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ABA Verbal
Risca Solomon and a parent perspective
New from Black Sheep Press

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Peter and the Cat is a narrative re-telling task for children aged 5-9 years that yields a descriptive profile of a child’s development of key narrative competencies.

The test, designed by speech and language pathologists, Leanne Allan and Suze Leitão, following more than seven years of development and testing, is used by therapists, teachers and researchers across the world.

The iPad version brings together an illustrated ebook with voice overs as a visual stimulus, audio recording, on screen profiling, dictation facility (new iPad only), automatic report generation, Dropbox and email connections, enabling an assessment to be made quickly and efficiently with less preparation time. The voice overs use native UK, US, Australian and South African speakers.

Click here to see videos and manual

Black Sheep Press has a range of over 180 other resources for therapists and teachers to help children with speech and language delay - all available as downloads/CD from www.blacksheeppress.co.uk

Click the buttons to go to the web site.

Narrative resources for 3-15 yrs
Phonology resources for 3 yrs+
Pragmatics resources for 4 yrs-
Language resources for 4 yrs+

Welcome to the November edition of S & L World bulletin. We have some interesting features to promote discussion and debate. The main one is about ABA Verbal with a parent perspective to support it. It is so important to share what we do and not just the good but also what we would not choose to do again.

Enjoy reading and let me know what you think.

Best regards

Libby Hill
Editor

S&L World Bulletin November 2012
SPEECH PATHOLOGY AUSTRALIA CALL FOR INQUIRY

Representatives from Speech Pathology Australia recently presented the case for a National Inquiry into the social and economic impacts of communication and swallowing impairment in Australia to the Senate’s Community Affairs References Committee. The need for an Inquiry is due to the large number of Australians living with communication or swallowing problems and the evidence that their needs are not well serviced. An Inquiry would help ensure that speech pathology service provision across Australia meets the needs of this disadvantaged and often unrecognised group within our society. SPA’s National President Chris Stone kicked off the presentation with a thought provoking video introduction (below), while Gail Mulcair, CEO, and National Councillors Felicity Martin and Robyn Stephen talked through the Senators questions and presented case studies to illustrate the overwhelming need. Stay tuned for updates on about our success in gaining commitment to a National Inquiry and what this may mean for speech pathologists and all Australians living with communication or swallowing difficulties.

CALL FOR ARTICLES AS ASLTIP CELEBRATES ITS 21ST YEAR

The British Association of Speech and Language therapists in independent practise is celebrating its 21st year this year! Independent practice back in the 80s and 90s was an even rarer thing than today and SLPs who made the leap into the unknown would do so mostly alone. There had been an earlier group called ‘Communilink’ which organised a referral system and annual training. The need for an Inquiry is due to the large number of Australians living with communication or swallowing problems and the evidence that their needs are not well serviced. An Inquiry would help ensure that speech pathology service provision across Australia meets the needs of this disadvantaged and often unrecognised group within our society. SPA’s National President Chris Stone kicked off the presentation with a thought provoking video introduction (below), while Gail Mulcair, CEO, and National Councillors Felicity Martin and Robyn Stephen talked through the Senators questions and presented case studies to illustrate the overwhelming need. Stay tuned for updates on about our success in gaining commitment to a National Inquiry and what this may mean for speech pathologists and all Australians living with communication or swallowing difficulties.

WELCOME TO THE ASHA PODCAST SERIES!

Every three or four weeks, we’ll be featuring a new interview with a person that is making news in the professions of Speech-Language Pathology and Audiology. You can listen to an individual episode or subscribe to the feed and receive new files automatically through an aggregator program, like iTunes. As long as you have a wireless connection you can download the content. For example, Episode 13: The Value of Early Intervention for Late Talking Children where Speech-language pathologist Rhea Paul and child psychologist Leslie Rescorla discuss recent research on the persistence of language weaknesses at age 17 years in late-talking children. Principles of early intervention from ASHA’s recent policy documents are highlighted; and Dr. Rescorla’s recent article in the Journal of Speech, Language, and Hearing Research is discussed.

October was Autism Awareness Month. Ottawa, ON (October 15, 2012) — Each and every person living with an Autism Spectrum Disorder (ASD) is unique. There is no typical person and there is no typical treatment. Today, many health professionals agree that ASD diagnosis and treatment should be tailored and personalized; an interdisciplinary approach that involves several professions including physicians, psychiatrists, occupational therapists as well as speech-language pathologists(S-LPs) audiologists and supportive personnel. As part of Autism Awareness Month, the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) is promoting the importance of interprofessional collaboration in the diagnosis and treatment of ASD. “An S-LP’s role on the diagnostic team involves assessing speech, language, communication development, play skills, and social skills”, says S- LP and CASLPA member, Tracie Lindblad, S-LP(C), M.Sc., M.Ed., BCBA. “One of our jobs is to determine whether a child’s language delay is the result of a more common communication problem like, for instance, second-language acquisition or a language-based learning disability, or whether the delay could be part of something more serious like ASD.” Similarly, audiologists can determine if a hearing condition may be contributing to someone’s language delay or social behaviour. For example, a child who speaks unclearly or who ignores their mother’s voice may have ASD; however, their behaviour could also be explained by hearing loss or another auditory disorder. ASD is extremely complex; diagnosis and treatment cannot be packaged into a singular, tidy box. There is no definitive test, which means diagnosis is a process of elimination and ASD can only be confirmed once health teams have ruled out other disorders. Unfortunately, like with other health-care disorders, ASD is not getting the funding it needs. Children in Canada can wait up to two years for proper diagnosis. The “waiting lists are excruciatingly long. Many parents and caregivers turn to the internet for more information,” says Lindblad. “However, there is a lot of pseudoscience, junk science, and quackery circulating in cyberspace. Parents can be easily duped or misled by people trying to make a quick buck and profit from their desperation and hope.” Lindblad wants parents and caregivers to know that S-LPs, audiologists and supportive personnel are great resources. They have access to the latest evidence-based research and can help guide parents through diagnosis and treatment. CASLPA is marking Autism Awareness Month by promoting interprofessional collaboration and highlighting how S-LPs and audiologists are a great source of knowledge. We encourage parents and caregivers concerned about a child’s communication development, or anyone experiencing communication difficulties themselves, to seek help. For more information about ASD, please visit the Autism Society
HALF A MILLION SCHOOL CHILDREN PUT DOWN PENS AND PICKED UP LANGUAGE

More than 1,100 schools across the UK put down their pens for the whole of the day to promote good speaking and listening in an initiative from The Communication Trust, a coalition of nearly 50 voluntary organisations with expertise in communication, language and learning. No Pens Day Wednesday was a friend of the classroom on October 10th with the aim of raising the profile of good speech, language and communication skills in schools. More than a million children in the UK have some form of speech, language and communication need (SLCN) – roughly 2-3 in every classroom – and the Trust is keen to highlight what good communication is, so that those with difficulties can be better identified. Teachers at primary and secondary schools were supplied with lesson plans and activity templates developed by specialist teachers and speech and language therapists (SLTs) to help them conduct lessons where writing was outlawed for the day. Instead, a whole range of speaking and listening activities are being used to support children’s thinking and learning. Wendy Lee, Professional Director of The Communication Trust, said: “We delighted with the success of No Pens Day Wednesday. Last year 800 schools took part, but this year more than 1,100 have registered for our free resources – this equates to roughly 500,000 children doing No Pens Day Wednesday.

