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Speech and language therapists' reflections on the concept of semi-speaking: a critical discourse analysis.

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Acknowledgements

Abstract:

Semi-speaking is a new term that has emerged from sharing the lived experiences of neurodivergent adults. This innovative study aims to add to the growing body of research by exploring speech and language therapy practice. Critical discourse analysis is used to investigate the influence of three key discourses and the impact of sharing lived experiences of semi-speaking on therapists' reflections on their current practice. Seven narrative interviews were conducted which highlighted the complexities of integrating new knowledge into practice within the neurodiversity paradigm and the need for therapists' ongoing learning alongside neurodivergent individuals to support them to thrive.

Keywords: Semi-speaking, discourses, lived experience, speech and language therapy, neurodiversity.

Chapter One: Introduction:

During the 1990s, a new concept, called Neurodiversity, emerged from a coming together of autistic advocates, who felt that the social model of disability (Oliver, 2013) was not inclusive of individuals with neurological/brain differences. The neurodiversity movement as a social justice movement asserts that brain differences, such as autism, are "natural variations of human minds, and those who diverge from the norm are equally deserving of dignity, respect and accommodation" (Chapman and Botha, 2023, p.310). From this movement, the neurodiversity paradigm has developed and is described as an "emerging framework for understanding human mental variation, ability and disability" (Chapman and Botha, 2023, p.310) and asserts that there is diversity of minds with no "normal or right style of human mind" (Walker, 2021, p.19). As the concept has evolved the language has changed and, in 2000, the term neurodivergent was coined describing "a mind that functions in ways which diverge significantly from the dominant societal standards of "normal"' (Walker, 2021, p.38). Neurodivergent can refer to many different types of neurocognitive differences and, for this study, it will be used to refer to individuals identifying as autistic and/or ADHD (See Appendix I for definitions of terms). Alongside this, identity-first language will be used throughout this

study, i.e. autistic individual rather than person with autism, as research indicates that the majority of the autistic community prefers this (Botha, Hanlon and Williams 2023).

As a speech and language therapist (SaLT), working with autistic and neurodivergent individuals and their families, I have seen firsthand how understanding and adopting a neurodivergent-informed approach (Chapman and Botha, 2023) has transformed my practice. This has not been an easy journey as it has challenged me to examine where my knowledge has come from and how much of it is based on the pathology paradigm (Walker, 2021, p.18) created within hegemonic discourses and ideology. I have also found that, within my role as a clinical supervisor and training provider, my colleagues have struggled with reflecting, reframing and being able to implement the theory of neurodiversity paradigm in their practice. For some therapists, it has been challenging not to use traditional assessments and interventions, which position them as the experts, and to move to a relationship-based approach that respects and incorporates lived experiences.

The concept of semi-speaking is a key example within my practice that highlights the potential opportunities and challenges for SaLTs in adopting a neurodivergent-informed approach. Semi-speaking has evolved to describe the experiences of neurodivergent individuals who are usually able to speak and also experience periods where using speech is challenging, such as during periods of heightened emotions. As a concept, semi-speaking is used as an umbrella term which encompasses other commonly used terms such as 'situational mutism' (Usher-Barrass, 2024), 'intermittent speech' (Zisk and Dalton, 2019) and 'part-time AAC user' (Donaldson, Corbin and McCoy, 2021 p.321) (See Appendix I for a description of AAC). Individuals who identify as semi-speaking may benefit from supports such as using text-to-speech apps and conserving speech. The challenge however is that many people are often unaware of the option of alternative and augmentative communication (AAC) and as a result, during periods when they are unable to speak, they are unable to communicate and can become excluded. The privileging of speech and the expectation that the individual can speak can also lead to individuals having to force speech which can be detrimental to their wellbeing (Donaldson *et al.,* 2023). Donaldson *et al.* (2023) call on professionals to educate themselves and others to raise awareness of semi-speaking and to do this by listening to the individuals themselves enabling them to have choice, access and agency.

This is an innovative study within speech and language therapy practice for two reasons. Firstly, the focus is on a concept that has emerged from the shared knowledge of the lived experience of neurodivergent individuals and has a relatively small amount of published research. Secondly, this study seeks to actively explore SaLTs' reflections on practice in the light of new knowledge framed through the lens of the neurodiversity paradigm.   The results of this study aim to inform my practice to provide training and supervision in a way that supports the individual therapist and, in turn, positively impacts the support offered to the neurodivergent individuals they are working with.

As the study explores an area of seemingly unchartered territory it is helpful to have a way to guide the study. Brea-Spahn and Bauler (2023) propose a 'critical inquiry stance compass' (2023, p.4) which enables the interrogation of dominant ideologies within speech and language therapy. The compass incorporates four dimensions of 'naming', 'disrupting', 'reframing' and 'reflecting and acting' (see Appendix I for diagram) and is therefore a useful tool in exploring SaLT practice further. By adopting a critical inquiry stance, the compass also aligns with the critical theory paradigm, enabling discourses and power structures to be examined.

The 'journey' begins with a review of the literature in chapter 2 which explores the influence of discourses associated with acquiring knowledge in speech and language therapy based on Habermas' three forms of knowledge (McLaren, 2013). The research questions emerged from the literature review (see 2:5) and informed the research design which is detailed in Chapter 3. The use of a presentation of lived experiences, followed by narrative interviews, produced a rich data set which was analysed using Fairclough's CDA Framework (2013) and is described in Chapter 4. The effectiveness of the research design and analysis of data enabled the research questions to be answered and conclusions to be drawn in Chapter 5 and suggestions are made for future 'journeys' and ongoing learning.

Chapter 2: Review of the literature

2:1 The literature search process:

My initial literature review focused on semi-speaking and its relationship to speech and language therapy practice (SaLT) which is limited due to being a new area of research. Alongside this search, I reviewed my current library and, to prevent being overwhelmed (Aveyard, 2014), focused on literature around SaLT practice. This revealed gaps in literature exploring evidence-based practice (EBP) and the realities of applying new knowledge in practice. To explore this further, I searched The Open University online library and Google Scholar utilising a Boolean search using terms that included "training" and "knowledge" alongside "speech and language therapy". Some specialist journals were also available through my professional membership of the Royal College of Speech and Language Therapists (RCSLT). The search provided a large number of articles so, to make the review more manageable and time efficient, Biggam's (2021) criteria of recent, reliable and relevant (3Rs) were applied to the process of selecting literature.

Alongside reviewing journal articles, grey literature also formed part of this literature review, including webinars, blogs and social media posts. Recent changes in the understanding of neurodiversity mean that research is not always keeping pace with developments in practice (Pellicano, Dinsmore and Charman, 2014) and including grey literature enabled me to engage with current thinking. Using a range of grey literature such as social media posts and webinars also enabled me to identify authors, researchers and further literature to review. I continued to use Biggam's 3Rs (2021) for reviewing grey literature alongside the AACODS checklist (Tyndall, 2010).

The discourses to be explored through the literature review are the dominant discourse of the objective scientific SaLT, the sociocultural discourse of the SaLT within their communities of practice and the emancipatory discourse. These have been chosen as the literature suggests that these discourses are key to developing an understanding of how to support SaLTs to acquire new knowledge concerning semi-speaking. It also forms part of Brea-Spahn and Bauler's critical inquiry compass in "naming the ideas and where they come from" (2023, p.4). Discourses can be understood in different ways, so for the purpose of this review, a discourse will be viewed through a critical theory lens as a grouping together of rules or statements

which become 'regimes of truth' (McLaren, 2013 p.16). These truths gain dominance over other discourses through embedded power structures which directly impact practice. In conducting this review, it is important to acknowledge that, as a small-scale study, it was not possible to cover all discourses within SaLT practice, such as oralism, and it is recommended that these are explored in future research.

2:2 The scientific, objective speech and language therapist: the dominant discourse.

When reviewing literature to explore how SaLTs acquire new knowledge, critical theory suggests that a historical perspective is considered to inform how ideologies and hegemonic discourses evolve and become embedded discourses (Beuno-Fischer, 2009). As a profession, speech and language therapy originated in hospitals treating people experiencing shell shock following World War I (RCSLT, 2020). Originally a diploma, and then a degree course, the profession has grown to encompass a wide range of settings, in hospitals, clinics and in schools, working with both children and adults. Once training is completed, SaLTs complete a set of competencies to become fully registered with the Health and Care Professions Council (HCPC). SaLTs must adhere to standards of proficiency (HCPC, 2023) and may be audited biennially to demonstrate continuing professional development (CPD) and fitness to practice. Membership of RCSLT is also recommended, but not mandatory, for SaLTs in the UK.

As a regulatory body, HCPC can strike a therapist from the register if found unfit to practice meaning that the therapist would no longer be able to work or use the protected title of speech and language therapist.   It is therefore essential that standards of proficiency are adhered to when considering implementing new knowledge in SaLT practice. Standard 13 states SaLTs "must be able to: draw on appropriate knowledge and skills to inform practice" and "change their practice as needed to take account of new developments, technologies and changing contexts" (HCPC, p.7, 2023). This proficiency standard, and the document as a whole, appears to support the application of new learning, such as semi-speaking, within practice. However, when interrogating the text further there appears to be some underlying contradictions to this assumption. Ferguson (2009) found deconstructing text in SaLT policy, using critical discourse analysis, highlighted an underlying scientific and expert discourse. Whilst Ferguson's study was outside the UK, parallels can be seen in the HCPC standards which use terms suggestive of the scientific discourse, such as "scientific inquiry" and "treatment

efficacy" (2023, 12.2 p.7) with the word 'proficiency' itself meaning "the state of being proficient: skill, expertness" (dictionary.com).

