare genetic condition that affects his muscles. This affects his posture, gait and speech. I shall refer to this young man as T.D. T.D explained how as a child, he was immensely frustrated and angry about his inability to effectively express himself. He said friends and siblings would pick on him and blame him for things that would then get him in trouble. T.D explained that this frustration developed into anger and a strong will to prove himself “no matter what”. T.D reasoned that the attitude he developed as well as difficulty with anger, contributed to bringing him in contact with the criminal justice system.

Therapy involved helping T.D to understand his condition and its impact on his speech. T.D was also supported to utilise therapeutic strategies to improve the clarity

of his speech. After therapy, T.D expressed increased confidence in his ability to express himself. He also reported decreased anxiety in social situations. He explained that he now feels less inclined to engage in acts of violence as a way of proving himself.

### **Language**

Another part of my role as a Speech and Language Therapist is to assess the language skills of a prisoner and liaise with prison staff and facilitators of interventions about the best ways to present information so the prisoner is able to understand. This is done alongside therapy to improve a prisoner’s insight into their communication strengths and needs. Therapy also offers strategies to help the individual improve their communication skills. ‘Communication guidelines’ are written collaboratively with the prisoner and become the prisoner’s ‘communication passport’ which is shared with all relevant staff.

### **Case Example**

On the day of writing this article, I went to a Challenge Support and Intervention Plan (CSIP) meeting for one of my clients. This is a meeting designed to support individuals who persistently engage in acts of violence. In the meeting, my client’s communication passport was credited with helping to significantly reduce the number of violent incidents he was involved in. This is because the majority of these incidents were caused by communication breakdown. Due to limited language skills, this young

man had poor ability to express himself as well as understand information or instructions given. His communication passport highlighted these difficulties and gave staff guidance on how to effectively communicate with him. Indeed, individuals with communication difficulties are likely to demonstrate aggressive or aversive behaviour.

### *Help to improve participation*

My clients often say: "I didn't pay attention in school because I didn't understand the teacher". Some were too embarrassed to ask for help whilst some found it easier to truant or be the 'class clown'. Similarly in custody, an individual may choose not to participate in interventions or even socialise with peers and staff. Intervention from a Speech and Language Therapist therefore helps to improve participation.

### *Autism Pathway*

Lastly, I am proud to lead our Autism Pathway at HM YOI Feltham. I work with a Multi-Disciplinary Team consisting of Psychiatrists, Psychologists, Health Psychologists, Nurses, Occupational Therapists and myself as a Speech and Language Therapist. The pathway offers a diagnostic service and provides support for prisoners presenting with Autism Spectrum Conditions.

I thoroughly enjoy the varied nature of my role. I am passionate about supporting the population I work with. These are often troubled young men with complex histories. My hope is to be able to contribute something meaningful that will help them on their journey, and to continue to highlight the important role that effective communication plays in their rehabilitation.

Lastly, I am proud to lead our Autism Pathway at HM YOI Feltham. I work with a Multi-Disciplinary Team consisting of Psychiatrists, Psychologists, Health Psychologists, Nurses, Occupational Therapists and myself as a Speech and Language Therapist. The pathway offers a diagnostic service and provides support for prisoners presenting with Autism Spectrum Conditions.

I thoroughly enjoy the varied nature of my role. I am passionate about supporting the population I work with. These are often troubled young men with complex histories. My hope is to be able to contribute something meaningful that will help them on their journey, and to continue to highlight the important role that effective communication plays in their rehabilitation.

# Recommended reading

**Professor Patricia Howlin** has drawn our attention to these recent publications which may be of interest:

Clark, H., Coll-Seck, A.W., Banerjee, A., Peterson, S., Dalglish, S.L., Ameratunga, S. et al (2020) A future for the world's children? A WHO- UNICEF Lancet Commission. *The Lancet Commissions*, 395, (10224) 606-658.

Lord, C., Brugha, T.S., Charman, T., Cusack, J., Dumas, G., et al (2020). Autism spectrum disorder. *Prime Nature Reviews, Disease Primers*, 6 (5).

Sandbank M., Bottema-Beutel, K., Crowley, S., Cassidy, M., Dunham, K., Feldman, J. I., Crank, J., Albarran, S. A., Raj, S., Mahbub, P., & Woynaroski, T. G. (2020). Project AIM: Autism intervention meta-analysis for studies of young children. *Psychological Bulletin*, 146(1), 1–29.

# Important Notice

Dear Reader

Given the current situation regarding COVID-19, we have taken the decision to postpone the “Parent interventions for children with autism spectrum disorders & intellectual disabilities” LASER SIG meeting on Friday morning 20th of March.

We hope to rearrange this meeting at a later date and will keep you updated when this happens.

Best wishes

SIG Chair, Committee and ACAMH  
Events Team