This year we hope to create the real appetite there is in schools for supporting children to develop good communication skills. “We know that good speech, language and communication skills is vital for children and young people and that early identification of children with speech, language and communication needs is incredibly important. We’re also really pleased to hear that a lot of schools have seen so much benefit from No Pens Day that they’re extending it to more than once a year.” No Pens Day Wednesday was first run last year as part of the Hello campaign, the national year of communication, and has been repeated this year to demonstrate how important it is that children and young people develop good communication skills. It was the brainchild of Jean Gross, who was the Government’s Communication Champion for children during the national year. She said: “I’m delighted to see No Pens Day Wednesday going from strength to strength. We know how important it is for children to learn good communication skills as soon as they can, and dedicating a whole day to fun activities around speaking and listening is a great way to make a start. We know that there is more teacher talk in class than in speaking, pupils talk, yet children learn best when they can use their talking to think and interact. No Pens Day Wednesday helps teachers redress the balance. The Communication Trust has provided some fantastic resources that makes it easy for teachers to create compelling and useful lessons, which I think they enjoy as much as the children do.” Communication has increased in importance in 2012 as it has become part of the Ofsted inspection framework, meaning schools cannot be named ‘good’ or ‘outstanding’ if their communication skills are not supported in teaching and learning. Primary and secondary schools across the country are encouraging their pupils to focus on using their language and communication to learn in a fun and creative way this day. This year, No Pens Day Wednesday had a truly international flavour with schools from as far afield as Australia, New Zealand, India, Spain, Zimbabwe, Uganda, the Cook Islands and Romania taking part.

FREE WORKSHOPS FOR PARENTS ANNOUNCED FOR 2013

6.12 2012
7.02 2013
5.03 2013

Following the success of their free Voice for Life programme earlier this year, Tony Curtis, Director- England announced: “In association with The Communication Trust (TCT) we will be organising three more major events in the autumn and next spring. Over 1000 people attended the last two events and we are aiming for even more participants this year.

There is a fantastic opportunity for parents, professionals and young people to take part, for free, and attend a whole range of workshops about speech, language and communication needs. The programme of workshops will include presentations by organisations in TCT, such as Afasic, ELKLAN, Signalang, MAKATON and the British Stammering Association alongside local educational and health services. There will also be presentations around new research. Voice for Life will be a fantastic opportunity for parents to learn more about their children and for professionals to support their work and continue their professional development. In addition to the workshops on offer, there will be an exhibition, and activities for groups of local schoolchildren. We are encouraging more exhibitors to attend so if you work in these areas and have an interest in SLCN please do contact us.” Everyone is welcome to attend these events, but you will need to book in advance, so keep your eye on the Afasic England website.

MUMBAI NEWS: SPEECH THERAPY IS VERY EXPENSIVE!

While stammering may not have a cure, there is a lot that people who stammer have been able to achieve in India. Indian speech therapy helps and continues to improve on slightly different work, at their own level, following their own task or targets if needed. This might mean that a child works with more or less writing is needed, and even to the Thailand and Malayasian in pursuit of a more lucrative career, said Srivastava. While there are some remedies and relaxation therapies, there is no cure for stammering. The speech therapists choose to concentrate on specific speech-related problems such as misarticulation (substituting one alphabet for another), aphasia (not more than one lakh people speak in the right moment), anoma (not being able to recall the name of a concept), lisp etc. “Another thing is that we find a number of doctors who have a degree in some other speciality doubling up as speech therapists,” said Srivastava. “Stammering is not a fixed and visible disability. Therefore, the government does not recognise this as a handicap. And even though there is stigma, there is no reservation for people who stammer,” said Singh. People with PWS are so stigmatised that they are usually willing to try any remedy suggested to them.

I had additional resources available to them if needed, for example IT software, alternative recording sheets with less information or where less writing is needed, work planning sheets.

I have received some training about support for pupils with SLCN, and have been given information about SLCN in the classroom by a speech and language therapist. talkingpoint.org.uk

CHECKLIST FOR PRIMARY SCHOOLS

I find that many schools want to develop their approach to speech, language and communication but don’t know where to start. This useful tool can help them audit their classroom:

• I use visual support systems such as visual timetables, targets on the desk, targets shown on the whiteboard, prompt cards/for example a card, with a picture, to remind a child to listen for their name) and photos
• My classroom environment is not too cluttered and equipment is clearly marked with a label saying what it is
• My teaching incorporates use of visual and tactile approaches including use of real objects, practical activities, pictures, video
• Staff in my classroom use non-verbal communication to support them saying, for example gesture, pointing – or maybe even signing
• I have careful seating arrangements that allow a child with SLCN to be near to the front, and facing me, for example tables placed in a horseshoe shape or tables that can be easily moved around
• Children are given time to respond to allow time for their thinking
• I take time for pupils to plan work before they are required to begin writing, for example in literacy children are given extra time to think about the key things to include in a story such as the main characters, what is going to happen
• I use strategies to ensure a child is paying attention for example I say their name before giving an instruction
• I make sure language is not too complicated and instructions are short and repeated for those who need it
• I give opportunities for a child to work at their own level, following their own task or targets if needed. This might mean that a child works with more or less writing is needed, and even to the Thailand and Malayasian in pursuit of a more lucrative career, said Srivastava. While there are some remedies and relaxation therapies, there is no cure for stammering. The speech therapists choose to concentrate on specific speech-related problems such as misarticulation (substituting one alphabet for another), aphasia (not more than one lakh people speak in the right moment), anoma (not being able to recall the name of a concept), lisp etc. “Another thing is that we find a number of doctors who have a degree in some other speciality doubling up as speech therapists,” said Srivastava. “Stammering is not a fixed and visible disability. Therefore, the government does not recognise this as a handicap. And even though there is stigma, there is no reservation for people who stammer,” said Singh. People with PWS are so stigmatised that they are usually willing to try any remedy suggested to them.

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When providing support for SLCN children, as there is always a likelihood that is is life-long disabling, it is usual for children to have a hearing and possible speech therapy. This is particularly important for children with speech and language difficulties, who may require additional support, such as speech therapy, to develop adequate communication skills.

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- Libby Hill a Consultant SLT from Small Talk Ltd who has extensive NHS and private experience and also editor of S & L World.
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- Speech Pathology Australia National Conference

**S&L World Bulletin February 2012**

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Supporting for success: Employing newly qualified speech pathologists in private practice

Talking Matters, a private speech pathology service for children, began in the northern suburbs of Adelaide, South Australia with two speech pathologists in June 2006. By the end of 2007 the demand for services was growing rapidly and it was clear that more speech pathologists were needed. An advertisement was placed for an experienced speech pathologist which received a very limited response. A number of factors made it difficult to attract experienced therapists. Our location in the north of Adelaide is 50 kilometres from Flinders University, located in the south. Many speech pathologists in SA therefore tend to be located in the southern suburbs. While in reality our clients come from a wide area and a range of socio-economic backgrounds, there is a perception that the northern area is a challenging place to work. Finally experienced therapists often prefer to start their own practice rather than join an existing practice. It was clear that we would need to look at employing a new graduate and provide the support needed to make this a success.

Our first newly graduated speech pathologist joined our practice in early 2008. While she had been cautioned against going into private practice straight from university, she enjoyed the work and gave positive feedback about her experiences. When we placed an advertisement at the university the following year students were encouraged to apply and we took on another graduate on a full time basis as well as a graduate from the Masters program on a part time basis. We have continued to take on one or two graduates each year so that our practice now has ten speech pathologists. All our new graduates have stayed on at Talking Matters. We feel the time and effort invested in supporting new staff in the early days has paid off in terms of good retention rates and a good staff skill level which reflects positively on the practice as a whole.