The taken-for-granted assumptions of the meaning of the term evidence-based practice (EBP) in SaLT practice are also suggestive of further contradictions and embedded discourses. HCPC standard 11.1 requires SaLTs to "engage in evidence-based practice" (2023, p.6) and RCSLT provides related guidance on what is meant by EBP for SaLTs (See Appendix I for EBP triangle). This guidance states that EBP is "the integration of best available evidence, clinical expertise and service user preference and values" (RCSLT, 2024, p.1). As with the HCPC standards of proficiency, the RCSLT guidance would appear to support new knowledge of semi-speaking as, although there is limited research, the integration of the elements could enable individuals to share their lived experience as suggested by Donaldson *et al.* (2023). Interrogation of the guidance, however, suggests contradictions in the text with an apparent bias towards the term 'published research' which is used numerous times, particularly in the shortened EBP guidance (RCSLT, 2024). In the service user preference section, guidance suggests SaLTs "consider" preferences alongside "published research studies …of clients' perspectives" (2024, section 1, para 4). When viewed through a critical discourse lens, this is significant in a short paragraph where 'consider' is paired with 'published research' and suggests an embedded privileging of external information over lived experience rather than integration of the three parts. The most recent RCSLT Bulletin magazine (Summer 2024) provided further evidence of the privileging of research and that the term EBP has become synonymous with published research. In the letters section, Riddett *et al.* suggest information gained via social media means that "well-evidenced interventions are dismissed" (p.6, 2024). This is followed by the RCSLT Chair of Trustees urging SaLTs to "Call time on non-evidence-based practice" by re-evaluating practice "in the light of recent research" (Pert, 2024, p.14).

Viewed through a critical theory lens, the terms used in these documents suggest an ideology of positivism (Giroux, 2020) positioning the therapist within a hierarchical learning framework. Within this framework, researchers, academics and experts provide information through training and published materials. Habermas referred to this as technical or analytic knowledge which is cumulative through a linear progression of acquiring knowledge (Terry, 1997). Proponents of critical pedagogy suggest that this view of learning creates a power imbalance where there is a top-down pattern of teaching known as banking education (Freire,

1970). This is perpetuated through hegemony and disciplinary power where the dominant discourse is assimilated and maintained by consent (McLaren, 2013). Ferguson's (2009) analysis suggests that as a profession, SaLTs have attempted to distance themselves from the problematic medical, deficit model and instead move towards the social model of disability (Oliver, 2013) however the dominance of the scientific discourse endures and is embedded in practice. Ferguson's study was conducted in 2009, however, interrogation of the policy, guidance and taken-for-granted assumptions in this review provides evidence that these issues remain current. This presents potential barriers to acquiring knowledge of semi-speaking which has minimal published research or academic experts to provide training and therefore necessitates the exploration of other discourses to inform my practice.

2:3 The therapist within communities of practice: the sociocultural discourse

It is necessary to go further than the dominant discourse when considering knowledge acquisition of new concepts, such as semi-speaking, so this review has explored the sociocultural discourse and how the discourses may overlap. Habermas refers to knowledge gained socially through practice as practical knowledge (McLaren, 2013) or hermeneutic knowledge (Terry, 1997). Habermas proposes that technical knowledge, as described in section 2:2, should not be viewed in isolation without considering learning within the social context and individual interactions with others (Terry, 1997). Lave (2019) proposes that learning occurs as an ongoing social process, known as Situated Learning Theory, that encompasses all types of learning within a Community of Practice (CoP). Lave and Wenger (1991) describe CoPs as a group of people with shared interests that work together to develop their learning with interactions, relationships and participation in communities being integral to moving the acquisition of knowledge from an individual activity to a group activity.

Within my practice, there are many different CoPs, with each CoP being a source of both formal and informal learning and Situated Learning Theory may therefore provide a practical opportunity to explore knowledge acquisition of semi-speaking in SaLT practice. In their scoping review, O'Brien and Battista (2020) explored Situated Learning Theory in health professions as an alternative to current positivist approaches focusing on observable behaviour. They found, however, that whilst the theory was embraced by professionals, the dominance of the scientific discourse meant that in practice it was implemented in a prescribed way suggesting confusion around the ethos and purpose of the theory. Wenger

(cited in O'Brien and Battista, 2020, p.501) suggests this is due to challenges in the field of 'natural sciences' (health professions) recognising that social theories do not contain absolute truths. This further confirms the findings of Ferguson (2009) and the dominance of the scientific discourse within practice.

It is important to consider the challenges described by O'Brien and Battista (2020) in relation to the potential impact on the acquisition of knowledge of semi-speaking in SaLT practice. This is because, as discussed in 2:2, SaLT, as a profession, strives to distance itself from the medical model whilst being influenced by disciplinary power and the scientific discourse. At the same time, Stokes and McCormick (2015) suggest that in reality, SaLTs rely on professional craft knowledge, experience gained over time, and perceived wisdom. This contributes to a "messiness and complexity" (Stokes and McCormick, 2015, p.4) of clinical decision-making, where the therapist is not only influenced by the dominant scientific discourse but also by their settings and CoP. This means that different settings can have different ways of working sometimes resulting in controversy amongst therapists and what appears to be a taking of sides. A recent example of this has been seen in attitudes to gestalt language processing (GLP) (see glossary for description, Appendix I). GLP is similar to semi-speaking in that there is minimal published research and for proponents of GLP, the new knowledge has transformed their practice (Blanc, Blackwell and Elias, 2023). In contrast, some suggest that GLP does not exist, is not evidence-based (Hutchins, Knox and Fletcher, 2024) and should not be used. Whilst semi-speaking does not have this type of contradictory research, it is important to consider the potential barriers that may be faced in supporting knowledge acquisition across the profession. The professional taking of sides also gives further weight to the assertion that, as a profession, SaLT is not objective but is in reality influenced by sociocultural and socio-political discourses (Farah, 2022).

Another factor to consider within this discourse is Foucault's concept of disciplinary power and self-surveillance and the potential effects on SaLT practice. Disciplinary power is a power that is asserted in the belief that others may judge our decisions resulting in some form of punitive consequence (Davies, 2003). Stokes and McCormick (2015) assert that, once qualified, SaLTs rarely have time to read published research and any previous theoretical knowledge gained during training does not fully equip therapists to be confident in their practice. During the literature review, it was observed that the majority of studies exploring

practice looked at outcomes of approaches with only a small number asking SaLTs about their reflections on practice. These studies tended to report therapists experienced challenges that impacted their well-being. An example of this is Davis, Zaki and Sargent (2024) who found SaLTs reported struggling to keep up to date with research and were concerned about giving parents misinformation due to a lack of knowledge. It is essential therefore that the realities of practice are considered when providing new information, such as semi-speaking, so that it does not inadvertently add to the pressure experienced by therapists and contribute to turning "lifelong learning into a lifelong nightmare" (Brookfield, 2005, p.132).

Brea-Spahn and Bauler's critical inquiry compass suggests that alongside naming 'disrupting' is needed to "adopt a skeptical stance" (2023, p.4). Without naming and disrupting, SaLTs will continue to maintain the taken-for-granted assumptions of practising as objective evidence-based clinicians when, in reality, they are influenced by embedded discourses within their communities of practice. The literature suggests that where the scientific discourse is the dominant discourse, it can impact the implementation of social theories and result in additional pressures from self-surveillance and disciplinary power. Brea-Spahn and Bauler suggest that, along with naming and disrupting, reframing is also needed. The emancipatory discourse, as a way to reframe, may therefore offer an alternative for SaLTs to use in practice in acquiring new knowledge and also needs to be considered here.

2:4 Lived experience: the emancipatory discourse.

Brea-Spahn and Bauler's (2023) critical inquiry compass has supported this review to examine two discourses which may influence the acquisition of new knowledge and implementation in SaLT practice. They propose that the two other elements of the compass, 'reframing' and 'reflecting and acting', are necessary as part of the process of critical reflexivity. This aligns with the critical theory paradigm and Habermas' concept of emancipatory knowledge which enables educators to develop an understanding of their context and to take that forward to enable collective action for change (McLaren, 2013). Whilst disciplinary power is pervasive, Foucault acknowledged that it also offers an opportunity for resistance (Brookfield, 2005, p.141) and Terry (1997) suggests Habermas' concept of freedom through emancipatory education, is key to facilitating transformative change and social justice.

Fundamental to the emancipatory discourse is the concept of Kuhn's paradigm shift (The Open University, 2023a) where reframing can lead to transformative changes in practice and, for SaLT, the neurodiversity paradigm has enabled significant change to occur. A paradigm shift is necessary because, as discussed in 2:2 and 2:3, the embedded scientific, objective discourse can influence practice in the desire for 'truths' and the privileging of published research. This, in turn, maintains an imbalance of power with the SaLT perceived as the expert who can be trained to diagnose and treat neurodivergent individuals thus perpetuating the pathology paradigm (Walker, 2021, p.18). The neurodiversity paradigm disrupts and challenges these assumptions by asserting that autism and ADHD are forms of brain difference rather than deficit and as such can benefit from support to navigate challenges impacting their lives and wellbeing.

