Editor's Letter

Dear Readers,

With the widespread prevalence of the H1N1 flu virus in the world, it has truly been a trying time for all in the workplace, home and community settings. We hope this issue finds each and every one of you and your loved ones in good health and would like to take this opportunity to encourage all to remember to take time to eat, rest and play well.

In this second issue of the newly-revamped TIC, we bring you several special feature articles on stuttering. Dr. Valerie Lim (Senior Principal ST, SGH) shares with us in an interview, key insight into her research conducted on the local stuttering population which will undoubtedly benefit those of us working with clients from this population. Cheng Yuan, a young adult who stutters shares his unique experience of learning how to cope with his stutter. We also include some factsheets which we hope you find useful in your practice.

It was not too long ago that 20 individuals from different walks of life arrived at the starting line of something new. Together, they embarked on this exciting adventure. Like most adventures, this one had its fair share of ups, downs and surprises. Every individual experienced his or her personal moments of apprehension, anxiety and uncertainty. But it was these very emotions that gave rise to eventual joy, relief, confidence, gratitude and self-satisfaction. While some moved steadily along, some held back a little to catch their breath before continuing. Some too, found yet another adventure of their own to embark on and made the decision to break away from the main group. I cannot tell you exactly who held whose hand or who nursed the wounds of those who fell down and helped them back on their feet. But what I do know is that those who offered their hands to others were in turn offered helping hands and those who nursed the wounds of others had their own taken care of when the time came. Somehow the group made sure that ‘no woman or man was left behind’ because they crossed the finishing line together. Why together? Because this adventure was never a race, but a journey.

On my personal journey, I was fortunate to have learnt from dedicated and passionate professionals who shared their knowledge and lent their support freely, to have been mentored by clinicians who gave of themselves selflessly so that I could...
grow professionally, to have met course mates who became friends and even confidantes, to learn more about my strengths and weaknesses, to challenge perspectives, to learn to accept and give help wholeheartedly and finally, to have experienced so much meaning in the work I do. In short, my personal journey was imperfectly beautiful and nothing less than stellar.

On that note, I would like to take the opportunity to congratulate the new batch of locally-trained STs from the NUS Masters of Science (SLP) course who celebrated their commencement ceremony on the 13th of July 2009 at the NUS University Cultural Centre. On behalf of the previously-known ‘student SLTs’ to the now known Newly-Qualified Practitioners (NQPs), I would like to extend our sincerest thanks and gratitude to every SLT who held our hands, gave us a little push and/or cheered us on from the sidelines during this very special 2 year journey.

Cheryl Ho
Editor,
SHAS Publications
participated in surveys to date, and we will update you on the outcomes of the surveys in due course. We would also like to record our thanks to all members who have volunteered their time and efforts in the workgroups. If you would like to participate in future workgroups, please contact our Hon. Secretary, Ms Goh Siew Li, to indicate your interest.

On a separate note, may I draw your attention to the new SHAS website which was launched in early July. The website is the culmination of many months of hard work by the Publications Subcommittee and other members. If you have not yet done so, do take a few minutes to visit the website (www.shas.org.sg) which was designed to increase user benefits for members, as well as to improve outreach to the general public.

I wish all of you good health, and may you continue to find much joy and meaning in your work!

Liz Teh
Vice President, SHAS

The Lidcombe Program: Interview with Desiree Lau

What kind of program are you using with children who stutter? Tell us more about it.

Currently, we use the Lidcombe Program with children below the age of 6 or 7 years old who have been stuttering for at least 6 months. For children who are aged between 8 to 15 or 16 years of age, we modify the Lidcombe Program and/or use smooth speech techniques.

The Lidcombe Program is a behavioural treatment program for preschool children who stutter. As part of the program, parents or caregivers are taught to provide daily therapy to the child. During weekly clinic visits, the speech and language therapist (SLT) will guide and teach parents to administer treatment and rate the child’s stuttering severity in everyday situations. The SLT will monitor and guide parents to adjust treatment, to ensure the child receives positive experiences during treatment. The program aims to help the child attain very low levels of stuttering without altering their speech pattern.