Some of the support strategies we have put in place include:

- Mentoring from more experienced staff. Each new staff member spends one or two weeks observing other staff working with clients. As the team has grown the chance to watch a range of therapists work, each with their own style, has been particularly valuable. The new staff member then spends a period of time doing assessments with a more experienced staff member present to observe, assist if needed, give feedback and help with planning intervention. When the new team member begins to work independently other clinicians continue to be available to assist with more complex clients through discussion, observations or through videoing sessions for feedback. Reports and programs are also checked by a more experienced therapist until they are at a consistent standard.

- A range of quality resources. Talking Matters has developed an extensive range of print based resources which are available to all team members through use of an online file sharing system. The resources include detailed procedures for administrative tasks, report templates with detailed recommendations, templates for developing home and school programs and “program goal sheets”. Each program goal sheet explains, step by step, how to target a particular goal with a child using a certain activity. It then gives a number of alternative activity ideas to reinforce the goal in different ways. The sheets were originally designed to help parents with home practice but have been very helpful in supporting new staff to develop their therapy skills. As well as print based resources team members have access to a range of standardised tests and an extensive collection of toys, books and other therapy resources for use with clients.

- Gradual introduction to complex clients. Talking Matters provides a range of services including clinic based services for children aged 2 to 14 years, as well as school and preschool based services. School services include both mainstream and special schools. New staff begin with work in a mainstream school with an established caseload of clients. They have the opportunity to observe each client working with the therapist who is handing over the school caseload. The exiting therapist then moves to a more complex caseload in the clinic or a special school or may begin a service to a new, previously unsupported school. The exiting therapist continues to provide support as needed to the new therapist. Clinical based services include children with speech, language, learning, literacy, autism spectrum and fluency difficulties. New staff begin their clinic work in joint assessments with a more experienced therapist. They then provide therapy for suitable clients while more complex clients continue with a more experienced therapist. Once the initial period is over receptionists gather information from new referrals in order to book clients with the most appropriate therapist. New therapists have the opportunity to ask for support or hand over clients to another therapist if they feel a client is too complex.

Ongoing team support. All team members attend our weekly team meetings. As well as general business, each meeting includes a professional development segment where team members take turns to present information from workshops, books, resources or articles. Each meeting also includes a “help me now” segment where any team member can ask for support from the team on difficult clients or other matters. This is particularly helpful for new team members. There is also a strong element of support amongst the newer team members who help each other out and share resources.

So what do the team have to say? In putting this information together I asked team members to share their experiences starting out as a new graduate. Here are some of their thoughts:

- “It was useful conducting my own therapy sessions and having feedback, all the resources available to use and program goal sheets at hand to help create goal related activities.

- It wasn’t useful having parents ask “how long have you been doing this for?” I think that only happened once or twice though - but it makes an impact when you are just starting” (Keira Stone began at TM in early 2009)

- “The hardest thing about starting in a private practice is the overwhelming range of things that you have to target, you have to learn so much so quickly, you can’t just specialize in one area. That being said, that has been one of my favourite things about going straight into private practice, the range of things I have been able to experience.” (Jess Rossiter began with TM in mid-2011)

- “There was a team meeting every week to ask questions to people that are at times otherwise hard to track down. We had the chance to ‘observe’ before ‘doing’ so we could see the standard processes in which TM operates. There were lots of different clinicians to observe so we could see different styles and lots of different resources being used. Joint assessments when first starting helped me learn the whole process gradually e.g. case history skills, choosing appropriate assessments, administering the assessments, drawing conclusions from the assessments, making observations throughout session, feedback to parents, and admin skills.” (Sasha Tomlinson began with TM in mid-2011)

- “The opportunity to observe some sessions and assessments and then have a chance to do them and get feedback was the best learning experience for me. My caseload built slowly which is what I needed. To begin with I had mostly older school kids which ultimately are the easier population to work with which helped me build my confidence in the workplace and I worked up to having a lot more trickier younger children over time. I was really lucky to start when the team was already pretty big, so I could ask anyone questions about therapy or assessments. I think having the option to use other speechies as a resource or sounding board is important as I didn’t want to be constantly questioning the same people.” (Lauren Payne began with TM in early 2012)

In summary successfully supporting newly qualified speech pathologists to be effective in private practice takes quite an investment in time. In private work time also means money. The benefits though are significant in terms of committed and motivated staff with good skill levels. The time required for support does reduce after the first few months, and the overall amount of support varies depending on the individual skill and confidence level. At Talking Matters this has been an effective way to grow our team and our clients enjoy the energy and enthusiasm brought by the newer members of our team.
M y name is Liz Elks formerly Liz Adams and I am co-founder of the successful speech and language therapy training company, Elklan Training.

I am 52 years of age and in my time as a speech and language therapist have seen many changes and developments, for example when I first qualified I was a speech therapist and the College wasn’t Royal! I trained at the pre-curser to UCL at the National Hospitals College of Speech Sciences (NHCSS) in London. I was the last year of the diploma course to be trained under Dr Jean Cooper and so qualified with a DipSpTh in 1981.

I became a speech and language therapy- ist because my Mum thought it would be a good idea. At heart I really am a teacher, which is what I always wanted to be. Ironically my job now is in training adults and using my teaching gifts. My plan was to read English and then go on to teach it. However a boyfriend during my A levels or trying to secure a University place through clearing. Possibly because the boyfriend was still around my Mum decided that I should see what alterna- tives there were and she thought speech therapy fitted the bill. To be fair I had always had an interest in speech and drama and succeeded in various exams and competitions over the years and so it wasn’t that crazy an idea. Miraculously I was offered a place, to my horror I discovered it was in London. I had always said that the one place I didn’t want to go was London as to move from a small farming town which I loved; Creden in Devon to central London which I hated was NOT my idea of fun! Coupled with that I had nowhere to stay as the College had no accommodation and no social life. It closed its doors at 5.00 p.m. eve- ryday, most of the girls commuters into London from home and there were no boys, how was I going to survive! Survive I did mainly because I stayed with friends of my fathers in Moor Park, near Northwood until I found hostel accommodation in Central London. They still however kept me sane by putting up with me most weekends until I left London as a Speech Therapist in 1981. When I qualified SLT posts were easy to find and I am embarrassed to say that I turned down the first job I applied for in Warwick as I really only applied for experience never expecting to be offered it! My first post was in Bristol working in Frenchay in community services. I was literally thrown in at the deep end! My induction was being taken to one of the Health Centres by Mrs Saunders the area speech therapy manager, being intro- duced to the lady who would type for me and being given the keys to the filing cabinets! I covered two health centres and one school for children with moderate learning difficulties. I will forever be indebted to Jenny Jones a very able therapist with whom I worked and ran groups for children with language diffi- culties. She literally taught me all I knew as I was very green when I emerged from College. She gave me a passion for developing children’s language through peer interaction and up-skilling the workforce to make changes in the children’s environment which would bring lasting change. That desire to take therapy to the children rather than the children to therapy has always stayed with me and driven the work I do.

Whilst in London I met my husband to be through our local church youth group. He trained as an engineer and graduated from Imperial College in 1983. Following a spell working in South Wales we were engaged in March 1984 and married in the July of the same year. During our two years apart we both knew the whole length of the M4 very well! Just before we married our jobs moved us to Witney in Oxfordshire. I worked for a brief while in Oxfordshire Area Heath Authority in community and then moved to work in an infant language unit in Banbury. I loved this work, being able to focus on children with specific difficulties and work intensively with them in a school environment was rewarding if challenging at times. It was made easier by developing therapy ideas which were implemented in the classroom. Sally Lucas, a dually trained SLT and teacher who became a great friend. Subsequent to this I moved again to work in a middle school unit in Oxford, this further extended my skills and knowledge. In January 1989 my eldest daughter Ruth was born and I took time off the following the September, to work a day a week with Pat Le Prevost, another inspirational SLT who pioneered using Makaton with Down’s. Her tireless energy and passion for what she did was another inspiration.