Within the neurodiversity paradigm and neurodiversity movement, there is a call for professionals working with neurodivergent individuals to take a neurodivergent-informed approach (Chapman and Botha, 2023). This approach to therapy has developed as an opportunity to support the transition of the neurodiversity paradigm from theory to practice by taking a 'standpoint epistemological' approach (Chapman and Botha, 2023, p.312). In this way, the knowledge and lived experience neurodivergent individuals have regarding their own needs are valued and respected by professionals, enabling them to have epistemic agency. Donaldson *et al.* urge SaLTs to consider neurodivergent individuals as the experts of their own experiences and "honour the lived experiences" (2023, p.145) and Zisk and Dalton recommend that "in all cases, we consider (potential) AAC users as primary experts in their needs" (2019, p.97).

By adopting a neurodivergent-informed approach, SaLTs can reframe how they acquire knowledge about semi-speaking by listening to individual experiences and enable learning through the shared experience of collaborative decision-making (McGreevy *et al.*, 2024). In this relationship-based dialogic approach, SaLTs can "cultivate epistemic humility" (Chapman and Botha, 2023, p.313) and share their knowledge of possible supports such as AAC. Once acquired, SaLTs need to share their knowledge of semi-speaking to help remove knowledge barriers, as the individual may also be unaware of semi-speaking (Zisk and Dalton, 2019) In this way, the individual and the SaLT can become critical co-investigators and learn from each other through dialogue. Freire (1970) conceptualised this within the critical pedagogy

framework as problem-posing education which contrasts with banking education discussed in section 2:2. Problem-posing education offers an opportunity to view learning not just as a method to acquire knowledge but also for new learning to be transformative and liberating.

Critical pedagogy and the neurodiversity paradigm may offer opportunities for learning from lived experience within the emancipatory discourse, however, there can be issues for practice. Tinning (2002) asserts that critical pedagogy is difficult to conceptualise for practitioners making it challenging to implement in practice. Worthman (2008) suggests that a dominant discourse can overshadow other discourses and influence the practitioners' perceptions of the concept. In his study, one teacher (Amy) partially integrated learner experience in a way that empowered the students whilst another teacher (Miriam) was able to fully integrate learner experience in a liberatory and emancipatory way. Neurodiversity has been found to have similar challenges particularly where it is understood as a change of language rather than a paradigm shift often resulting in neurodiversity lite (Neumeier, 2018). Shaw et al. (2023) suggest that the challenges faced by neurodivergent individuals are more significant than merely professionals' misunderstanding of needs and propose the triple empathy problem in healthcare settings (see Glossary, Appendix I) contributes to health inequity and high rates of premature death.

One way to overcome potential issues with implementation of transformative discourses and paradigms is to view learning not as static but as ongoing. Habermas considered knowledge as a cumulative process, rather than a linear process (Terry, 1997), while Lave (2019) views learning as lifelong. Once again, Brea-Spahn and Bauler's compass points to a way to prevent learning from becoming static and the learner becoming complacent by highlighting the need for "reflecting and acting" (2023, p.4). In presenting the compass, Brea-Spahn and Bauler warn against applying the model without ongoing critical inquiry and instead propose it offers a tool for ongoing generative discussion.

2:5 Summary and research questions.

The literature suggests that the emancipatory discourse offers an opportunity for SaLTs to reframe and be transformative when acquiring new knowledge of semi-speaking from lived experience. Shifting the power away from the SaLT as the expert, towards a problem-focused, dialogic alternative, not only enables therapists to be relieved from contradictions and

disciplinary power in the search for truths but also enables neurodivergent individuals to share their lived experiences as experts in their own lives. In that way, SaLTs can move from treatment to advocacy and support for neurodivergent individuals within the neurodiversity paradigm. Brea-Spahn and Bauler's (2023) critical inquiry compass helped to provide a framework for this literature review and will continue to guide this study as it further explores the concept of semi-speaking within current SaLT practice.

Therefore my research questions are:

1) What is the impact of sharing the lived experience of individuals who identify as semi-speaking on speech and language therapists' reflections on their current practice?

2) To what extent are speech and language therapists' reflections on current practice influenced by the three discourses discussed in the literature review (objective scientific discourse, sociocultural discourse, emancipatory discourse)?

Chapter 3 Research Design

3:1 My ontological position

This study adopts a qualitative, interpretivist approach influenced by critical theory and the neurodiversity paradigm enabling me to collect data to address my research questions (Grix, 2002). This research design is appropriate for a small-scale study that explores participants' attitudes, beliefs and experiences (Denscombe, 2017). Costley, Elliott and Gibbs (2010) suggest that in complex, practice-based studies it is useful to use more than one methodology within the conceptual framework. This study incorporates action research, narrative inquiry and critical discourse analysis (CDA). This mixed methodology supports an interrogation of the multiple layers of complexity in social research (Bottema-Beutel, 2024) recognising the need for research which supports neurodivergent individuals in their everyday lives (Pellicano and Den Houting, 2022).

A qualitative, interpretivist study could have limitations in its apparent subjectivity and lack of scientific validity. As an ethical researcher, it is important to acknowledge the subjectivity and subsequent power a researcher can have in designing and conducting a qualitative study (Costley, Elliott and Gibbs, 2010). As discussed in Chapter 2, within the positivist 'scientific' discourse in SaLT, there is an underlying assumption that a study's value is based on the hierarchy of medical evidence (Murad et al., 2016). Viewed through this lens, my research would be placed towards the bottom of the evidence pyramid and therefore regarded as having 'weaker' validity, less value to practice and could be disregarded in future literature reviews. In my practice, I have encountered this concern about qualitative research numerous times in discussions with colleagues. Recently, I chaired a meeting of a journal club and presented the qualitative papers by Zisk and Dalton (2019), Donaldson, Corbin and McCoy (2021) and Donaldson *et al*. (2023). Whilst the attendees were interested in the concepts presented, there were concerns raised about the subjectivity of the papers discussed, how to critique them and how they could be incorporated into practice. It should be noted that no study is completely without bias and Ercikan and Roth (2006) suggest objectivity is a myth however these concerns need to be acknowledged and considered when designing my research particularly to avoid devaluing much-needed research into semi-speaking and SaLT practice.

Another critique of qualitative research is that it is not possible to reproduce the study and therefore it cannot be validated or applied to practice. Ercikan and Roth (2006) suggest that it is impractical to assume that any study is exactly reproducible as it is dependent on numerous factors. In response to this, and to increase the trustworthiness of a study, Lincoln and Guba (1985, as cited in The Open University, 2023b) propose that the researcher provides enough contextual information for transferability to other settings. Norbury and Kulkarni urge SaLTs to ensure studies are 'open and reproducible' (2023, p.48) so that they can be considered in our practice, particularly in an emerging area such as semi-speaking. The following subsections will therefore detail the contextual information needed, and the decision-making process taken, to support the potential transferability of this study.

It is important to note that decisions made in designing this study not only relate to practical and logistical elements but also to ethical considerations (The Open University, 2022). Ethical considerations are discussed throughout the chapter and sit within an overarching ethical framework proposed by Stutchbury and Fox (2009). This framework provided the tools for me as the researcher to ensure transparency and demonstrate integrity throughout the research process.

3:2 Coproduction and lived experience.

When conducting research within a community, it is essential to understand and acknowledge your positionality (Yip, 2023) and ensure an ethical and culturally responsive research design (BERA, 2024). As discussed in Chapter 2:4, sharing the lived experience of semi-speaking individuals is fundamental to my study and research questions. As I do not identify as a semi-speaker, and could therefore be considered an outsider (Mercer, 2007), it was essential to work with semi-speaking individuals to coproduce the information to share with SaLTs. Within the Neurodiversity Paradigm, coproduction centres on neurodivergent experience to support research to be neuroinclusive (Dark, 2024) ensuring research is "with people not on people" (Draper *et al.,* 2012 p.373) and that there is "nothing about us without us" (Kaplan-Kahn and Caplan, 2023, p.1). Collaboration and coproduction are also key to an action research approach that aligns with critical theory (Cohen, Manion and Morrison, 2017).

Initially, I had concerns that I would not be able to effectively coproduce due to the scope of the study and I was keen to avoid tokenistic gestures (Nind, Boorman and Clarke, 2012).

Milton and Green (2024) advise that the neurodivergent community needs to be involved from the start to enable a shared understanding and Gowen (2020) describes how involvement must be throughout the research process. Donaldson *et al.* (2023) suggest connecting with the neurodivergent community to support participatory research so I started the process of coproduction by posting on X/Twitter (2023) asking whether it was useful for me to conduct a study into semi-speaking and for any advice. I received an overwhelmingly positive response with many offers of support for further discussion. Prior to deciding on my research questions, I had been involved in discussions with semi-speaking advocates who were instrumental in informing my own practice. Once I had decided on using lived experience in my research question, I asked Harriet Richardson and Tigger Pritchard if they would make a video describing their experiences of being semi-speaking for me to share with SaLTs working with neurodivergent individuals. I decided on a video as this was the most practical and time-efficient way to share their stories especially as they both live a considerable distance from me. Videos also enabled them to decide what they wanted to share and I was careful not to influence this and challenge their epistemic authority (Chapman and Botha, 2023, p.312). My only requirement was that the video was no longer than 10 minutes so they were short enough to be presented together at a study day or discussion group.

