

Using SCIP in practice - Progress over and above what I thought he would be able to achieve

Jacqueline Gaile, Alison Buckley, Catherine Adams

John and his family took part in a speech and language therapy research study[^]. This is an interview with his speech and language therapist, Alison Buckley.

What was John like at the beginning of therapy?

At the start John found the intervention hard and I thought he needed to do work from every section in the SCIP manual. He needed to learn how to keep instructions in his head long enough to carry them out. He did not understand basic friendship concepts such as shared interests. He could retell a basic story but it wasn't logical. He knew he was making mistakes but found it hard to think about what he needed to do differently.

What did you learn about John as you worked with him?

John showed strengths in individual core skills but had more difficulty integrating these skills to fully understand a social situation. For example, when John had to monitor his understanding of the language and consider other people's perspectives (e.g. retelling a longer personal event or understanding the rules of a new game) he became overloaded. Teaching him to silently repeat instructions, ask for repetition and ask for time to think was key to moving on. Giving him enough time to think was essential and he got better at showing that he was thinking about his answer. Visual support specifically designed to the task and his needs helped, e.g. cue cards with the words 'I don't know' or 'Ask for help' or 'I need thinking time' all helped to build confidence at the beginning and he gradually relied on these less. The visual scales for feelings really helped to establish which emotion words to use in different situations and when telling people about his feelings.

What changes did you see in John?

He gradually became able to integrate the key skills we were working on and see them as relevant to himself. For example, the activities where he had to understand when someone looked bored or interested built on his understanding of other people's

perspectives. John showed a much better understanding of why it was important to be able to have conversations and could problem solve what to do if someone looked bored. This was a big change from the start of therapy and I'm sure happened when we used role play to deliberately try to make the other person feel bored. Other conversation activities helped John to understand how comments from each person should link together and that the conversation should be balanced.

Did anything surprise you?

John's ability to tell a story improved and became more logical and detailed even though we didn't work directly on this. He also began to show that he was listening by nodding and saying 'mm' which was new and again not a focus of our work.

When we worked on real life problems he became more engaged with the therapy. He drew the pictures of the event and all the people, and this really helped him to reflect on what had happened and how he had felt. On one occasion, he finished the drawing, looked up and said 'Maybe I was disappointed'. This level of insight was over and above what I thought he would be able to achieve when we started out.

Could anything have been better?

It was time consuming to keep the school and parents involved in the intervention and to provide personalised examples that could be used in therapy. If I was to complete SCIP again, I would consider video recording the child and viewing it together to develop insight and self-awareness and so that parents could see it too. I wish I could have had more sessions as John had made considerable progress and was primed for more difficult work on flexibility and friendship which we couldn't finish. The fact that he was in year 6 was difficult. The teacher was supportive but time out of class was difficult when preparing for Year 6 SATS. It was, though, really rewarding to see how John's parents' understanding of him began to change as they understood how many skills were needed for him to be able to function better in social situations. John's growing ability to reflect on his conversation and social situations was also very rewarding.

You can read more about John and the therapy he received on the SCIP website.

This case report is taken from a Speech and language therapy research study funded by the National Institute for Health Research (NIHR), led by Dr Catherine Adams (University of Manchester). Ethical approval for the study was gained. IRAS: 188072 Research for Patient Benefit study: A new speech and language therapy intervention for children who have Social Communication Disorder: feasibility and acceptability to service users and practitioners (SCIP²)

This report presents independent research funded by the NIHR under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-1014-35011). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health & Social Care.