At the same time as my return to work my husband commenced theologi- cal training at Yewcliffe Hall in Oxford. Thus the beginning of a journey that took us from being a SLT married to an engineer in Oxford to being a Mum and SLT married to a curate in Cornwall 1992. During those three years my second daughter Susie was born. It was a very happy, busy, challenging time. My outstanding memory is turning up to work one day with two very similar shoes on but one was black and one navy! It was too far to go home and so I just had to carry on and hope no-one noticed! During my time in Cornwall I developed my skills as a trainer and my knowledge of schools by working for Cornwall Healthcare Trust, Cornwall LEA and even covered a maternity leave for a SENCO at a local school I visited as a SLT!

Interestingly throughout my whole career as a SLT I have really been a frustrated teacher. Out of this passion to teach others, to bring therapy to the children and equip teachers and parents to develop children’s commu- nication skills Elklan was born. I met Henrietta McLeish my very great friend and business partner when I was working in Cornwall. Our manger had been approached by the LEA to deliver training to classroom assistants working with children with statements for SLCN in mainstream primary schools across Cornwall. Initially this work was to be funded by the LEA via the SLT service. Unfortunately the LEA couldn’t fund de- velopment of the training although they had a sum set aside for delivery. The SLT service said they couldn’t afford to pay us to develop the course either and so the project would have to be shelved. It was then that Henrietta and I said we would do this together. That was the begin- ning of an epic journey to the point where we are today with over 1,000 trained tutors who in turn have taught over 20,000 accredited learners across the UK and the world. Elklan began in 1999, eighteen months after my third daughter Sarah was born. Henrietta also has three boys, one of whom is 6 months younger than Sarah so our first employee was a friend of mine pressed into service as a child minder who went on as a result of Elklan to train as a SLT! The first course we wrote was called Speech and Language Support in the Classroom this ten week programme was well received and subsequent two day courses were offered to teachers. Following the employment of SLT’s by Cornwall LEA there was a request to allow them to deliver the programme. Thus began the difficult task of taking material which we had taught and mak- ing it very clear to somebody else to pick up and teach! We managed it and decided to see if other SLT’s in the rest of the UK would be interested in using it. Our first ‘Elklan Total Training Pack’ course was held at RCSLT training rooms in November 2001 and in great fear and trepidation we trained six people, the SLT service is available and a Facebook group has been developed on the website to encourage tutors to help each other. There is also a Facebook group for the learners to chat about the courses they are completing, these
make interesting readings! Sometimes learners want practical support around completing portfolio tasks and using the website. One post we received gave us the heartening news that as a result of completing the training she wanted to look further into a career in Speech and Language therapy! I believe Elklan works because one of our key principles is to only teach information that we think others really need to know to support children more effectively. Elklan explores what is required to implement SLT programmes as well as many practical strategies to support children’s speech, language and communication across the curriculum. We strive to enable educational establishments to use their staff resources more effectively. We also endeavour to listen to the needs of both our tutors and learners and take the feedback we receive very seriously. Our courses are not static but have evolved over time and continue to do so. We respond to the information received from others by changing and updating the courses and incorporating suggestions made by tutors and learners. This is challenging as there are frequently so many different ideas and opinions as there are people involved! We seek to resolve issues and listen to others views through a series of meetings that we hold annually in different parts of the country. Following these useful discussions we periodically make changes to the course material and are grateful to our more experienced tutors for acting as ‘guinea pigs’ to ensure that what we have written is clear to others – not always an easy task! We have found that we continue to learn through constructive criticism and the written feedback we receive from every learner who completes the accredited programme across the UK.

We have also learnt from the experience of others and have many testimonials and supporting evidence on our website. Various audits have shown that the Elklan Training Programmes have had a significant impact on raising the quality of provision not only for young children with speech and language difficulties but for all children attending preschool settings and schools. As a result of completing Elklan courses a wide range of staff in children’s services now have the knowledge and understanding to identify and meet the needs of children with speech and language difficulties, more importantly they know when they need to ask for specialist help and when to refer on for speech and language therapy. Staff are more able to accurately carry out focused observations, share information with parents and other agencies and make referrals to speech therapy using a common language. Staff are able to support the work of speech therapists to develop and carry out individualised programmes for children with specific difficulties. The training has helped to create a shared ethos and collaborative working approach amongst practitioners, agencies and children’s services. Speech and Language Therapy Departments where Elklan training has been implemented have noted that the standard of referrals, the quality of information given and the assessments made by practitioners has improved. They also note that there are fewer ‘inappropriate’ referrals.

I really enjoy the privilege of meeting with and supporting SLT’s from across the UK. We have a wide network of therapists that we have trained to be Elklan tutors and because we meet with many of them annually they have become friends as well as colleagues. There really is an Elklan family. I like reading the feedback from Elklan learners who honestly say that Elklan has changed their working life and they now feel so much better equipped to work with the children they are responsible for – that is heart warming and allows you feel you really are doing a worthwhile job. However it’s not all a walk in the park. I do find all the administration really hard work and not my favourite part although I know it has to be done. I find waking up at 6:00 in the morning and thinking immediately about all the jobs that have to be done rather stressful and I wish I could sometimes switch my brain off. The joy of working for yourself is knowing that what you have achieved is through all your hard work and you have flexibility and freedom but the stress of not knowing where the business will be in 12 months time can cause anxiety. The appropriate work life balance can be hard to find, make sure you have a supportive partner as sometimes work just HAS to be done and completed late into the night or over the weekend. I have been trying to find an appropriate balance for the last 12 years and haven’t managed it and so if anyone has any suggestions I would be pleased to hear from you!

I would recommend anyone to follow their dreams and passions but be aware that it will be very hard work, daunting and challenging at times. Be prepared to put in the hours, believe in yourself, find a supportive partner or colleague to turn too when things are difficult and don’t expect to take a holiday without spending at least part of everyday on your computer answering emails and catching up! However in spite of all this it’s worth every minute of it. Enjoy the ride.

Learning and Working Memory.

by David Newman

He seems to be constantly day-dreaming. And when he’s not day-dreaming, he’s being distracted by something. He never listens!

This is a common complaint from school teachers as they attempt to explain how a normally bright child in their classroom behaves during a typical school day. The child’s poor attention may be caused by working memory problems. Children with poor learning and working memory skills struggle to cope with learning new information, because their memory becomes quickly overloaded by its limited storage capacity and the demands of learning a complex task. Working memory problems may surface if a child is required to quickly write down a set of verbal instructions. Often the sheer volume of information may quickly tax memory storage limits in a child with working memory difficulty. Also, transcribing verbal commands requires that the child hold information in his/her memory just long enough to write the information down accurately. This may be best illustrated by a real life example. Jack, a grade 5, 10 year old boy with working memory problems listens carefully as his teacher instructs the class about an assignment she wishes the students to complete. The subject is Emperor Penguins and their social behaviour. The teacher, in a slow, modulated voice with the occasional pause says: ‘To survive in the harsh conditions of the Antarctic, Emperor Penguins rely on other penguins to stay alive. I want you to list four social behaviours that the Emperor Penguin must display to survive the Antarctic winter.’ The teacher is in a hurry to move to the next task so she doesn’t repeat the instructions. She expects her students to keep up.