As an ethical researcher, I appreciated that requesting a personal video required a degree of trust from them as to how I would use the video and that I must not misrepresent them or cause harm (The Open University, 2022). This was particularly important as the use of videos meant that it would be almost impossible to provide anonymity and both Tigger and Harriet have a significant online presence. As there was already an established relationship between us (Kim, 2012), I ensured they understood my intentions and that I explicitly demonstrated my trustworthiness throughout the process including in the writing of this dissertation (BERA, 2024). I ensured the consent forms for the videos were clear (Appendix III) and provided opportunities for further discussion if needed. I also considered data protection guidance (GDPR, 2018) and how to securely store the videos and consent forms (Appendix IV). To maintain trust and integrity, it was essential that I could assure them I had sole control of the videos and they would not be shared in any way other than for my study (Appendix III). At the same time that the videos were being produced, I read a Twitter/X post by Julia Tuttle (2023) describing her lived experience of being a part-time alternative and augmentative

communication (AAC) user. I contacted Julia and asked if she was willing to allow me to use it as part of my study. Julia agreed and turned the post into a video which was subsequently shared on her YouTube channel (2024). The ethical and practical considerations, such as consent, data protection and use of the videos were the same for Julia as it was for Tigger and Harriet. Julia's video provided three videos of lived experiences in total to use in my study and enabled me to progress with the research design to answer my research questions.

I am incredibly grateful for the time and effort that went into discussions and the production of the videos to support this study. It is important to show gratitude when collaborating with others (Costley, Elliott and Gibbs, 2010) and ensure that there are benefits for them in participating in the research (The Open University, 2022). Subsequent discussions indicate that the semi-speaking advocates were pleased that they had contributed to the research and shared their experiences and I ensured that they felt valued throughout the process and were not taken advantage of (Gowen, 2020). Discussions will continue to ensure the advocates are included in the dissemination of the study findings and that recognition is always given to the central role they played in this research.

3:3 Participants and recruitment via CEN presentation.

Once I had collated the videos, the next part of the research design process was to decide when and where to share the videos with SaLTs to gain their reflections. Within my setting, I deliver regular training to other professionals on neurodivergent-informed practice (Chapman and Botha, 2023). As an insider SaLT (Mercer, 2007), I was aware, through discussions, that many of my colleagues were interested in semi-speaking and wanted more information. Costley, Elliott and Gibbs suggest that change can be brought about through insider research when there is "creativity and ingenuity" (2010, p.7) and so I considered presenting at a clinical excellence network (CEN) study day. Having previously presented at CENs on other related topics, and attended many different CENs, I appreciate the value of these study days for sharing knowledge with colleagues. These CENs provide a cost-effective way for SaLTs and other professionals to learn about new approaches and research and the opportunity to meet others in a related field. Presenting at CENs is within my professional remit (BERA, 2024) and, as my own gatekeeper, it was therefore covered by the professional insurance provided by RCSLT. Within my professional network, I had the benefit of access to CEN committee members who I could approach about this study. Presenting at a CEN provided a practical

opportunity to share the lived experience of the semi-speaking advocates to answer my research questions aligning with action research and critical pedagogy in providing both "problem-posing and problem-solving" opportunities (Cohen, Manion and Morrison, 2017, p.440). A presentation not only enabled me to recruit participants but also had the potential to benefit all the attendees by providing information about semi-speaking through lived experience and signposting to find out more.

The presentation at the CEN lasted one hour and during that time I presented the 3 videos and general information about the concept of semi-speaking. To ensure I was explicit in my intentions for the presentation, I had a disclosure slide (Appendix V) at the start followed by a recruitment slide (Appendix VI) at the end. In creating the recruitment slide, I ensured clarity on the commitment required and aimed to be flexible and practical to increase the number of potential participants. My knowledge as an insider SaLT was beneficial in considering barriers to recruiting therapists who are often time-poor both professionally and personally. For time efficiency, I also prepared a short form (Appendix VII) which I gave to participants immediately after the presentation so they could provide their contact details and availability. I did not collect any demographic information such as age or place of work as I did not feel this was relevant to the study and therefore would not have been appropriate to process (GDPR, 2018).

By the end of the CEN, fourteen people had completed the form which was considerably more than I had anticipated and it was encouraging to know there was so much interest in participating. I collated their information and, based on availability, emailed the first four participants the information letter (Appendix VIII), consent form (Appendix IX) and suggested dates and times. I offered times in two batches, to allow for flexibility around booking, with the intention of completing six interviews in total. I did this because I anticipated interviewing to be a potentially intensive process and wanted to ensure self-care as the researcher (BERA, 2024). I also wanted to allow for a drop in numbers if participants chose to withdraw once they had read the information letter or no longer had availability. To ensure anonymity, except for email correspondence, participants were referred to by an allocated number and only I knew who the number related to. The interviews were not conducted in numerical order as the number was allocated when emails were sent to participants. Following the interviews, email correspondence was deleted and the contact details form was destroyed. Seven people

were interviewed in total and the remaining seven were contacted to thank them and offer an informal discussion around semi-speaking. Their contact details were also destroyed and email correspondence was deleted to ensure data protection (Appendix IV).

3:4 Data collection - narrative interviews.

Narrative interviews were chosen as a research method because they aligned with my research design and conceptual framework, (Cohen, Manion and Morrison, 2017), enabling me to collect data that answered my research questions and that could be analysed using critical discourse analysis (CDA). I considered a questionnaire to increase participant numbers however this would not explore therapists' reflections in enough depth (Costley, Elliott and Gibbs, 2010). Before completing TMA03 in module EE814, my first choice would have been a semi-structured interview as this was my experience and was favoured by other researchers such as Donaldson, Corbin and McCoy (2021). After completing that first narrative interview for TMA03, I recognised how it could facilitate the interviewee to take the lead in narrating their own story and describing their reflections on their practice (Soler, 2013) and in the process expose discourses that may not have been anticipated in constructing a structured interview (Anderson and Kirkpatrick, 2016). As a result, a narrative interview method was chosen to enable me to answer my research questions.

The process of narrative interviewing, with one main question asked, can be challenging for some (Guenette & Marshall, 2009) particularly if you have not participated in one before which appeared to be the case for my participants. I therefore took steps to make the interviews as comfortable as possible including emailing the question before the interview (Appendix X) and preparing an introduction to the interview (Appendix XI). Therapists commented that they felt reassured by this with some asking for the question to be repeated during the interview. My research journal describes how I sometimes found it challenging not to ask too many follow-up questions or lead the discussion. To minimise this, I wrote some prompt ideas for follow-up questions such as "tell me a little more about…." and reworded parts of the main question. These measures appeared to help and interviews lasted 35 minutes on average.

Another consideration when conducting a narrative interview is that some interviewees may not feel they have the words to express what they want to say (Warin and Muldoon, 2009). I

was also aware that with an interview, there is a taken-for-granted assumption that it will be conducted orally which is ethically problematic for a study focusing on semi-speaking. To support accessibility and inclusivity (BERA, 2024), I ensured that all interviewees were told in the information letter, and at the start of the interview, that they could provide written responses. Zoom was also useful in providing the chat feature if needed. Whilst no one chose to type their response by supplying the main question before the interview, some interviewees had prepared notes which they referred to during the interview. Interviewees were also informed that they had the option to contact me up to one week after the interview if they wanted to add or clarify any information.

As an ethical researcher, it is important to explicitly demonstrate trustworthiness and integrity to the interviewee throughout the process (Cohen, Manion and Morrison, 2017), particularly during the interview. In this study, there were benefits to not knowing the interviewees or their work context so they had the opportunity to speak more freely than if I worked with them (Mercer, 2009).   Not having a relationship could be problematic, however, as interviewees could be wary of me and feel inhibited, known as the 'interviewer effect' (Denscombe, 2017). The narrative interview enabled me to position myself as the 'listener' rather than the 'expert' and facilitate the discussion with as much neutrality as possible so as not to exert my own bias or power as the researcher (Costley, Elliott and Gibbs, 2010). At times this was challenging as the interviewees occasionally said things I did not agree with. Tanner (2009) urges researchers to acknowledge when they have an emotional response and to use reflection for their well-being, which I did through my research journal. This also helped to take a virtuous, respectful approach towards the interviewees (MacFarlane, 2009).

Narrative interviews were an effective research method in providing data to answer my research questions. Using Zoom was time-efficient and I found the process interesting and enlightening. Anecdotally the interviewees commented that they had found the presentation and interview useful.   As with the semi-speaking advocates, I am grateful for their participation and time given to my study.

3:5 Data analysis process through critical discourse analysis (CDA)

The interview data was analysed using Fairclough's Dialectical-Relational Approach (2013) incorporating Halliday's Systemic Functional Linguistics (SFL) (cited in Wodak and Meyer, 2009 p.27) within Fairclough's CDA analysis framework (2013).   Fairclough's framework was selected as it aligns with critical theory and facilitates the narrative data to be analysed to expose implicit and explicit discourses in a way that might not be possible with thematic analysis alone (Cohen, Manion and Morrison, 2017). This in-depth analysis of discourses is therefore essential to answering my research questions regarding discourses and reflections.

