“I can communicate better now”: a case report of SCIP intervention

Jacqueline Gaile, Alison Buckley, Catherine Adams

What is John like before SCIP therapy?

John was 10 years old when he started SCIP therapy and was in Year 6 of a mainstream primary school. He has a diagnosis of Autistic Spectrum Disorder (ASD) and Developmental Language Disorder (DLD). He had no additional support for learning as his application for an Education and Health Care Plan (EHCP) had been turned down.

John’s parents were concerned that he:

- finds conversation difficult, only wants to talk about things he is interested in,
- regularly feels anxious,
- can’t always work out what might happen in a situation,
- doesn’t like unexpected changes to his ideas or plans
- struggles to make friends

John’s SLT had known him since he was 7 years old. She thought that John:

- had difficulties with understanding that did not show up on formal assessments
- did not ask for explanations when he was confused
- often takes things too literally even though he knows all common idioms
- made false starts to sentences and needed thinking time to plan what to say.

John’s teacher felt that John:

- was making progress but that the gap was growing between him and his peers
- wanted to play with other pupils but often got frustrated if things did not go his way.

John said that he sometimes did not understand games in school and that he enjoys running and keeping track of his personal best times.

John was assessed by the research team and his parents were asked for their views on his strengths and needs and to set three goals for SCIP therapy to address.
John’s parents wanted John:

1. To be able to express his real feelings.
2. To have improved awareness of friendship roles and behaviours so that he will know if he is being left out, tricked or teased.
3. To have confidence to take part in activities he enjoys and not be put off by a setback

John’s SCIP therapy

John received 16 sessions of SCIP therapy, 4 at home, 12 in school. John’s teacher observed 3 sessions and had regular meetings with the SLT. Written guidance on ‘work done’ and ‘how to help’ was provided.

Goal 1: Understanding feelings.
John had heard of the majority of words for feelings but he did not use them correctly, e.g. he used ‘devastated’ when someone else would use ‘embarrassed’ for the same situation. He worked on linking feelings to situations. Drawing individual emotions thermometers for each different emotion helped him understand how feelings increased/decreased. He liked using a thesaurus to find new words for feelings.

Goal 2: Understanding social situations.
John found it hard to work out what people were thinking and what they might say, especially when thinking about more than one person’s perspective. John was taught to use the clues in pictures to work out where someone was, what they wanted, and what might happen next. Identifying potential problems and coming up with solutions was taught using pictures with two or more people who wanted different things. Explanations of pictures and talking about the clues helped. Extra time to think helped. Using pictures that were close to his experiences helped him reflect on his own understanding and confusions.

Goal 3: Asking for help, thinking time or an explanation.
John was taught the difference between knowing and not knowing and between guessing and working something out. He started to use cards that said ‘I don’t know’ and ‘Ask for help’. Gradually he became more confident to ask for time to think or an explanation.

John’s views on SCIP

John was asked what he thought of doing SCIP therapy. He ranked his school lessons and his SLT sessions. He said that he felt confused at the start of therapy but by the end he liked it as much as his favourite lessons. He felt that he had benefitted from doing SCIP sessions and said, “I can communicate better now, quite a bit better really”. When asked what he would tell a new child who was starting SCIP therapy he said, ‘I would say it was really good’.
Has SCIP therapy helped John?

John’s parents were asked to say whether or not John had made progress. They said,

1. His understanding and recognition of feelings has improved. In some instances, I would say he can describe his feelings clearly, but he needs thinking time to do it.
2. He knows that other people may think, want or feel different things in the same situation and can talk about these ideas. There has been an improvement but he still often needs prompting.
3. He has learnt about accepting that it is OK to ask for help and clarification if he doesn’t understand a situation.

Overall SCIP therapy has helped. He seemed to take on board the ideas in therapy, especially towards the end when it was very much tailored towards specific situations for him. The relationship between the speech therapist and my child has had a positive impact on him. He is able to discuss situations with a trusted adult (SLT) that he has found difficult and she has been able to guide him in the right direction to feel more secure and confident. This work helped him to begin to be more flexible and he has started to use language that showed he was taking a flexible approach to situations e.g. he uses the word ‘probably’ more often and can problem solve more easily and take account of other people’s views.

Summary

John, his parents and his SLT all agreed that he had made progress on the goals that were important to him and his family. His SLT thought that she would have liked to keep working with him as she thought he could make even more change in developing friendships and being flexible. The SLT, John and his parents had to put aside a lot of time for doing the therapy, which wasn’t easy in year 6 or with a busy home life. Everyone had learned something new by the end of taking part. His parents wished that they had had more sessions at home and earlier in the process.

You can read an interview with John’s SLT 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 (SCIP)

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.