Jack’s writing skills are poor and his understanding of complex sentences is limited. But his biggest problem is his impaired working memory capacity. Jack fails to write quickly enough, which results in place keeping difficulties. He gets part way through transcribing the teacher’s first sentence before the demands of what seems a relatively simple task becomes too much and he gives up, tears welling in his eyes. There are several important factors which have contributed to Jack’s failure. Jack has been expected to juggle too many tasks at once. Working memory failure is often the result of trying to manipulate too much complex information too quickly. The breakdown here has occurred because Jack has attempted to rapidly write down the teacher’s instructions. Jack also has poor understanding of complex sentences, which has overwhelmed his processing capacity, which wasn’t strong to begin with. An important factor in Jack’s failure was that the teacher used quite complex language. Both sentences were long and both featured complex sentences with subordinate and relative clauses. Added to this, Jack’s written language and hand-writing skills are poor so he can’t write quickly and accurately at the best of times.

To help Jack access the curriculum, the teacher needs to give considerable thought to reducing Jack’s working memory load...


David Newman BAppSc speech-language pathologist UWA

Back to contents
ABA

by Risca Solomon

I was told that if our foster child, who has severe autism and developmental delay, had not developed speech by age 6, that it would be very unlikely that he would ever be able to communicate. However, I always hoped that one day I would find the right techniques to help him find his voice, so I never gave up searching. Eventually, at age 12, I found the right combination of techniques; the science of Applied Behaviour Analysis coupled with various Speech and Language Therapy programs. These techniques have given him a voice; now at age 15 he has over 70 words, most of which he can use functionally. He has taken a significant amount of effort from him and us to achieve this, but the results have been overwhelming.

Applied Behaviour Analysis is the science of behaviour. It can be used to increase any socially significant behaviour with any population. ABA can be applied in many different settings including business, developmental disabilities, justice system and health settings. ABA is well known for its application to autism, with the Surgeon General stating that ‘Thirty years of research demonstrated the efficacy of applied behavioural methods in reducing inappropriate behaviour and in increasing communication, learning and appropriate social behaviour’. Applied Behaviour Analysis comprises many scientifically validated procedures which can be used to increase any socially significant behaviour, such as self-help, communication, language and social skills. ABA can also be used to decrease inappropriate behaviour. The principles of ABA can also be used in order to maximise effectiveness of any teaching or therapy. At Skybound, we have found that working in a multidisciplinary format with various professionals including Speech and Language Therapists, Occupational therapists, along with Dentists, opticians and nurses; we have been able to achieve improved outcomes for individuals with Autism in developing appropriate skills. We have worked with dentists in order to improve cooperation with individuals with autism for dental check-ups, clearings, extractions and fillings in order to avoid the individual having to undergo general anaesthetic. With occupational therapists we have worked on increasing access to therapeutic activities such as hand therapy exercises, by increasing cooperation and maximising learning through the use of the principles of ABA.

Skybound realised the need for working more closely with speech and language therapists when we had several children who were non-verbal and were making slow progress with developing vocalisations using only behaviour analytic procedures. Sundberg (2011) stated “Speech and language therapists and behaviour analysists share the same clinical focus of teaching communication skills to individuals with language delays and disorders”; “Collectively, the content from these two professional fields can have a bigger clinical impact on language intervention programs than each can have separately” (Sundberg, 2011).

I heard about an oral placement program called Talk Tools and arranged for 5 of our non-verbal clients ranging from age 4 to age 12 to be seen by a senior Talk Tools therapist from USA, Renee Roy Hill, whilst she was visiting the UK. Renee assessed each child’s sensory, feeding, oral placement and speech abilities and wrote detailed individualised program plans for each child’s therapy team to implement. The teams began to implement the techniques within each child’s home based ABA /PB programs, using the principles of ABA and at times programs had to be adapted to better meet the needs of those with autism. The children made excellent progress with both feeding and speech skills.

We began to identify the specific elements of speech and language therapy and behaviour analysis that had contributed to the children’s success. We identified that there was a need for knowledge of the basic principles of Applied Behaviour Analysis so as these could be applied within therapy sessions in order to get better cooperation and more efficient learning. These principles include reinforcement, task analysis, prompting, shaping, behavioural momentum, the discrete trial and verbal operants. We also identified that behaviour analysts needed to understand more about speech including how each speech sound is made and can be developed through ensuring the individual had the prerequisite motor skills and how various programs could be used to prompt the speech sound. Renee Roy Hill and I developed a hierarchy of intervention for developing functional speech in non-verbal individuals with autism (see pyramid). Therapeutic intervention always begins with developing a good relationship with the individuals and developing cooperation, teaching requesting skills and then developing motor imitation ability. The steps to developing cooperation are:

- Identify the individual’s preferred items and activities. Using a preference assessment can be helpful.
- Restrict access to these so as you can deliver these items and activities to the child. This is called ‘pairing’; you are pairing yourself with all of the items and activities the child likes. This teaches the child you are someone good to be around.
- Once you are paired, begin to give the child very simple instructions that are easy for the child to do and then deliver preferred items and activities to the child for following your instructions.
- Over time, you can then increase the number and difficulty level of the instructions you give; ensuring that you always remain paired, the child always wants to be with you.
- To teach skills to an individual with autism we use the discrete trial and errorless learning. The discrete trial uses the above framework: Errorless teaching involves prompting the child at the level needed to ensure a correct response and then systematically fading the prompts until the individual is able to perform the skill independently. Errorless teaching ensures that the child is successful therefore motivated to learn with you. Once an individual is more readily cooperating, they have no appropriate form of communication, teaching the individual to request their needs and wants can be started. Each individual should be assessed to find the most appropriate form of augmentative communication, if one is needed. At Skybound, we often use sign language but also use PECS, augmentative buttons such as Go Talk buttons, or Proloquo2go. There is evidence to suggest that the use of sign language and PECS can assist in developing speech in individuals with autism.

Teaching motor imitation abilities should then be an important target. Giacomo et al. (2009) found a correlation between poorer imitation skills and children who were non-verbal. They suggest that the ‘failure to develop imitation skills could affect the whole communication domain, both gesture and verbal’ (p.360). Motor imitation ability assists with developing attending skills and also assists with learning many other skills, as once an individual has learned to imitate they can copy actions they need to learn. There is also some evidence that learning motor imitation can then assist with learning vocal imitation (Ross & Gree, 2003).

Level 2 of our pyramid of intervention involves assessing oral placement, sensory and feeding skills. Talk Tools is an oral placement assessment and treatment approach which assesses only those placements needed for feeding and speech. Talk Tools therapy focuses on the use of work of occupational therapists and physiotherapists as a model; first evaluating the oral and placement of mouth structures for speech production then a hierarchy of tactile-proprioceptive therapeutic activities are introduced to teach the targeted movements needed for feeding and speech. This teaches the child...
My son Liam was developing typically until around the age of 2 years. I can even remember telling the nurse at his 18 month assessment that I had no concerns about his development and that he knew at least 50 words. His regression took place over a period of time slowly losing skill, after skill. Most notably for me, he started making squeaky noises and then eventually all speech previously acquired was lost, including “Mama” and “Dada” and he became non-verbal. I struggled to accept this because he had previously spoken and this made me more determined to help him regain his speech.

Liam was diagnosed with Autistic Spectrum Disorder which affects the way a person communicates and interacts with the world around him. It is a complex condition as it presents in varying degrees of severity and no two cases are alike. For Liam it affected his use and understanding of language quite severely, for example, he stopped responding to his name, would tantrum over the slightest thing out of frustration at not being able to communicate his wants and needs and struggled to understand simple instructions which impacted his ability to learn and develop.