The seven narrative interviews produced a rich data set with a considerable amount of raw data to be transcribed and analysed. Zoom transcription software was used to transcribe the interviews as I found it reliable and time-efficient. A dictaphone was used as a backup in case the software did not work and to check for accuracy. Once checked for word accuracy, multimodal elements were added to the transcription including shrugs (Machin, 2013) and word stress (Park and Hepburn, 2022) as they were felt to be relevant to answering the research question and helped to provide a 'thick description' of the data (Denscombe, 2017). To ensure confidentiality, any identifiable data was removed such as names and specific details relating to their unique settings (BERA, 2024).

During the analysis process, it was essential that I considered potential bias and exercised integrity to prevent misrepresenting the interviewees and the data (The Open University, 2022). Similar to Tanner (2009), at times I found I had an emotional response to the interviewees who used terms such as "differential diagnosis" which did not align with the information presented in the videos. At these times, my research journal documents my reflection and recognition of my own bias, where there could have been a tendency to judge therapists to have "passed" or "failed" a covert test of their understanding of semi-speaking from the presentation. Reflection at all points of the analysis process helped to prevent harm to the interviewees and the integrity of the study (BERA, 2024). The ability to co-analyse with neurodivergent individuals would have been preferable if time had allowed and may have helped to mitigate any potential bias, highlight areas previously not considered and support confirmability (Cohen, Manion and Morrison, 2017).

In summary, this research design was effective in generating data to be analysed, within the time constraints, which enabled the research questions to be answered. Whilst this design is not generalisable, it is reproducible and presents an opportunity for further study in the area. If time had allowed, I would have preferred to interview all fourteen people who were recruited to provide a larger sample. Future research could examine SaLTs' reflections over time, their working context and their communities of practice potentially providing more information in an under-researched area of SaLT practice.

Chapter 4: Data presentation and analysis

The data from the seven interviews was analysed using critical discourse analysis (CDA), as described in Chapter 3:5, to answer my two research questions on the impact of lived experience and the influence of discourses on reflections of current speech and language therapy (SaLT) practice on the concept of semi-speaking (see Chapter 2:5 for questions). The interviews produced a rich data set and focusing on the research questions enabled the analysis to be contained within the scope of this small-scale study.

Although the number of interviews conducted was small, the analysis found evidence of causal relationships enabling the participants to be placed into two groups. The participants were grouped according to shared common features and themes related to the research questions with emphasis on the influence of the three discourses discussed in Chapter 2. Group one contained four participants and group two contained three participants. It is important to note that the process of grouping the participants is to describe the data in general themes within the group so that the analysis is manageable within the scope of this study. The groups are not mutually exclusive or binary and had time allowed analysis would have examined each interview individually to explore them in more depth.

Evidence for themes found across all interviews is discussed in section 4:1 and includes the immediate impact and sharing of information with others. Findings for Group One are described in section 4:2 and findings for Group Two are described in section 4:3. Section 4:4 summarises the findings in relation to the research questions and literature review.

4:1 Themes across all interviews.

The data shows that all interviewees discussed how the new knowledge gained from the lived experience videos related to their current practice and the individuals they are working with. In answering my research question all therapists reported that the videos of lived experience had a positive impact on them and reflections on their practice. They used terms such as:

"eye opening", "lightbulb moment", "mind opening"

It was observed in the data that the majority of the interviewees described and reflected on the individuals they were working with. They shared their reflections on why they had thought of particular individuals and that both the lived experience and information given in the presentation had contributed to this. For those that did not describe individual cases they discussed their setting more generally and that the presentation had been useful for further reflection in their setting. Five out of the seven interviewees commented that they were planning to discuss semi-speaking, and the people in the videos, with the individuals they worked with as well as with other professionals.

Comments included:

"So I'm thinking about what can I do different."

"It's made me think about the value of her [the client] knowing about this".

"I think it helps them [students] see, oh it's not just me".

"so much to learn from people who are autistic and actually lived experience".

The majority of interviewees said they had told people about the presentation, often immediately afterwards. Some reported being interested in colleagues' views and wanted to share the stories from the videos. Therapists also wanted to tell other SaLTs they worked with and one interviewee commented:

"I'm more inclined to be like 'hello new speech therapist do you know about this because I didn't'."

Some interviewees described being keen to tell other people, outside of SaLT about the videos and semi-speaking in general. Two interviewees reported telling family members about the lived experience videos.

One interviewee commented that they did this:

"because maybe one day they'll come across someone who's whistling or something and they will be like oh I remember that speech therapist told me, maybe it's this"

"I know this [semi-speaking] directly impacts my practice, but I think it impacts the world, you know, like the outside community".

The data also shows that the majority of the interviewees commented that they planned to share the information about semi-speaking via social media and signpost others to the social media accounts of the lived experience presenters. Two interviewees commented they may not look online for more information because they did not use social media much and did not consider themselves "*tech savvy*" rather than not having an interest in finding out more.

It was interesting to note the absence in the data of any reference to evidence-based practice, RCSLT or HCPC. One person mentioned research and CPD although this was in the context of finding it challenging to keep up with changes.

"there's so much out there… all sorts like new research or existing research… there's just so much to get on with"

The interview data does not indicate the reasons for the absence of this however it does validate the choice of a narrative interview as a method for data collection rather than a semi-structured interview. If a semi-structured interview had been conducted, the findings of the literature review (see 2:2) would have suggested this was investigated further and it is likely a specific question would have been asked regarding this which may have inadvertently influenced the reflections of the therapists. It is recommended future research returns to this area to investigate it further as policy and EBP appeared significant in the literature review.

4:2 Themes in Group One:

<u>Evidence of the influence of the scientific discourse:</u>

In answering my research question, the data from Group One provided many examples of the influence of the scientific, objective discourse. In the main, the data suggested the influence of this discourse was found in the interviewees' responses to semi-speaking being a concept

and communication identity rather than an objective truth. The following highlights the evidence found in the data:

- Viewing semi-speaking as a diagnosis: Evidence of this was in the interviewees' use of specific terms which suggested they viewed semi-speaking as something they could diagnose and differentiate from selective mutism (see Appendix I for definition). The data showed the use of the terms:

  "Differential diagnosis"

  "is selective mutism the right diagnosis?"

  "Wouldn't be able to confidently say if they were semi-speaking"

- Concern for possible misdiagnosis: the data showed how some interviewees expressed a sense of guilt that they did not know about semi-speaking and might not have been providing what was needed for the individual they were working with. They talked about feelings of:

  "guilt", "ignorance", "imposter syndrome"

  One person commented:

  "the first thing that hit me was … what damage was I doing not considering it [semi-speaking]."

- Structure and framework for intervention: The data showed how some felt a more structured framework was needed to implement semi-speaking more successfully:

  "[Need to] think about it in a structured way", "[semi-speaking] needs to be more tangible"

  "if there was something teachers could literally pick up"

As well as using terms to suggest that interviewees were framing semi-speaking within the medical model of diagnosis and intervention there was also evidence of scepticism and questioning of the concept of semi-speaking. Evidence of this included:

- Use of rhetorical questions which at times appeared accusatory in tone:

"What other support could we have put in place?"

"What do we do?"

"Where do we go?"

- Use of reductionism to refer to semi-speaking:

"stuff", "thing", "talking not talking thing", "actual recognisable thing."

Evidence of the influence of the sociocultural discourse

No data was collected on the settings that the SaLTs worked in as it was not considered relevant to the study however all participants worked with autistic individuals. During the interviews, all therapists commented on their settings and the people they worked with. The data presented here are general findings so as not to identify the Salts' unique settings and jeopardise confidentiality. References to their communities of practice (CoP) are also purposely broad groupings such as health professionals, education professionals and families to prevent identification of participants.

The evidence found in the data suggests that the interviewees in Group One saw themselves within CoPs made up of other SaLTs and sometimes other health professionals. This tended to give the impression of them being insular and the data suggests that they held largely negative assumptions about how semi-speaking would be received in their settings. This can be seen in the use of terms suggesting conflict such as:

"minefields", "battles" with staff being "uninterested".

The data also identified that the SaLTs in Group One described three main barriers to implementing new knowledge of semi-speaking in practice settings.

These barriers were:

1) A perceived lack of understanding by parents and other professionals:

"Parents are always like I just don't get it."

"[doctors] might not understand"

2) Perceived barriers from education systems and structures:

"it's so dependent on the school".

"I can't imagine how semi-speaking would go down".

"Some staff would say we are introducing an idea which basically is annoying and cumbersome".

"resourcing isn't there...goodwill is slipping"

"teachers are unable to adapt"

3) Perceived barriers around other people's perceptions of semi-speaking and not speaking/ using AAC.

"One barrier is people's preconceived ideas."

"They [parents] want to accept their child but how does my child fit in the world then?"

"The biggest difficulty with this thing is real world".

"It [barriers] come from people's perceptions of talking".

Evidence of the influence of the emancipatory discourse:

As described in section 4:1 all the interviewees reported that the videos of lived experience had an impact on them and that they wanted to share the information with others. It was interesting to note however that the SaLTs in Group One referred to the sharing of the information as coming from me rather than from the lived experience and used phrases including the word "you" or "your" such as:

"You said …. You spoke about…" "your talk" "your strategies" .

This again suggests they had positioned me as the expert rather than the semi-speaking advocates.

The data shows that the SaLTs had been reflecting on the information shared and generally, it had raised their awareness of semi-speaking. When looked at as a whole interview, however,

the overall impression of Group One is that they have integrated the new knowledge within a scientific discourse rather than within the emancipatory discourse as described in Chapter 2.