Children at KKH are first assessed at our clinics. When they are identified to have more than 1%SS (syllables stuttered), they will be seen for intensive therapy at our stuttering clinic for weekly therapy.

Can you relate some challenges of this program?

Many of the parents are working parents, and hence...
find it difficult to carry out treatment daily. Despite emphasizing that the success of the program is dependent on whether parents carry out treatment at home, we have parents who continue to expect results solely through therapy sessions in the hospital. We also have parents who cannot afford the time to take time off to bring their child for the weekly therapy sessions.

**What do you find most satisfying about this program?**

The most satisfying part of this program is that it has been found to be effective especially for the children with mild to moderate stuttering. Even with children who have severe stuttering, it has helped most of these children reduce their stuttering severity after a bulk of therapy. I don’t have exact figures, but can confidently say that many of the children who have undergone the Lidcombe Program at KKH have been put on maintenance.

**Did anything amusing happen whilst you were using the program?**

As part of the Lidcombe Program protocol, parents are supposed to acknowledge the stutter (e.g. “That was a bit bumpy”) and request the child to correct the response (e.g. “Can you say it again?”). During one of my therapy sessions, whilst chatting with me, the child’s mother encountered some difficulties finding words to express herself. This resulted in dysfluent speech during the conversation. After hearing his mother’s conversation with me, the child then remarked, “Mummy, that was bumpy. Try again”. We both laughed as the child obviously had enough practise and thought it was time to ‘teach’ mum!

**What do you think SLTs in Singapore should know about this program?**

The manual for the Lidcombe Program is available online at the Australian Stuttering Research Centre website at http://www3.fhs.usyd.edu.au/asrcwww/index.html. The manual is very helpful for those working with paediatric stuttering. I personally find it useful and easy to read. Information from the brochure can be found on the last page of this newsletter.

*By Desiree Lau*

Desiree graduated from the University of Sydney where the Lidcombe Program was developed. She has been working in KK Women’s and Children’s Hospital (KKH) for close to 3 years and her paediatric caseload includes dysphagia, stuttering and speech and language difficulties. She is one of therapists running the stuttering clinic in KKH and is an active committee member of SHAS.
The Lidcombe Program is a treatment for young children who stutter. It has been developed since the mid-1980s at The University of Sydney at Lidcombe, and at the Stuttering Unit, Bankstown Health Service. Lidcombe and Bankstown are adjacent suburbs in Sydney, Australia. The program has been scientifically researched in Australia, Canada, and the United Kingdom, and the results of this research are very positive. In 2005 a randomised controlled trial of the Lidcombe Program was published in the British Medical Journal, showing that the treatment is extremely successful.

The Lidcombe Program
As a parent, you do the treatment with your child each day. You comment constructively on your child’s speech at various times and this shows your child how to speak without stuttering. You can do the treatment according to your family and cultural values. You and your child visit the speech pathology clinic each week. The speech pathologist works with you to ensure that the treatment is appropriate for your child and that it is effective (speech pathologists are also known as speech therapists, speech-language therapists, and speech-language pathologists). It is important that your child has fun while doing the program.

Features of the program
- You do the treatment with your child each day.
- You measure the severity of your child’s stuttering each day by giving it a score between 1 and 10, where 1=no stuttering, 2=extremely mild stuttering, and 10=extremely severe stuttering.
- During Stage 1 of the program, you and your child see the speech pathologist for an hour a week, until the stuttering severity scores are 1 (or occasionally 2).
- Research shows that, when the treatment is done according to the treatment manual, 11 weeks is the median number of treatment sessions required to complete Stage 1. There is, however, a considerable range of treatment times that are necessary. Some children may take only a few weeks, while others may take more than 22 weeks.
- During Stage 2 of the program, the amount of treatment you do and the frequency of clinic visits systematically decrease, provided the severity of your child’s stuttering remains low. Stage 2 may last up to a year. It is very important to complete both stages of the program.

