Research in the SLT-Mental Health Clinic:
Processes, Pitfalls, Products & Profits!

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Research
SLT-MH

Outline

- Introduction: some thoughts to begin with

- Processes: what are they?

- Pitfalls: we know all too well!

- Profits: they are there if we look….

- Products: they are also there for the taking…

- Conclusions and way forward (if we dare?)

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Exemplify throughout presentation

- 2 current projects (& some past ones)

1. Establishing language and communication profiles of children with a primary diagnosis of AD(H)D- *Lucena Clinic: TCD*

2. Prevalence of speech, language, communication and swallowing disorders among adults with MHDs -*Mater Hospital: TCD*

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re•search | ˈrēˌsərCH, riˈsərCH |

noun
the systematic investigation into and study of materials and sources in order
  to establish facts and reach new conclusions: *we are fighting meningitis by
  raising money for medical research.*

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Therapy and Research

Gerald M. Siegel [1] and Joseph E. Spradlin [2]

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The thesis is developed that therapy and research are not necessarily the same activity and that clinicians are not necessarily researchers. Though there are commonalities between research and therapy, especially as the use of single-subject research designs has increased, using the scientific method to guide therapy is not the same as doing science. The requirements of good therapy and good research are often different in critical ways. Both research and therapy are important to the vitality of the profession, and the profession is strengthened when the differences are acknowledged.

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Qualitative research: An additional research methodology for speech pathology?

Jennifer Eastwood*

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Keywords:
research methodology; qualitative approach

ABSTRACT

Application of the scientific method to research in speech pathology may be less than adequate to meet the needs of the discipline. Speech pathology has failed to develop the core concepts or paradigms which inform the 'hard' sciences, perhaps as a consequence of the unsuitability of experimental research approaches. Qualitative approaches to research allow for a more flexible and comprehensive method of investigation in clinical or research work and are employed by many other disciplines such as sociology and anthropology where the concern of the researcher is to investigate a complex, dynamic social setting or situation. An alteration to research orientation in speech pathology may provide clinicians and researchers with more appropriate and beneficial methodology.

From the Editor

Expanding Our Knowledge Base Through Qualitative Research Methods

Carol Scheffner Hammer, Editor

Traditionally, quantitative research methods have been applied in the field of speech–language pathology. These methods are designed to test hypotheses, identify cause and effect relationships, and explain behaviors objectively. They have been used to determine differences between disordered and typical samples, identify factors that contribute to various conditions or outcomes, and test the efficacy and effectiveness of intervention techniques, to name a few examples. The findings from such studies have yielded highly valuable information that serves as the foundation of the field's knowledge base. However, we as a field have largely overlooked the value of the qualitative research methods, which can be employed to answer a different but complementary set of research questions. Specifically, qualitative methods can be used "to understand the complexity of social phenomena through a set of systematic and interpretive practices designed to seek answers to questions that stress how social actions and social experiences are created and sustained" (Damico & Ball, 2010, p. 15). In other words, they can be used to situate the communicative lives of the children and the adults whom we serve in social and cultural contexts.

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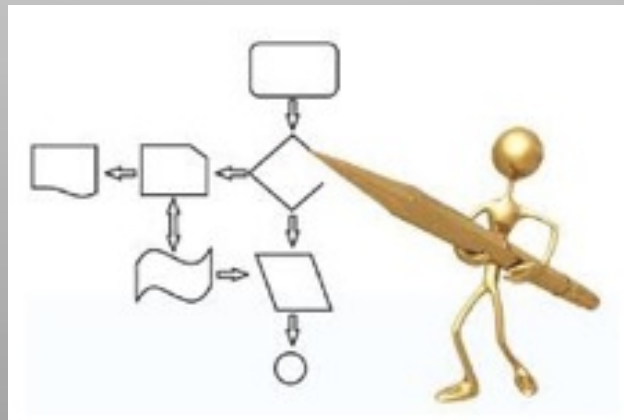ipwalsh@tcd.ie

Research in the SLT–MH clinic

Processes

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Theories & their role in research
(Pring, 2005)