4:3 Themes in Group Two:

<u>Evidence of the influence of the emancipatory discourse</u>

The data showed evidence of Group Two being predominantly influenced by the emancipatory discourse in their understanding of semi-speaking. They used terms such as

"cluster of characteristics", "concept" "umbrella term"

Group Two discussed how semi-speaking aligned with approaches they were already using which are considered neurodiverse affirming. They described knowledge of semi-speaking as

" strategies", "tools", "toolkit"

This contrasts with Group One who described semi-speaking as a diagnosis and needed a structure and framework to be successful.

Evidence of the influence of the emancipatory discourse can also be seen in how Group Two referred to the individuals that they supported with evidence in the data of a relationship based on working together. This is observed in the use of the word "*with*" which the therapists in Group Two used throughout the interviews when referring to supporting neurodivergent individuals. There was also consistent use of dynamic relational words which included:

"listening to", "supporting", "developing", "working with", "talking to",
"Enlightening and insightful to hear from children and young people".

Again this contrasts with Group One who used terms to suggest a different dynamic in which they positioned me or themselves as the expert and holder of knowledge on semi-speaking. This positioning as an expert was absent from the data in Group Two.

<u>Evidence of the influence of the sociocultural discourse.</u>

It is noticeable in the data that Group Two therapists talked about things they were already doing and how this new knowledge could be incorporated into their practice. In contrast to Group One, Group Two described opportunities rather than barriers in their settings.

Group Two described their settings as:

"open minded", "supportive", "on the same wavelength"

"you can bounce off each other"

SaLTs in Group Two also described opportunities within their CoP, which included other professionals, educators and parents rather than excluding them as seen with Group One. They commented:

"we have found problem solving… with families is really important".

"Having conversations with parents"

"It is important to work with all of the parties involved".

"coaching teachers and working alongside them… and really supporting teachers".

Again the data shows that the different influence of the emancipatory discourse enabled SaLTs in Group Two to describe working with others in diverse CoP. This contrasts with Group One who were more influenced by the scientific discourse which positioned them as the expert holders of knowledge. It is interesting to note that whilst Group One described feelings of guilt there was no evidence of this in Group Two's data. What was found instead was evidence of ongoing reflection using action-orientated terms with the use of verbs ending in '-ing' such as:

"moving forward", "trialling", "exploring", "reframing", "still learning".

4:4 Summary of findings:

Using Fairclough's model of CDA and his dialectical-relational approach (2013) was an effective way to analyse the data. CDA provided evidence at a deeper level than had been found using thematic analysis by exposing linguistic choices. This exposed common themes within the two groups enabling the research questions to be answered.

1) What is the impact of sharing the lived experience of individuals who identify as semi-speaking on speech and language therapists' reflections of their current practice?

The data answered this question in general terms by demonstrating that all SaLTs were impacted in some way by the lived experience presented. The videos raised awareness of semi-speaking, not just within SaLT, but also more widely in the community. SaLTs reported it had enabled them to reflect on current cases and their practice as a whole. The data also confirmed what I have found in my practice as SaLTs are keen to know more about semi-speaking which generates further case discussions and reflection. In turn, this validates the decision to pursue this as an important area of study in providing training and supervision to SaLTs on the concept of semi-speaking.

The impact of sharing lived experience can also be seen in how the SaLTs integrated the new knowledge into existing knowledge and discourses. In this way, the data also answered my second research question:

2) To what extent are speech and language therapists' reflections on current practice influenced by the three discourses discussed in the literature review (objective scientific discourse, sociocultural discourse, emancipatory discourse)?

The data shows that the influence of the objective, scientific discourse can predominantly be seen in the reflections of Group One. This group used medical terms and positioned themselves as the expert who is responsible for diagnosis and intervention. Their responses suggested an implicit questioning of the validity of semi-speaking and concern that there was no framework for intervention. This confirms suggestions by Wenger (cited in O'Brien and Battista, 2020, p.501), and Ferguson (2009), that whilst attempts are made to move away from the medical model, it continues to be embedded in practice.

The data also aligns with Davis, Zaki and Sargent (2024) findings in that there are challenges when the SaLT perceives they do not know the answers, potentially resulting in negative feelings such as guilt. This also aligns with Foucault's concept of disciplinary power and self-surveillance and the challenges this presents in practice (Brookfield, 2005) This also relates to my own practice experience during training and supervision, where therapists have commented that it can feel challenging when there is pressure to keep up to date with changes in practice.

The data also exposes the influence of the sociocultural discourse in the SaLTs' reflections however this presents differently in each group. Within Lave's (2019) Situated Learning

Theory, Group One can be viewed as learning from a CoP tending to only consist of SaLTs. The insular nature of these CoP means they are not true CoP as proposed by Lave and Wenger(1991) and confirms O'Brien and Battista's (2020) findings of the application of CoPs in healthcare. This may also explain the perceived barriers described by Group One in supporting neurodivergent individuals. This contrasts with Group Two who described their CoPs as including a range of people who they worked alongside to problem solve and learn from each other's experiences. In turn, these SaLTs saw opportunities rather than barriers within their settings.

The influence of the emancipatory discourse can be seen in the data from Group Two and the way in which they viewed their relationship with others. The terms they used highlighted Freire's (1970) concept of the dialogic relationship and problem-focused education where the SaLT is not in a position of power and instead the SaLT and the individual can learn from each other. The data also shows evidence of the SaLTs in Group Two taking a neurodivergent-informed approach (Chapman and Botha, 2023) not only in their reflections on semi-speaking but also on their general approach to their practice. This also aligns with the recommendations of Zisk and Dalton (2019), Donaldson, Corbin and McCoy (2021) and Donaldson et al. (2023) to centre the neurodivergent individual in decisions surrounding their communication identity and enable collaborative working (Chapman and Botha, 2023).

It is also interesting to note that the SaLTs in Group Two did not describe feelings of guilt and their responses tended to be more positive than Group One. They also talked about ongoing reflection and learning. Whilst this may be due to other factors, such as personality, it may also be due to the influence of involvement in dynamic CoPs and settings which facilitate change. This could also be an opportunity for future research into the well-being of SaLTs in different contexts and the impact on their acquisition of new knowledge alongside the influence of discourses.

In summary, the evidence provided by the data enabled me to fully answer my research questions regarding the impact of lived experience and the influence of discourses on SaLTs' reflections. The data also confirmed my own practice experience when providing training and supervision on semi-speaking as well as giving me new areas to consider.

Chapter 5: Conclusion and implications

5:1 Strengths and limitations:

A strength of this study is that it is an innovative way to research SaLT practice from a qualitative perspective. The literature review showed that critical discourse analysis (CDA) and narrative interviews are rarely used in research designs exploring SaLT practice with limited research found that explored SaLT reflections in the UK. This method enabled me to answer my research questions and to produce qualitative research which contributes to research supporting neurodivergent individuals to thrive. Whilst it is not possible to exactly replicate this study, it has been designed to be reproduced in other settings where SaLTs are acquiring new knowledge and it is recommended that further research is conducted from a critical theory perspective to inform practice.

It is important to highlight that this study has limitations and findings cannot be generalised. Only three examples of lived experience, from people known to me were used and, whilst that was appropriate for this small-scale study and the length of the presentation, it is important to acknowledge that there are many other examples of lived experience. In terms of participants, they were a small number and taken from a cohort of SaLTs who attended a specialist CEN and as such were likely to be receptive to learning new information. The participants were self-selecting and again this could have influenced the findings as they may have been more motivated to participate than if I had selected participants randomly. It is also essential to acknowledge my own biases, particularly in assigning the participants into groups. As previously discussed, it would have been preferable to have another researcher to review the findings and challenge my decisions and it is recommended this is incorporated in future research.

5:2 Conclusion and implications

This study aimed to explore how to effectively share knowledge of the concept of semi-speaking with SaLTs supporting neurodivergent individuals. My practice had been transformed by listening to lived experience and taking a neurodivergent-informed approach within my role as a speech and language therapist providing training and supervision and I wanted to share that knowledge with others. I was also aware that within my profession there were contradictions in the concept of evidence-based practice and the privileging of published

research which could impact the assimilation of knowledge into practice. This was confirmed in the literature review which highlighted the embedded discourses that impact practice but are rarely explored in the field of SaLT.

My research questions emerged from the literature review highlighting the need to explore lived experience and the influence of the three discourses discussed in Chapter 2. Throughout the analysis stage and in the write-up of the dissertation I was struck by the realisation that all seven therapists had heard the same presentation and yet had taken away from it different viewpoints. I recognised that I had naively believed sharing the information on semi-speaking from lived experience would be sufficient for SaLTs to use it in their practice in a neurodivergent-informed way. For Group Two this had been the case but for over half the interviewees (Group One) the data suggested that the influence of the objective, scientific discourse was significant. I felt disappointed that what I viewed as powerful examples of lived experience in the videos had not been received by everyone as anticipated. I questioned how to move forward, in providing training and supervision, if these underlying assumptions held so much power. Not only that, I was concerned I could inadvertently become complicit in perpetuating this imbalance of power as SaLTs took the knowledge gained in the presentation to diagnose semi-speaking and prescribe treatment. Recently, this fear of colluding was justified when I was referred to as an 'expert' in semi-speaking which I hastily denied but left me questioning what this might mean for my future practice.