I did everything I could to get words out of Liam such as putting pictures all over the walls in every room of the house and asking him to name them. I tried to get him to sing, by singing nursery rhymes and missing out the last word of each verse so he would fill it but this did not encourage the use of functional language. Liam didn’t respond to alternative communication methods such as PECS or Makaton and due to his short attention span and difficulty with sitting still, we were told he wasn’t ready to receive speech therapy. As a family we were suffering not being able to communicate with Liam and seeing him fall farther and farther behind his peers. It was only when we tried a 2 day session with an Applied Behavioural Analysis (ABA) therapist that we finally made a breakthrough with Liam. ABA is a form of behavioural therapy which uses motivation and reinforcement (rewards) to get Liam to comply and be able to concentrate on small tasks to assist with his development and education. We follow the Verbal Behaviour (VB) approach to ABA which means he has to use speech to get what he wants and this encourages Liam to use the benefits of using verbal language.

After 2 years of silence, Liam started to use words again thanks to ABA. It quickly built up from 10 words to 100 to 200+ per day. He now makes about 50 verbal requests a day, most of these are 2-3 word requests. He is singing again and also says lots of spontaneous phrases which are in context. He is able to interact and work with different adults and is starting to show interest in his peers.

We also have less tantrum behaviour and he has lots of fun in his ABA sessions. You can see how much he enjoys it on our website www.timelinealliam.co.uk.

Unfortunately ABA is not easily accessible to children with Autism due to high costs of awareness and understanding of ABA within the education authorities. We did not have the means to afford a full time ABA programme for Liam so we set up a volunteer after school programme with university psychology students at Swansea University to help. It is a very powerful way. In this book from Lawrence educational he collaborates with Jo Belsten.

The topic of speech, language and communication is probably more important now than ever; especially with the new EYFS. This book gives an introduction to how children learn to talk, and to the types of communication difficulties that some children experience. This is presented in an accessible, readable and informal style which is easily understood by those new to the topics presented. It gives sufficient information to help understanding without overloading with unnecessary theory.

It can be used for all children but it provides fun ideas to improve the communication of children with or speech and language difficulties who are in early year’s settings. It can also be used in reception or KS1 and for older children with additional learning needs. The suggested ideas can be used as part of everyday routines and are easily carried out with minimal planning or running around to find materials.

The games and activities can be shared individually, in pairs or in small groups. My own Smart Talkers Pre-School Communication group staff love the extra ideas, they especially like the clarity with which each activity is presented. There is a section on what the activity helps and another on what resources are required. Then they present the core activity plus harder activities and extension activities. I have shown the book to several nursery staff and then had to prise it off them again! They gave it definite thumbs up and pointed out that the spiral bound nature meant they could refer to it very readily. They have bought their own copies.

I would recommend this book for nursery staff, nurture groups and reception classes to show them how they can add value to circle time sessions, small groups and individual time. It’s great for Speech and Language therapists to loan out too.

Supporting Quiet Children by Maggie Johnson and Michael Jones

This is a pairing of two practical, pragmatic and dynamic speech and language professionals, which must augur well.

Almost every nursery or reception class will have one or more children who are either not talking or not saying very much. It’s often very difficult for staff to decide if there is a specific problem or whether they are just shy. They might worry that Selective Mutism could be the problem or have they got under-lying receptive or expressive language issues. How can they un-lock their ideas and opinions or work out where to place them on assessments?

Some feel a firm hand is required while others may just tip-toe around. At last, they have a resource which will help and inspire. It gives insights into why some children are confident talkers at home but quiet or even silent at nursery. It looks at how anxiety can play a part and how to make children feel more comfortable. They discuss the issue of ‘quiet’ children, ones who are just shy or those with high sensitivity and those who are learning English as a second language, as current research confirms that they will probably go through a silent phase too. The book, as it says, doesn’t want to make quiet children noisy but looks at building foundations for developing confidence. Confidence is the key to any successful communication in adults as well as in children.

There are over 40 activities to try, each with an explanation of how the activity will help. These can benefit all children. Some are strategies which can be used to create a positive and supportive atmosphere, others can be slotted in throughout the day or incorporated into group-time.

I would recommend this book to any practitioners who have a quiet child in their group and also those who haven’t … because sooner or later they will have, and this will provide all the suggestions they need. It is also good for speech and language therapists to be able to suggest to schools an nurseries.
The Portuguese Association of Speech Therapists (APTF) is a nonprofit association founded on 11 May 1978 in Portugal and represents health professionals responsible for the prevention, assessment, treatment and scientific study of human communication and disorders. It is a founding member of the Standing Committee of Liaison Speech Therapists European Union (CPLOL). It is also a member of the International Association of Logopedics and Phoniatrics (IALP), scientific and professional society internationally.

The APTF aims to:

- Encourage and promote the profession of Speech Therapist;
- Fix ethical standards and monitoring their implementation;
- Defend the rights of their members;
- Promote the improvement of its members; Defend the rights of their members;
- Promote the improvement of its members; Fix ethical standards and monitoring their implementation;
- Provide information and give advice on matters within its scope professional level and private;
- Maintain relations at national and international organizations with proven interest.

The primary duty and assignment of APTF is to ensure and enforce the right of users to a qualified therapy. In Portugal, the entity in Portugal that regulates the SLP is the Portuguese Association of Terapeutas da Fala (APTF, Portuguese Association of Speech Therapists) was founded in March 11th of 1978 and is the only professional entity in Portugal that regulates the SLP profession. For further information: http://www.aptf.org/

License
All SLPs must be registered with the Health Professions Council in order to practice in Portugal.

Recognition of professional qualifications obtained abroad
In order to practice speech therapy in Portugal, all international SLPs must have their diplomas recognized by the Health Professions Council and must be fluent in written and oral Portuguese language.

The professional salary
SLPs’ salary varies according to the number of working hours, academic degree obtained and type of institution.

Professional association
Associação Portuguesa de Terapeutas da Fala (APTF, Portuguese Association of Speech Therapists) has established private practises. Clients/patients who choose to have therapy under private management will have to pay the full cost themselves.

Education / training
- Undergraduate
- Bachelor degree: 3 years
- Graduate Studies (Licenciatura): 1+1 year
- Master degree: 2 years
- Doctoral degree: 3 years

Author / reference
Associação Portuguesa de Terapeutas da Fala (APTF)
Praca Pasteur, nº 11, R/C 4º
1000 Lisboa
PORTUGAL
Email: apterapeutasdafala@aptf.org

How do YOU get into the Pool?

Let me take this moment to ask you a pool related question that may or may not relate to pools once you really take the time to think about your response.

How do YOU get into a pool?

That is a pretty serious question that I think you should consider. As I am looking at this pool right now, I see 2 types of people, those who use the ladder to enter the pool and those who simply just jump in. Which person are you? Do you play it safe and use the ladder? Ladders are pretty predictable. There is only one way to go down a ladder, both hands on each side and alternating one foot at a time to climb down. If that is the way you want to enter the pool, that is fine, but could you be missing out on something fun? Should you consider trying something else?

Jumping into the pool, now that is a bit more exciting. I believe that what makes it so exciting is the fact that there are just so many different jumping variations! How about a cannonball? Ninja kick? Flapping your arms like a bird? Back flip? I have seen all of these over the last 30 minutes, and to be completely honest, these unpredictable actions are nothing short of inspiring.

You can dissect and analyze this post however you want, but I think you might want to try to stop using the ladder from time to time. Life is too short for that kind of stuff. Whatever you choose to do in life, make sure you jump in, splash around, and let everyone know that you are there. Because let’s be real, no one remembers the person who used the ladder, but everyone remembers the person who screamed and did the front flip into the water.