Previous Research

Clever Ideas

Clinical Experience

Wild imaginings

Theory

Hypothesis

Theory supported

Experiment

Theory not supported

Develop theory

Modify theory

Give up. Get a new theory

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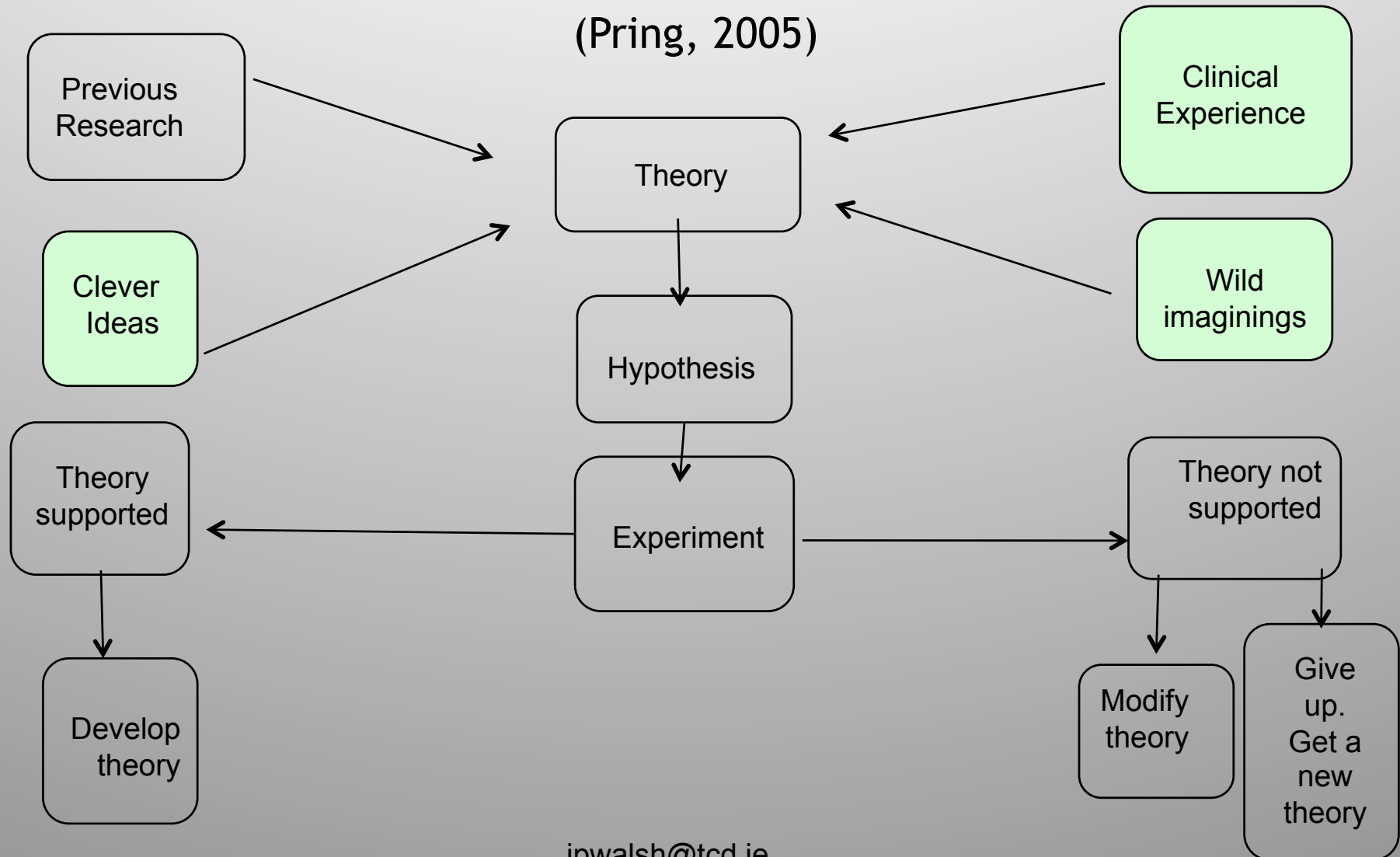
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Process: Identify research area (but how?)

Identify

- What is of interest to the MDT team?

- What is of interest to the SLT team?

- What is of interest to individual SLTs on the team?

- Could ideas arise

    – from 'clinical intuition'?

    – an observation or even a throwaway comment: '*why do all parents of ADHD children rate them on the CCC2 as being able to have an enjoyable conversation with him/her*'?