In his writings, Freire (2021) describes how despair and fatalism can prevent transformative change suggesting instead that we consider hope. Habermas agreed, suggesting that the emancipatory discourse can offer a way forward in gaining knowledge (Terry, 1997). Farah (2022) challenges SaLTs to engage in a thought experiment of dreaming a different outcome and suggests that this is particularly important when you feel challenged. Critics have accused them of being unrealistic and searching for a utopian ideal however for me this offers a way forward for my practice.

In answering my research questions, I now recognise that sharing knowledge is complex particularly when sharing knowledge with SaLTs on a concept such as semi-speaking. I have gained an appreciation that taking a neurodivergent-informed approach and sharing lived experience, is unlikely to be enough to make transformative change without addressing power and embedded discourses. I also recognised that by focusing on the responses of Group One,

I had neglected to appreciate the responses of Group Two who were able to integrate the knowledge within a neurodivergent-informed approach. I was reminded of Brea-Spahn and Bauler's (2023) critical inquiry compass which utilises reframing with ongoing reflection and action alongside Lave's (2019) view of learning and change taking a lifetime to achieve. In this way, we are all on our learning journeys working within the emancipatory discourse of dialogic, problem-posing education.

In summary, this study has changed how I view my role as a trainer and supervisor in my practice. I now have a greater understanding of the power and influence discourses have on acquiring new knowledge and the impact that may have on practice. It has shown me the importance of ongoing reflection to support the SaLTs I work with, wherever they may be on their journeys, whilst highlighting the importance of amplifying lived experience. Rather than being disheartened, I will continue to move forward as an ally, working in solidarity with semi-speaking individuals and the neurodivergent community to further inform and enrich my practice with ongoing learning. As I go forward, I am reminded of a social media post inspired by Caoimh Connolly Murphy's presentation at the autistic-led Ausome conference I recently attended:

"be courageous to sit in the discomfort of how wrong we have been for so long. And then move forward." (AUsome Training, 2024)

Postscript: Narrative critical reflection

Writing the dissertation has been an interesting and, at times, nostalgic process for me as I have considered the last three years of the course and how much I have learnt. On starting this course, I had not studied formally for many years although I had wanted to do a Masters and challenge myself for some time. Having worked in different settings and gained valuable knowledge from experience, I wanted to explore how that practice experience related to current research. I now realise that I had no idea how much it would impact my practice and expand my thinking to a range of concepts and theories I had never encountered before, such as translanguaging and multiliteracy.

Alongside studying this course, something significant happened which was to go on to change my research focus and transform my practice; I discovered semi-speaking. This happened via a happy coincidence when, after reading Donaldson, Corbin and McCoy (2021), I mentioned it to Harriet Richardson during peer supervision. Harriet responded by sharing her own lived experience of semi-speaking and I was astonished I had never heard of it or considered it in my practice. Through discussion, with other neurodivergent people, I realised that there were many factors which impacted communication and yet none of my colleagues were aware of it.

My research journal describes how my keenness to explore semi-speaking at times meant I became overwhelmed with extra reading and struggled to complete assignments. Support from my tutor, my study buddies and my colleagues enabled me to be realistic about the scope of this project and significantly reduce the pressure I placed on myself (see reflection grid, Appendix XII). This enabled me to identify what was most relevant and to assimilate the module concepts into my specific practice setting.

Exploring critical discourse analysis (CDA) during this module has been significant in adding another element to my learning and research (see reflection grid, Appendix XII). As a speech therapist, I constantly work with language and words however in developing an understanding of CDA, I realised I had never truly appreciated the hegemonic power of word choices. It became more than a data analysis tool for me and meant I viewed things such as policy and guidance documents very differently. Brookfield (2005) describes how understanding power and hegemony is reminiscent of the film 'The Matrix' (p. 99) where new knowledge meant

seeing a different world while others continue to live in a world which is an illusion. This resonates with me as I come to the end of this course. I cannot go back to a place of not knowing about power, hegemony, neoliberalism and critical theory, nor do I want to. At the same time, I am aware that challenging perceived wisdom can have consequences and "condescending triumphalism" (Brookfield, 2005, p.34) must be avoided for transformative change to occur and to prevent harm.

As I move on from this course, I intend to continue learning and developing my critical consciousness through exploring different concepts and ideas. I aim to continue to share knowledge of semi-speaking and contribute to the knowledge base through training and writing, whilst continuing to be an ally, an advocate and an activist for change.

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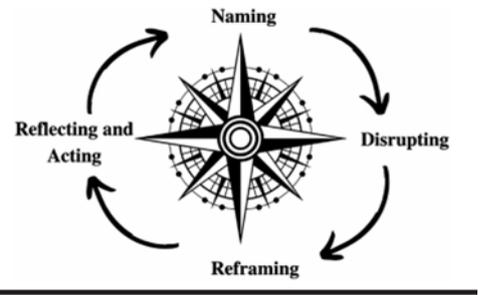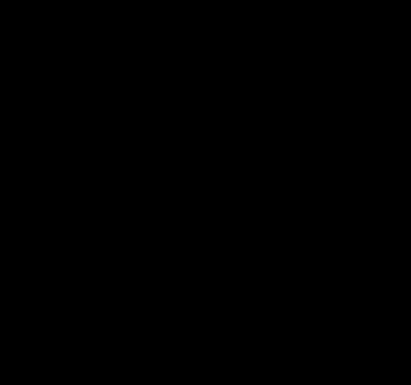
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Appendices

Appendix I: Glossary.

AAC – Alternative and augmentative communication.	Alternative means it is another option for speech if you are unable to speak (non-speaking), and augmentative means it can go alongside speech. This may be useful if your speech is unclear or if you are able to speak some of the time (semi-speaking). (Taken from www.portal.autismearlysupport.org.uk)
ADHD	ADHD stands for attention deficit hyperactivity disorder which is a lifelong neurological condition diagnosed by criteria on the DSM5.
Autism	Autism is a lifelong developmental neurological condition which is clinically diagnosed using the criteria on the DSM5.
Critical inquiry compass from Brea-Spahn and Bauler (2023) see references. *Used with permission of American Speech-Language-Hearing Association; permission conveyed through Copyright Clearance Center, Inc.*	
Evidence-Based Practice triangle from https://www.rcslt.org/wp-content/uploads/2024/05/Evidenced-based-practice-EBP-model_IMAGE_RCSLT.png ***IMAGE REDACTED FOR COPYRIGHT REASONS***	
Gestalt Language Processing: GLP:	Gestalt language processing is a type of language development. It is a natural way of developing language that is typical in autistic children, however, many neurotypical children also develop language in this way. (Taken from www.portal.autismearlysupport.org.uk)

Neurodiversity:	Neurodiversity is the diversity of human minds, the infinite variation in neurocognitive functioning within our species. (Taken from Neuroqueer.com).
Neurodiversity movement:	The Neurodiversity Movement is a social justice movement that seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent (Taken from Neuroqueer.com)
Neurodivergent:	Neurodivergent, sometimes abbreviated as ND, means having a mind that functions in ways which diverge significantly from the dominant societal standards of "normal. (Taken from Neuroqueer.com)
Selective mutism	Selective mutism is an anxiety disorder where a person is unable to speak in certain social situations, such as with classmates at school and has diagnostic criteria and recognised treatment plan unlike semi-speaking. Taken from www.nhs.uk.
Triple empathy problem: "The triple-empathy problem is an expansion of Milton's (2012) double-empathy problem. While the double-empathy problem states that differences in cultural perspective prevent effective empathy and communication between Autistic and non-Autistic people, the triple-empathy problem (Shaw et al., 2023) adds a third dimension. As well as the Autistic to non-Autistic barrier, we also have to consider professional to non-professional differences in understanding and culture" Taken from: https://emergentdivergence.com/2023/12/13/camhs-the-triple-empathy-problem-and-autism-diagnosis/	

Appendix II Ethical Appraisal Form

Section 1: Project details			
a.	Student name	Kim Mears	
b.	PI	xxxxx	
c.	Project title	Speech and Language Therapists' reflections on the concept of semi-speaking: a critical discourse analysis	
d.	Supervisor/tutor	Anita Pilgrim	
e.	Qualification	Masters in Education	X
		Masters in Childhood and Youth	
f.	MA pathway (where applicable)	Inclusive Practice	
g.	Intended start date for fieldwork	March 21st 2024	
h.	Intended end date for fieldwork	July 2024	
i.	Country fieldwork will be conducted in If you are resident in the UK and will be conducting your research	United Kingdom	

abroad please check www.fco.gov.uk for advice on travel.	

