

Background to SCIP

SCIP research is based on a long history of work completed by Dr Catherine Adams and colleagues at the University of Manchester, summarised here by Jacqueline Gaile.

Where did SCIP intervention research start?

While working as a speech and language therapist (SLT), Catherine Adams was interested in why some children weren't able to use their language skills to make conversation effectively. In 1989, while working with Dorothy Bishop, Catherine wrote about the key features of conversation of children with SCD, such as interrupting a lot, understanding some phrases too literally, and giving too much or too little detail to the person they were talking to.

What needs to be included in an intervention for children with SCD?

In 2005 Catherine developed an intervention for these children with other researchers and wrote about two children who had received speech and language therapy in single case studies.

These reports of single cases laid the foundation for a study in 2006 where the intervention was given to six children to see if it would help them to change their communication behaviours. This study showed that the intervention might be effective for some children. Each child in this study had a unique pattern of strengths and difficulties in language, pragmatic and social understanding. This led to the idea that each child needs their own unique plan for therapy. This study also showed that children changed in different ways after therapy and so it became important to understand how to measure each child's change. This was the beginning of developing the new intervention called the Social Communication Intervention Programme or SCIP.

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Children changed in different ways after therapy

Does the SCIP intervention manual help children who have SCD?

In order to test an intervention it needs to be described fully in a manual and tested in a randomised controlled trial (RCT). RCTs are one of the strongest kinds of evidence that something works. Between 2007 and 2009, Catherine led a team of researchers in conducting the SCIP RCT. In this trial, 57 children were given SCIP intervention and their progress was compared to 28 children who continued to have therapy from their NHS SLT.

The results of the SCIP RCT were published in 2012 and showed that SCIP intervention was more effective in improving conversation and social communication skills in children with SCD than the treatment they usually receive.

Is SCIP acceptable to parents, children and teachers?

Some of the parents and teachers of children in the SCIP RCT were asked what they thought about the intervention. Their views were written about in 2013. Parents and teachers of children who received SCIP intervention reported important changes to the children's social communication, interaction, conversation and classroom learning skills. Working together with carers and teachers is a key part of SCIP intervention.

Each child needs their own unique

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therapy plan

A new intervention for children who have SCD

All this work produced the Social Communication Intervention Programme (SCIP) and the SCIP manual was published in 2015. The SCIP manual contains a summary of the research that describes the language, pragmatic and social understanding needs of children who have SCD. This summary is used to describe how to assess each child's needs and turn this into an individualised therapy plan. The SCIP intervention contains over 150 activities which are arranged in three main areas: Social Understanding and Social Interpretation, (SUSI), Pragmatics, (PRAG) and Language Processing, (LP). Children will not do all 150 activities. They will only do the work that is right for them. To help the child make progress the SLT will work closely with the child's family and teachers.

Developing the evidence base for SCIP

In the SCIP RCT, a team of researchers delivered SCIP therapy in schools. A new study, SCIP² was completed in order to develop the evidence for SCIP and see if we can train SLTs who are not researchers to use SCIP with children with language, pragmatic and social communication difficulties.

However, there are a lot of questions we need to answer before we can do another, even bigger, RCT. How many children who have SCD are currently receiving SLT services and what services are offered? Can we train SLTs to use SCIP therapy with children on their existing caseloads? Is SCIP acceptable to SLTs, families and children who have SCD and can we measure changes that are important to families?

SCIP² was a feasibility study designed to answer these questions and help us plan how we would do a larger trial.

Results from a national survey, a small intervention study and an expert panel consultation have provided us with the information we need to plan and deliver a large scale national clinical trial of SCIP intervention. Children with SCD, their parents and SLTs were agreed that SCIP was acceptable to them and that children had made changes to skills that were a priority for the families.

You can read summaries of the research evidence on the SCIP website and find links to the peer reviewed papers.