    – a need?   ipwalsh@tcd.ie

Process: Design research study

- Design related to research question; What kind of data are you after?

  Experimental: *e.g. children who stammer- give treatment/with hold treatment?*

  Correlational: e.g. *factors aiding recovery after stroke?*

  Observational: e.g. QoL in adult mental health ; *learn about people by asking them or watching them (questionnaires, in-depth interviews, focus groups)*

- Mixed methods

- Do you want to ultimately interpret your data
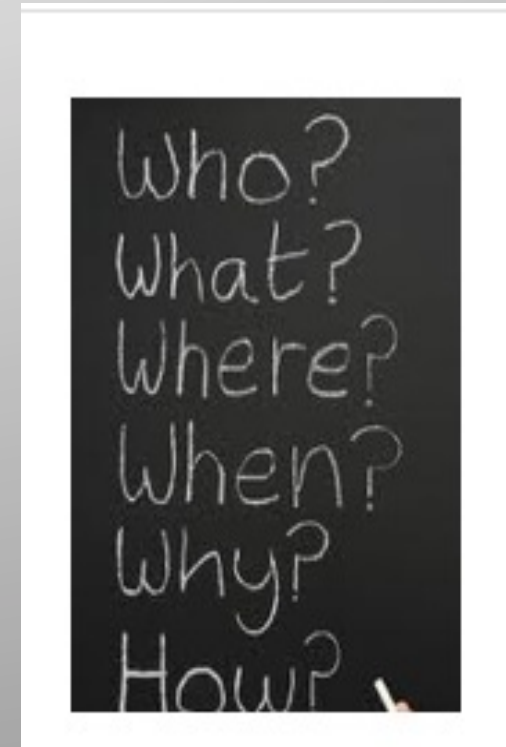
  – Qualitatively?

  – Quantitatively?

  – Both?

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Process: Carry out research

- Ethics approval needed?

- Host institution & other

- Who will carry out the data collection?

- Where?

- When?

- How?

- Duration of
  - preparation phase
  - data collection phase
  - analysis phase
  - write up phase

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Process: Analyse research results

- How?

- Quantitative methods- statistics

- Qualitative methods ? Which ones? A few?

- Mixed methods

- Advantages & disadvantages of either approach alone

- Advantages & disadvantages of both approaches together

- Who will do what? ipwalsh@tcd.ie

Process: Disseminate /publish research results

- Team meetings (SLT & MDT)

- SIG meetings/other

- Professional Conferences (IASLT/RCSLT/ASHA)

- Publications

  – peer review papers

  – book chapters; books (monographs, edited volumes)

  – online journals

  – magazines e.g. *Update, Bulletin*

  – *other*

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PROCESS

Clinic

Staff
Clients

University

Staff
Students

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University-Clinic

- Academic staff
- Clinic staff
- Student involvement
- Clients
- Confidentiality
- Workload
- Duty of care
- Time /duration

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Research in the SLT-MH clinic

Pitfalls

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Pitfalls

- student involvement
    - confidentiality issues
    - extra work: hard to find/make the time for student supervision and research
    - are students getting what they need?
    - students inexperienced; need lots of support
    - other?

- clients
    - project may add to already large caseload
    - project may interfere with therapy episode/plan
    - extra appointments may be needed
    - sense of being used as guinea pigs?
    - other?

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Pitfalls

- project itself
  - guilt around not being able to give project the time
  - fitting in around clinic work
  - fitting in around teaching
  - coming at it in 'dribs and drabs' so disrupts the flow, (hard to pick up again if time delay between meetings)
  - timeline for university different to clinic
  - submission deadlines (ethics application; progress reports; papers; conferences etc.)
  - very hard to reach completion at times; frustration
  - other?

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Research in the SLT-MH clinic

Profits

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Profits (clinicians)

- raises SLT profile on SLT/MDT teams

- building the knowledge base in area

- research experience for clinicians

- become more up to date with literature in area

- the products (e.g. presentations, potential papers, learning, increasing awareness, etc)

- (ultimate) sense of satisfaction

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Profits (clinicians)

- 'very motivating, rewarding and stimulating being part of research team'

- 'what you have learned from it does transfer to clinical work'

- 'in these times of professional accountability it counts towards CPD'

- 'have an added reason to go to conferences that mightn't have gone to and so get to hear about other people's research'

- Fun!