Treating Stuttering in Young Children
Many children grow out of stuttering in the preschool years. In the past, this has sometimes led professional people to advise parents not to worry about stuttering and not to seek treatment. However, it is quite normal for parents to be concerned about their child’s stuttering. Unfortunately, it is not possible to know in advance whether your child will recover without treatment, so it is recommended that you seek the advice of a speech pathologist as soon as possible after your child starts to stutter. The speech pathologist may suggest waiting a short while to see if the stuttering goes away naturally or may suggest starting the Lidcombe Program immediately. Other factors, such as whether your child is distressed by the stuttering, will be taken into account when deciding to start treatment. It is recommended that children start the program before they reach 5 years of age.

Further Information
Further information about the program, including how it should be implemented and scientific reports on outcomes, is available on the Internet, on the following websites:
- Australian Stuttering Research Centre: www.fhs.usyd.edu.au/asrc
- Stuttering Unit: www.swsahs.nsw.gov.au/stuttering

Downloaded from Australian Stuttering Research Centre Website: http://www3.fhs.usyd.edu.au/asrcwww/Downloads/LP Brochures/English.pdf on 12 August 2009
Hello, I am a recovering stutterer. I developed a stutter when I was about 3 years old. The stutter is a stubborn one and it didn’t go away as I grew up. Thus, I stuttered all my way through childhood and into my teenage years. Most of my friends didn’t make a big deal about my stuttering, but I wanted to change my situation; I wanted to be in control of what I want to say, and how I say it. During my first year of junior college, I decided to give myself a chance at fluent speech.

I joined the three day intensive course at Singapore General Hospital to learn this technique known as “smooth speech”. The smooth speech technique focuses mainly on slowing down my speech, linking all my words together and using soft onsets. I spent my 3 days there learning the smooth speech technique step by step. On the first day, I started learning the technique in sounds, syllables and words. I had to learn how to link the words together, and also pronounce it while speaking without any hard onsets. Basically, I was relearning how to speak and it wasn’t that easy. By the third day, I was starting to see results for myself. There was this task on the third day known as the transfer task. My friend and I (who went through the intensive course with me) had to speak to people outside the fluency clinic under the supervision of the speech therapists. To my joy, I was finally able to order chicken rice without stuttering at all!

However as the days went by, I didn’t put in enough effort to retain my newfound ability. There was a period of time where I was able to speak fluently even without using the technique properly. That happened for a while after exposure to speech technique drills continuously for three days. But sadly, that sort of fluent speech didn’t last very long. And when that ended, I needed to use my technique to prevent stuttering. After a while, I began to relapse and the stutter seemed to manifest itself again.

I am still continuing my uphill battle with my stutter, and the battle will never end. I am working hard to regain my control of my speech, to get back what I have lost. What I have said may sound really discouraging but actually, we all have a fighting chance in maintaining our fluent speech. Speech therapy techniques have improved greatly over the past century. Furthermore, graduates of the Singapore General Hospital speech therapy program have formed a support group to give us a chance to practice our technique together once a month. At the end of the day, it boils down to your level of commitment. If you decide to leave your skills alone (like what I had done) until they go into disrepair, fluency may be an unattainable dream, but if you give it your all, success may well be within your grasp.

Chua Cheng Yuan

Stuttering:
What treatment is available for stuttering?
Most treatment programs for people who stutter are "behavioral." They are designed to teach the person specific skills or behaviors that lead to improved oral communication. For instance, many SLPs teach people who stutter to control and/or monitor the rate at which they speak. In addition, people may learn to start saying words in a slightly slower and less physically tense manner. They may also learn to control or monitor their breathing. When learning to control speech rate, people often begin by practicing smooth, fluent speech at rates that are much slower than typical speech, using short phrases and sentences. Over time, people learn to produce smooth speech at faster rates, in longer sentences, and in more challenging situations until speech sounds both fluent and natural. “Follow-up” or “maintenance” sessions are often necessary after completion of formal intervention to prevent relapse.

From ASHA’s website: “Stuttering” <http://www.asha.org/public/speech/disorders/stuttering.htm#four>
Tell me a bit more about your research in stuttering...