I enjoy hearing from every single person. Just check out my website http://www.erikxraj.com, before you write, you a pool related question that may or may not relate to pools once you really take the time to think about your response.

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Please submit your news, articles, comment and reviews by the deadlines for each issue. Advertising space must be booked by the same deadline. For full details of advertising rates, visit our website stworldbulletin.com
I have often felt baffled by why kids cannot produce /k/ when developmentally we make posterior sounds before anterior. Think about it; a baby’s first sounds are goo-goo and ga-ga, so isn’t /k/ just a naturally developing response? It makes me go, hmm. Luckily there are several ways to go about teaching this sound. These tips are not in any particular order, so don’t think Tip #1 is the best. All these tips have been used successfully by us and as you know what works with one child does not always work with another. We are simply sharing some ideas of things to try.

**TIP #1** Cue with “Clear out the Popcorn” I have found that the major reason a child cannot imitate a sound from our model and demonstration is simply that they don’t understand what we are telling them to do. They just don’t “get it.” It also seems that they more often than not just don’t get it when we try to show and explain how to do those sounds that are made in the back of our mouths: /k/, /g/, /h/. So to help them “get it” I try to relate the sound to something to which they are familiar. Most all of us have eaten popcorn and don’t we all, at times, get a husk caught on the back of our tongue and have to clear it out? That is what I use to help them understand what I mean by back of the mouth or back of the tongue, etc. Every child I have had in therapy can show me with 100% accuracy where the front and back of the mouth is on a drawing and can point to the front and back of their own mouths, but yet cannot put their own tongues there. So to teach them how to find and lift the back of their tongues, we practice that horrible hackly-grovgy guttural sound we make when clearing out the popcorn. We do this until I feel they fully understand what I mean when I say use the back of your tongue. Once they “get it” you can shape it into a beautiful /k/ in isolation and begin your regular therapy. If they forget to get their tongue up when drilling syllables or words, just cue with “clear out the popcorn.” If you really want to be the fun “speech teacher” why not bring some popcorn to eat in therapy? Just check for food allergies first!)

**TIP #2** Tactile Cues—Holding the Tip and Blade
You can get correct tongue positioning for /k/ using cereal-Cheerios or Fruit Loops. This approach is taught by Sara Rosenfeld-Johnson in her Talk Tools program. Basically what you do is place the cereal behind the bottom front teeth and have the child place the tip of his tongue in the cereal hole and hold it there to keep the tip down while making the /k/ using the back of the tongue. This technique is explained in detail in the Talk Tools program. Here is the link to the website: http://www.talktools.com/

I highly recommend you learn how to implement this technique because it is effective. It is great for kids who front the back sounds and need the tactile cuing.

**TIP #3** Eliciting K
Some children need a little more help learning to elevate the back of their tongue down not only in isolation but through syllable and even a few into words (gasp!). However, never fear, I have never had a kid graduate from speech therapy and still have their finger in their mouth! I never ask them to quit using their finger. They eventually get tired of using it and stop on their own. Don’t you think we sometimes worry too much over the little things?

When implementing this strategy if you are the one holding the child’s tongue via your own gloved hand, finger cot, or tongue depressor be careful of a hyper gag reflex. If you find a child with a hyper gag, you have two choices: 1) desensitize the gag reflex or 2) don’t use this approach. If the child can tolerate you inside his mouth a nice little tip is to use flavored toothpaste on a dental swab. It is just less invasive tasting.

**TIP #4** Use Gravity
Some children need a little more help learning to elevate the back of their tongue and gravity helps! There are suggestions to have the children let their head lean over the back of their chair or have them lie in the floor. Personally, I have had success doing therapy while the child is lying on his/her back in the floor. Initially, I just have the child lie on his back in the floor and do some deep breathing exercises to help him relax. I will sometimes lay a book on his stomach for this. They can see the book rise and fall as they breathe. After the child looks relaxed and at ease with lying on the floor, I begin therapy using the other techniques explained in this article. The one that seems to work the best is using tactile cues. I will start with a tongue blade and gently “push” the tongue tip down toward the back of the mouth. If this doesn’t work, I try having the child “cough” really hard, (similar to the clearing out the throat.) Usually, this combination of techniques works within one to two sessions, and we can go back to sitting in our chairs for therapy.

**TIP #5** Getting Tongue Retraction
You cannot produce a /k/ without your tongue retracting back into the mouth. To achieve a tongue retraction response, stimulate midline of the tongue from anterior to posterior with a tongue depressor or your gloved finger. Pam Marshalla explains this very well on her website Q & A section: http://www.pammarshalla.com/qaeach/07_08.html I suppose this sums up every tip and trick we have up our sleeves. Hopefully this has affirmed that what you’re doing is right or maybe even got you to thinking it is ok to try something off the wall in therapy!

Remember kids learn more when having FUN than any other time, so have some fun in therapy this week!

Leah J Musgrave, M.S. CCC-SP
Dean Trout, retired SLP

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**Do you have some interesting Top Tips you’d like to share with the readers of S&L World?**

If you do, send them to the editor at the usual email address.
#1 Plan for Pinning Success
As tempting as it is to jump in and start pinning, I recommend that you do the following first:

- Take time to set up your account properly. Think about what you will be using the account for. If you are a public figure, you will most likely use your own name, but if you own a business, set up an account in your business name, using your logo. Ensure that you include key words in your description. Set up the links to your website and social media channels on your profile.
- Prepare Your Blog for Pinning. Install these tools:
  - Pin It Button for Websites – on your website or blog. Embed the button wherever you have “pinnable” content – including your blog, content pages, and products for sale.
  - Follow Me Button for Websites – on your homepage, email footer and newsletters/email marketing.
  - Pin It Bookmarklet – on your browser to make it easy to pin from the web!
- Integrate other social media platforms. Add Pinterest sharing buttons and apps to other social media platforms, such as Facebook. Give a Call-to-action to your Google+, Facebook, Twitter, YouTube and LinkedIn followers to follow you on Pinterest. Integrate, Integrate, Integrate.
- Link Facebook and Twitter. Facebook links only to your personal profile [not Pages], so you may find it better to link to Twitter for business posts. Post to Facebook selectively as relevant – all linked Pinterest posts are now featured in a Facebook “album”. Linking Facebook and/or Twitter to your account gives your pins more exposure. Choose which pins are posted out on an individual basis.
- Research what your ideal client is pinning. Search under Keywords and Categories on the Pinterest Dashboard. Create your boards with an ideal client in mind. Provide answers to their questions. Feed their inspirations. Solve their problems.
- Set up your initial “Boards”. Choose topics or categories that reflect your business values, culture, interests, products and services. Be creative with your Board Names!

#2 Check Source Before You Pin
Here are some steps you need to take to Pin Ethically:

- Be Copyright Savvy. Read the fine print first!
- Check the Source of the Pin. This is so important. When re-pinning, click before you repin to see if pins are sourced to a legitimate site. If content has been “re-sourced” with a false URL to another site, don’t repin it – report it or leave a comment. Give credit where credit is due!
- Credit Your Sources. Pins are the most useful when they have links back to the original source. If you notice that a pin is not sourced correctly, leave a comment or the original pinner can update the source. Finding the original source is always preferable to a secondary source such as Bing or Google.
- From Pinterest’s “Pin Etiquette” Guidelines – Credit Your Sources!
- Add a watermark. When pinning original content, consider adding a watermark of your website or logo to your image, to preserve pin integrity. This way the image will always stay connected to your website, and will continue to promote your brand, no matter what!
- Pin across a range of Boards. Add pins gradually, and start new boards as you feel necessary. Be creative with your board names, captions and pins.
- Follow, Follow, Follow. Start following users and/or individual boards that are of interest to you. By following and engaging with users (see Commandment #4) and repinning their content, you will begin to build your own community of followers.
- If you sell products, add prices to your pins. Type the price (ie $9.99) into your Pin Description and Pinterest will automatically add a price banner to your pin!