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Profits

- student education in the real world!

- research can be part of a student's block ('win-win', if managed well by university & clinic)

- analysis of data can be undertaken by student and form their final year research project (also 'win-win' - but must also be managed carefully)

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Profits

- *'One thing that has struck me working with the last few sets of students is how their perceptions of and attitudes towards children with ADHD has changed since doing the research– in that they were all quite worried about how unmanageable/odd/ challenging the kids might be before meeting them – and how pleasantly surprised they were at how 'normal' they were after! I suppose it reduces stigmas etc.'*

- *'I think being seen to be doing research raises our 'profile' within the MDT – particularly amongst the more medically minded clinicians…..!'*

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Research in the SLT–MH clinic

Products

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'Products' : The best one!

- Clinical Specialist in SLT-MHDs

- Success

- Leading to other initiatives

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Original

A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders

Irene Walsh, Julie Regan, Rebecca Sowman, Brian Parsons, A. Paula McKay

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Prevalence of Dysphagia in Acute and Community Mental Health Settings

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Abstract. The incidence of dysphagia in the population with mental health disorders may be higher as a result of a number of factors including the nature of the psychiatric disorder, effects of psychiatric medications, co-occurring neurologic conditions, and institutionalization and behavioral changes associated with the mental illness. This study aimed to determine

Key words: Dysphagia — Psychiatric disorder — Neuroleptic medication — Choking episodes — Acute and community settings — Deglutition — Deglutition disorders.

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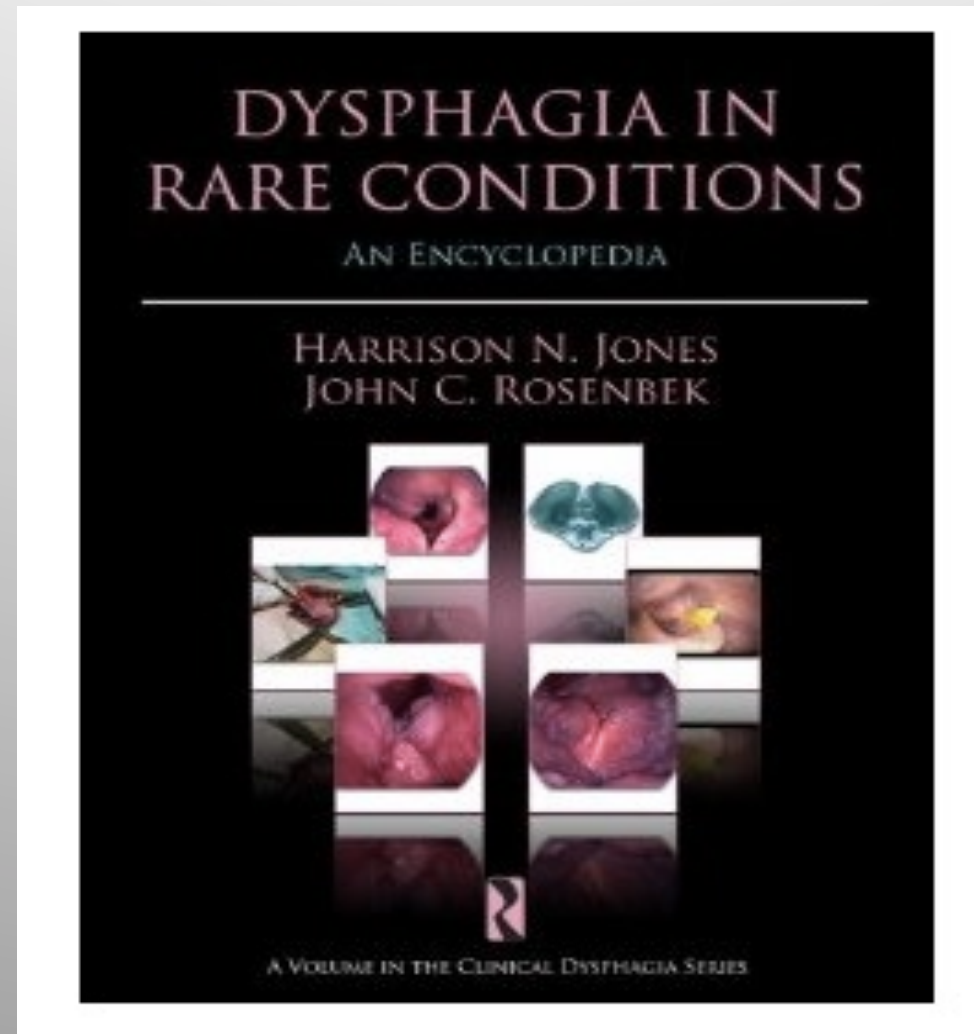
Adult Mental Health