I was interested in clients who are bilingual and stutter. One of the main things that spurred me on to doing something in that area was to find out, why and whether people stutter more severely in one language as compared to another, because I had clients who had varying reports. I also wanted to find out the language we should treat in, especially if clients don't speak the language clinicians are comfortable with, like English.

Basically, I started by wanting to find out if people stuttered differently across languages, and decided to look at English-Mandarin bilinguals, and if that was related to language dominance. I wanted to know:

1) Whether people stuttered differently across languages
2) Whether that was related to language dominance
3) Whether the effects of treatment transfer across from one language to the other in bilinguals who stutter
4) The burning question is: Which language should we treat in? Do we treat in the dominant language or the less dominant language?

The answer is?

Currently, our research indicates that it doesn't quite matter because we do see a transference- that's the preliminary report, although I'm still working on the paper.

In order to do that, I had to first look at the issue of how to determine language dominance.

The first part of the research therefore looks at the use of a questionnaire tool that helps to determine language dominance in bilingual individuals. There's also a paper that's out, published in Applied Psycholinguistics. [See end]

How did you end up specializing in stuttering?

I don’t know if I consider myself specializing in stuttering yet. I'm still doing a lot of other clinical work in other sub-specialties.

Why do you think research is important?

I think research is necessary because it helps you to understand your practice a little more and it helps you to think about which direction to take in terms of clinical decisions. For example, if you want to make a decision about which language to treat in, but the literature’s not out there yet, then it’s something we should try to find out as it guides our practice better.

Even though there might be some research that might already be available, it may not necessarily be applicable to the population that you’re working with. We then have to test the hypotheses on the local population with which we’re working with, just to make sure it works with that particular population as well.

Research also helps to make the decision-making process a little more precise. Especially now, with evidence based practice being very important, it helps us to guide our thinking in terms of assessment and treatment.

Would you encourage anyone to do research specifically in stuttering?

I’ve only done to date the tip of the iceberg in terms of stuttering research. There’s really so much more out there to do. I think it’s going to be a lifetime’s work for me to answer all the questions I really want to answer.

Good research takes a lot of time, but if we can collaborate on projects, I think it'll be a lot easier to answer the questions whilst benefitting everyone from the information gleaned. At the same time working towards building up a common pool of knowledge that we can all draw from which ultimately benefits our patients.

What advice would you give for anyone wanting to start research?

I think the first thing is to look at your clinical practice and see if there are questions you want answering. Then you probably need help refining that question a little, by discussing with a more senior therapist or a research mentor who’s actually been through the research process, so that they can guide
you in terms of how to narrow things down. I think people often get bogged down by the things they want to find out because the questions they ask are so huge and daunting. As a result, they don't feel they've got the right skills or scope to handle the research.

However, if you get someone who's experienced or has at least some level of expertise, then at least that person can help you to draw up something on a small scale, for example a pilot study, which can then fuel your interest in a little more and help you understand the research process.

**Are there major difficulties in conducting research here in Singapore?**

For sure.

I think time is an issue. A lot of jobs don't pay for research as part of the job scope. So a lot of the time, much of the research I've done in the past had to be done in my own time, which translates to a lot of after hours work.

A lot of research projects don't get finished or even started. They might have a fantastic idea, but because of time constraints don't actually get the ball rolling, which brings us back to thinking small.

Funding to get research subjects or equipment is also not always easy to get. Although between the two, time is the bigger issue.

**Can anybody do research?**

Anybody can do research, as long as you've got a question, and know how to go about answering that question. It's very exciting to be able to finally obtain results. One thing about research is that it can always be refined. No matter how well you think you've designed your project, in retrospect, things could've been better. You could've analyzed it better, tightened up certain things and there are always restrictions of time, space, funding, participants. But at least you've contributed to the body of knowledge, which I think is important.

At the end of the day, it's still very exciting when you get some results which support or reinforce your thinking and hypotheses, which then helps to guide treatment.

**How can we best fill the gaps between research and clinical practice?**

I think that depends on your question, and on what specific area. For example, if you've read that a particular treatment has been effective, but are not quite sure about the dosage, the time, or how intensive it needs to be (as these are not always reported), that's when the gaps create another research project where you can then take it a step further. There will always be gaps because there is no research paper that will be able to answer everything. This is good because it then stimulates further research. Everybody will then keep adding to the body of literature.