#3 Pin Strategically
This is the fun part. Now you can really get pinning!

- Pin across a range of Boards. Add pins gradually, and start new boards as you feel necessary. Be creative with your board names, captions and pins.
- Follow, Follow, Follow. Start following users and/or individual boards that are of interest to you. By following and engaging with users (see Commandment #4) and repinning their content, you will begin to build your own community of followers.
- If you sell products, add prices to your pins. Type the price (ie $9.99) into your Pin Description and Pinterest will automatically add a price banner to your pin!

#4 Be Social
Pinterest is Social. If you want build relationships and get noticed on Pinterest, be social. Treat it just like any other social media platform:

- Comment and Like. Just as you would on Twitter, Facebook, YouTube or GooglePlus, be sure to comment on and “like” the pins of other users and businesses.
- Use Names and Tag. Just as on Twitter, use @tags to notify the user you are engaging with. Use hashtags (#) to highlight keywords. By using names and tags, you will be a step ahead of the large majority of Pinterest users with respect to engaging with other users.
- Track pins from your website. In order to be social and say thanks, here is a great “ninja trick”. Type in the following link [using your own url] and it will show you all the pins/repins made direct from your website. Let’s use Amy’s website as an example:

#25


#26

By including prices in their description, Roots Canada highlight their products. The Price Banner is added automatically.

#27

Add weblinks to your descriptions. The more information about the source of original pins (preferably your website) the more longevity your pin will have for brand awareness. Edit the pin and add the correct permalinks to blogposts so they can be traced correctly. And check that your pin-links work!

#28

Space Your Pins. Don’t do a pin dump! Pinterest is unlike Facebook and Twitter where the feed-time is limited. Pins will remain in view for days or weeks due to the cyclical nature of their exposure. Pinning for a few minutes a couple of times per day is enough to get you started.

#29

Pin It Button for Websites

#30

Time Your Pins. Take note of the times when your fans are pinning – be flexible, and if all else fails, 2-4pm and at night are popular for pinning according to Pinterest. Weekends are too in my experience.

#31

Note that the website is also on the pin!

#32

Edit your pins before publishing – Be creative (and cheeky!) with your descriptions. Include key words. Correctly enter your links.

#33

#34

Features

Back to contents
### #5 Produce Visual Content

Ask yourself this: How can I create content that is visually engaging and “pinnable”? Think of the image as the 1st impression. Make it count! And remember, 80% of all Pins are engaging and “pinnable” image. Here is one we designed for you!

Oprah is leading the way by using Video effectively on Pinterest – many boards contain video of her own shows and interviews, as well as those of other thought leaders.

- **Pin Videos.** Video is the most under-pinned visual format on Pinterest... but the most engaging! Be one of the first in your niche to use Video.
- **Use Image Creation Tools.** My favourites are: Instagram, Pinstamatic, and Tweegram. Snagit is also an excellent tool for adding effects to images and video, and I have just discovered the wonderful Pinstamatic. See Commandment #9. Use whatever program helps you to make an eye-catching picture or text image to share on Pinterest. Be creative with them!
- **Keep it Simple.** The more simple, visual, clear, and succinct it is, the more it will get repinned. Make pins want to click on your pin!
- **Experiment with Size.** Taller pins are more noticeable in the newsfeed. Your pin can be 554 pixels wide without restriction on length, but up to 5000 pixels high.
- **Create Infographics.** An infographic is a graphic, eye-catching visual representation of information, data or knowledge. Consider investing in having an infographic designed to provide information useful to your core audience – it makes for a highly “pinnable” image. Here is one we designed for you!

### #6 Create and Curate

Use your boards to share great content of your own as well as that of others – or put simply, create as well as curate content.

- **Don’t just self-promote.** Have a balance of your own content and the content of others. Showcase the lifestyle/beliefs/interests behind your brand, as well as your products, services, blog posts, events, designs/portfolio, and behind the scenes fun with your team. Be creative!
- **Showcase Other Pinners.** Feature brands or businesses that you admire; that you work with or that you want to work with. Pin videos, blogposts, tips, quotes, websites and videos from others in your field. If you are a community group, promote your members and their businesses.
- **Become the go-to-source for information.** Providing how-to information, training videos, infographics, tutorials and tips from your own business as well as others will establish you as an authority in your niche. Establish your Pinterest Profile as the one to follow!

### #7 Promote Creatively

While Pinterest began as a platform to organize and share the things we love, it has huge potential for promotions, competitions and selling products. As always, the key is to add value and engage. Promote creatively and respectfully (and check Pinterest’s Terms & Conditions).

- **Use a “Call-to-Action” in your Pins.** A call-to-action pin will bring users to your pins. The most important “link” Pinterest will give you, is the link to other users. Build relationships and the people will come... as well as the SEO.
- **Use Pinterest to promote (and conduct) a competition.** Give a call-to-action to enter your competition on a pin and promote through your blog and other networks. Make the competition dependent on pinning, re-pinning, commenting or liking. Add keyword, category or hashtag requirements, or have the entrants email you a link to a board they create. The options are limitless!

### #8 Don’t Neglect SEO Traffic

Keep SEO in mind when setting up your pins, but remember that the magic comes from referral traffic via Pinterest and not the direct links to your pins. The most important “link” Pinterest will give you, is the link to other users. Build relationships and the people will come... as well as the SEO.

- **Set your pins up to be noticed.** Use keyword-rich and eye-catching captions, and add hashtags and urls to your descriptions. Remember to add categories to your pins.
- **Think in terms of incoming and outgoing traffic.** What content will bring users to your site, what action do you want them to take when on your site (how will you entice them to stay?), and what content do you want them to take away with them?
- **Understand Search.** Pinterest search shows up Pins, Boards and People who have chosen keywords in their title. Target your
account description, pin descriptions and board names to suit. Use the maximum space to describe your business in the “about” section of your profile. Enter your website and social media links. Use it to potential!

- Pin original images and content from your website where possible – as it should be the place where you want traffic to go! Use permalinks and not the url when pinning blogposts.

#9 Use Tools

- Take advantage of the awesome Pinterest Tools available! Check some of them out here. The following tools are super-useful for leveraging the power of pinning – I have featured one tool to help you pin on the move, one to help you track your stats, and one to help you create eye-catching pins!

- The Pinterest Mobile App. Simple but effective for pinning when you have a spare few minutes. Also helps to spread the timing of pins out throughout the day by being able to pin quickly.

- Pinvity Pinery is a content management dashboard for Pinterest users that includes tools that allow you to track pins via campaigns, and access statistics. It also suggests Pins to follow and the best times to pin. Scheduled pinning will be released soon. Worth checking out!

- Pinstamatic I just LOVE Pinstamatic. It allows you to design “funny’ original” pins including quotes, website clips, music audio, twitter profiles, calendar dates, map locations… and even has its own photo filter like Instagram. Now we have no excuse for not creating our own content on Pinterest!

#4 Be Social

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S & L World will:

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- endeavour to include it in the next available issue or the next most suitable i.e. if there is a specific topic planned

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IPad draw winner 2012

Congratulations to Nicki Roades who was the first new member drawn out of the bag by Uthy Hill.