- Group therapy-efficacy (some work; RCSLT)

- Needs analysis (n=60) – AMNCH -> post + publications

- Needs analysis (n=200)(adapted)-> Mater Hospital (just started)

- Needs analysis (tbc)- London/Surrey (June 2012)

- Student projects (presentations at IALP;ASHA; IASLT)
  –

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AD(H)D Project (recent)

- Wonderful data! : qualitative and quantitative (n=40); great potential
- Student projects – 3 so far with potential to publish
  - Use of CCC2
  - Clinical discourse
  - Narrative
- Challenging the 'disorder' paradigm in AD(H)D
  - ASHA, Philadelphia 2010
- 'Social not solo' : Narrative telling among children with AD(H)D
  - ASHA, San Diego 2011
- Identifying demographic & language profiles of children with a primary diagnosis of AD(H)D
  - IASLT, Dublin 2011
  - Invited to submit to:

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Where to next?

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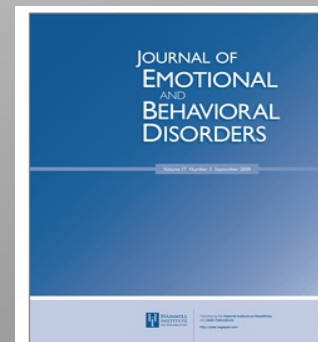
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Broscious, Darby & Loftin (2008)

- commit to carrying out the study, regardless of compensation
- select a supportive and committed clinical site
- allow adequate time for the entrée process
- develop trusting, effective relationships between researchers and clinicians
- establish firm plans for participant recruitment
- identify adequate incentives for student researchers
- find release time for faculty
- anticipate change in clinical practices
- assure adequate funding before beginning the study

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Where to next?

- Talk to your SLT/other colleagues

- Brainstorm ideas; chat; explore; argue!

- Reflect on team's/individual's strengths

- Consider client population vs clinic caseload

  - More vulnerable clients in SLT-MH?

  - What is current makeup of case load? Waiting list?

- Can idea be 'tucked in' to ongoing clinic work?

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Where to next?

- Consider liaison with an academic dept

- Student involvement? (or not)

- Timetable: need for regular meetings

- Draw up a research protocol- can form the basis for team discussion and ultimate ethics application

- What pitfalls? What profit? What product?

- Who will lead? What roles will people take?

- What roles are they comfortable taking?

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Main headings for research protocols (Green & Thorogood, 2004; 45)

Aims & objectives	The 'what' of the study, including the broad aim (what you are going to do) broken down into measurable objectives.
Background	The 'why': why this is an interesting question, an important question or a policy relevant question
Methods	The 'how': a detailed description of of the data you will collect and how, including sample sizes, if appropriate and issues of access.
Ethical issues	Particular ethical issues raised by your study, including whether you need and have ethical approval, and how you will address them
Resources	Costings for staff, travel and materials.
Time scale	This should include important milestones, such as commencement and completion of fieldwork, draft report completions.
Dissemination & outputs	How will you inform others, including participants, of the findings? What other outputs are you expecting?

Where to next?

- Resilience- staying power

- Motivation

- Passion

- Commitment! Commitment! Commitment!

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Final words

- "Both research and therapy are important to the vitality of the profession, and the profession is strengthened when the differences are acknowledged" (Siegel & Spradlin, 1985)

- or…

  - *when the differences work in a complementary way*

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Final words

Can we continue to as Schneffer Hammer (2011) calls for:

"determine differences between disordered and typical samples"?
"identify factors that contribute to various conditions or outcomes"?
-"test the efficacy and effectiveness of intervention techniques"?
-contribute to the field's knowledge base? Other?

– in particular (for us) the knowledge base in SLT–MH
- it's up to us   Can we do it?
- Yes, we can!   ipwalsh@tcd.ie

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