Dr. Valerie Lim has published in *Applied Psycholinguistics* and the *Journal of Speech, Hearing and Language Research*. References are given below:


<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Summary Information</th>
<th>Speaker</th>
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<tr>
<td>22-23 Nov 2009</td>
<td>MORE: Integrating the Mouth with Sensory and Postural Functions</td>
<td>Workshop aims to provide therapists with a theoretical framework for understanding how and why many aspects of development are significantly influenced by oral functions as well as how certain techniques can be employed to enhance oral/respiratory functions.</td>
<td>Patricia Oetter and Eileen Richter</td>
<td>$850 (pending VCF funding application)</td>
<td>To be confirmed</td>
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<td>14-16 Jan 2010</td>
<td>Hanen- It Takes Two To Talk</td>
<td>Family-focused early language intervention for young children with expressive and/or receptive language delays</td>
<td>Anne McDade</td>
<td>$1000 - $1500 to be confirmed</td>
<td>SHAS – Venue to be finalised</td>
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**ANNOUNCEMENTS**

Our website is revamped!

Check it out at [www.shas.org.sg](http://www.shas.org.sg)

If you haven’t received your member’s password by now or encountered difficulty logging in, please email us at publications@shasorg.sg
COMING SOON...

FOOD ✓
FUN ✓
NEW PEOPLE ✓
OLD FRIENDS ✓

Keep an eye out for your invitation to the inaugural dinner to celebrate Speech Therapists in Singapore!

SHAS
We’re looking for 2 Speech Therapists

We’re growing and we’re looking for 2 full time Speech Language Pathologists to be a part of Leapfrogs.

Our Team
There is a team of 8 of us; 3 Speech Therapists, 3 Special Educational Therapists, and 2 support staff. Our Occupational Therapist joins us in August.

Our Clients usually have
Language delay/disorder
Autism and other developmental delays
Social deficits
Learning disabilities
Executive function and poor academic readiness
Attention and processing disorders e.g., Auditory Processing Disorder
Require mainstream integration and support

We work with little ones as young as 18 months to teens who are 13 yrs old and we will need someone with a passion in these areas to take care of our caseload.

Job Scope
Planning and conducting individual and group therapy session
Assessments/diagnostics and professional liaisons
Parent and teacher training workshops
Case conference meetings
Internal training and sharing
Supervision of students on placement if applicable
Project management e.g., organizing sibling camp

Our Forte
Group therapy to develop
i) Language and social skills
ii) Behavior and Learning
iii) Literacy, Academic and Executive Function
vi) Attention and processing

Requirements
Recognized Bachelor’s degree in Speech Language Pathology
Membership with Speech-Language and Hearing Association Singapore

Please send in your expressions of interests and resumes to Michelle Tham (Speech Pathologist / Clinical Director) via email at michelle@leap-frogs.com or call us to find out more at 6733 1992. We’re currently at 144 Bukit Timah Road, between KKH and Newton Circus.
Looking for:

Speech Language Therapist

The Challenges

You will provide speech, language and voice therapy to pediatric patients with language and developmental disorders in a multi-disciplinary environment. Your work scope includes development and implementation of intervention programmes for children of school going age. You will work closely with psychologists and psychiatrists.

The Requirements

• Degree in Speech Language Therapy and membership to a relevant professional organization
• Relevant pediatrics experience
• Strong interest in language therapy and enjoy working with children
• Experience with visual supports, picture exchange communication and structured teaching is preferred
• Experience in working with children diagnosed with Autistic Spectrum Disorders will be an advantage.
• Ability to work in a multi-disciplinary team

Remuneration will commensurate with the candidate’s qualifications and experience.

To apply, please send/email your detailed resume stating current and expected salary together with a recent passport-sized photograph to:

The Human Resource Department
Institute of Mental Health / Woodbridge Hospital
Buangkok Green Medical Park
10 Buangkok View, Singapore 539747
Email: careers@imh.com.sg