Section 2: Ethics Assessment		Yes	No
1	Does your proposed research need initial clearance from a 'gatekeeper' (e.g. Local Authority, head teacher, college head, nursery/playgroup manager)?		x
2	Have you checked whether the organisation requires you to undertake a 'police check' or appropriate level of 'disclosure' before carrying out your research?[1]	x	
3	Have you indicated how informed consent will be obtained from your participants (including children less than 16 years old, school pupils and immediate family members)? Your consent letters/forms must inform participants that they have the right to withdraw from the study at any time.[2]	x	
4	Will your proposed research design mean that it will be necessary for participants to take part in the study without their knowledge/consent at the time (e.g. covert observation of people in non-public places)? If so, have you specified appropriate debriefing procedures? [3]		x
5	Does your proposed design involve repetitive observation of participants, (i.e. more than twice over a period of more than 2-3 weeks)? Is this necessary? If it is, have you made appropriate provision for participants to renew consent or withdraw from the study half-way through? [4]		x

6	Are you proposing to collect video and/or audio data? If so, have you indicated how you will protect participants' anonymity and confidentiality and how you will store the data?	x	
7	Does your proposal indicate how you will give your participants the opportunity to access the outcomes of your research (including audio/visual materials) after they have provided data?	x	
8	Have you built in time for a pilot study to make sure that any task materials you propose to use are age appropriate and that they are unlikely to cause offence to any of your participants?		X
9	Is your research likely to involve discussion of sensitive topics (e.g. adult/child relationships, peer relationships, discussions about personal teaching styles, ability levels of individual children and/or adults)? What safeguards have you put in place to protect participants' confidentiality?	x	
10	Does your proposed research raise any issues of personal safety for yourself or other persons involved in the project? Do you need to carry out a 'risk analysis' and/or discuss this with teachers, parents and other adults involved in the research?		x
11	Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?		x
12	Will the study involve recruitment of patients or staff through the NHS or the use of NHS data?		x

Appendix III Consent for videos

Dear

Thank you so much for providing me with a video/ narrative for my research project. As you know I am researching speech and language therapy practice in supporting semi speaking individuals. Your video is going to be used in a presentation to speech and language therapists to share your lived experience and support understanding and awareness. Please can you complete the following consent form giving me permission to use your video. If you have any questions you can contact me on: xxxxxxxxx@outlook.com xxxxxxxx

Thank you again for your support.

Kim

Consent to take part in research.

This consent form relates to use of video for Kim Mears to use for her presentation to speech and language therapists as part of her research project.
The researcher relates to Kim Mears. Student on the Open University Masters in Education (inclusive practice) course dissertation module (E822)

	Please tick each box if you agree with the statement
I confirm that I have read and understood the information letter. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.	
I understand that my participation is voluntary and that I am free to withdraw my video at any point without giving any reason.	
I understand that the video will be stored securely and only shared at the presentation. It will not be available on slides or on a recording.	
I understand that I may be identifiable from the video and will advise Kim what personal information I agree to be shared.	
I understand that Kim may wish to use the video in future research and/or presentations other than for the presentation in March 2024 and she will contact me to confirm consent. I will advise Kim if I want the video to be deleted after the presentation.	

I understand that I will not benefit directly from participating in this research and I will not be disadvantaged in any way.

I give permission to contact me again to clarify information.

_____ ~~dd / mm / yyyy~~ _____
Name of participant   Date   Signature

__Kim Mears_____ 18 / 01 / 2024 _____
Kim Mears   Date   Signature

Appendix IV Data Protection Plan

Data protection plan:

Processing of personal data is necessary for this research study and meets the criteria of educational research as described by Information Commissioner's Office (ICO)

Paper documentation (consent forms, notes etc.)

In accordance with General Data Protection Regulation (GDPR 2018) paper copies of information such as signed consent forms which contain an identifying data will be kept in a locked filing cabinet at the researcher's home. The information will be stored securely until such time as it is no longer needed and it will then be shredded.

Electronic data (emails etc)

Personal information such as email addresses and contact details which are required for the purposes of arranging interviews will be kept until the interview is completed.

Any electronic consent forms, correspondence or transcriptions that are required for the purposes of the research will be saved on an encrypted memory stick which will be stored in a locked filing cabinet.

The videos provided for the presentation will be stored securely on an encrypted memory stick and will not be shared other than during the presentation.

The online interviews will be recorded on a Dictaphone and on the Zoom iCloud. The Zoom recording facility is GDPR compliant and secure (https://explore.zoom.us/en/gdpr/). The recordings will be transcribed no more than one week after the interview using GDPR compliant software and the recordings will then be deleted. Once the interview is completed the interviewee will be given a pseudonym and only the researcher will know who the pseudonym relates to. In this way, any potential identifying information such as the consent form will not be connected to the pseudonym in the event of a data breach.
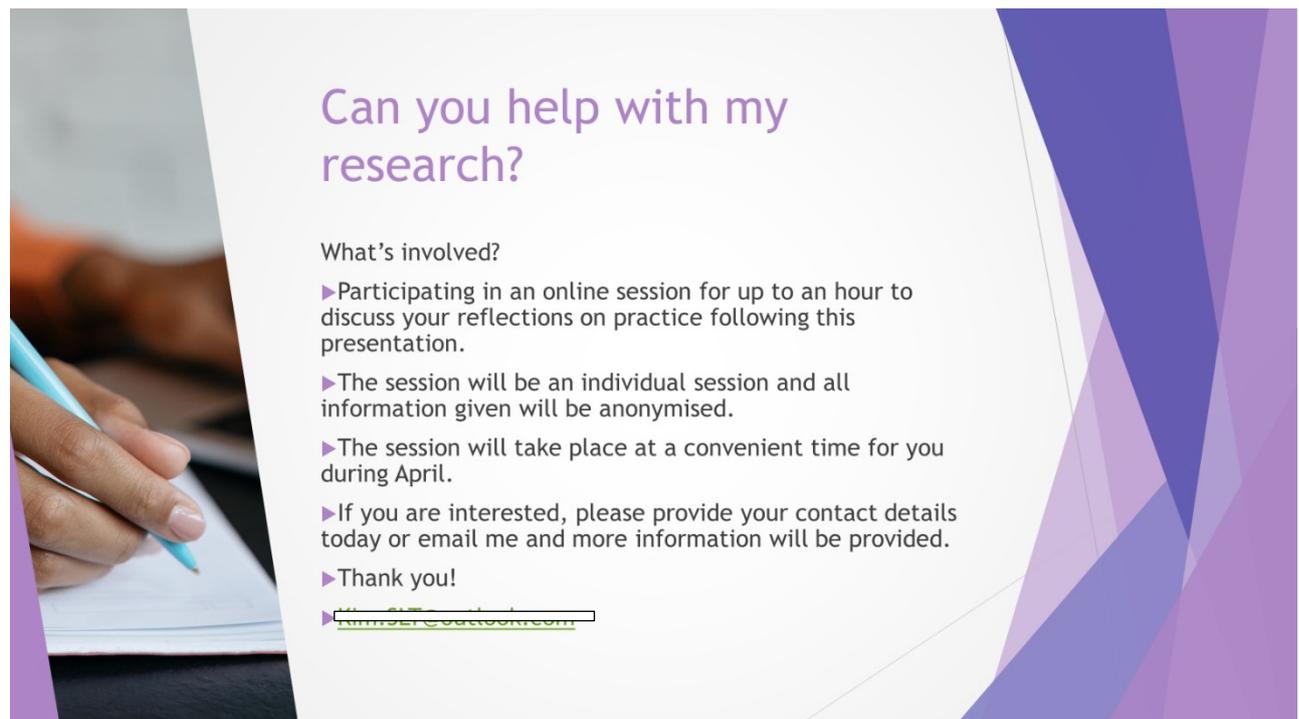
Appendix V: Disclosure slide

Appendix VI: Recruitment slide

Appendix VII: Contact details and availability form.

I am interested in being interviewed for your project.

Name:

_____

Contact details (email or phone):

_____

General availability in April (would you prefer evenings, daytime, Easter holidays etc)

_____

Thank you. Please return to Kim

Appendix VIII: E822 Information letter for participation in a research study

Thank you for agreeing to participate in my study exploring Speech and Language Therapy support for semi-speaking individuals. Below you will find out more about the research and your proposed involvement by participating in an informal interview following my presentation at the XXXXX CEN

What is the aim of this interview?

The aim of the interview is to gain your perspective on an aspect of education, childhood and youth studies as part of a small-scale investigation for my Masters qualification. It is designed to contribute to knowledge and practice in my chosen area of specialism which is inclusive practice.

Who is conducting the research and who is it for?

This interview is part of my studies on the Open University Masters module E822 'Multi-disciplinary dissertation: Education, Childhood and Youth'. On this module, I have the opportunity to design a small-scale investigation which will generate findings relevant for, and of value to, practice settings. The interview has been agreed with my tutor to be an important part of this design to allow me to include the perspectives of selected participants in addressing the above research question. I will be analysing the data collected and reporting my findings in the dissertation I submit to the University as my final assessment for my Masters qualification.

Why am I being invited to participate in this research?

You have been chosen as your experiences and opinions are highly valuable in helping to inform my research into support in this area. As a speech and language therapist, you are uniquely placed to inform research within speech and language therapy practice.

If I take part in this research, what will be involved?

The interview is intended to last no longer than 60 minutes and is likely to be online, however it may be possible to meet in person if you would prefer this.

We will use zoom for the interview and you can choose whether to use your video and show your face or not. I would like to ask your consent to make a recording of our discussion so

that I can refer back to what was said more accurately than would be possible just from my notes. Only I will have access to the recording and it will be kept securely following GDPR guidelines. I will transcribe and anonymise the interview before sharing any part of this with my tutor or forming part of the final dissertation. Your contribution will be recognised by an alternative name. Any other real names referred to during the interview will be removed and renamed.

If, after the interview, you would like to add any more information or provide clarification on a point raised, you can contact me up to 1 week after the interview in writing to provide the information.

After completion of the dissertation I can provide a summary of findings and would be happy to discuss this further with you. Please advise if this is something you would be interested in.

What will we be talking about?

The focus of the interview will be to find out your perspective on supporting neurodivergent individuals in your own speech and language therapy practice. This will be an unstructured interview, which will mean you are able to give as much information as you choose and you will be asked one general question which will be provided to you by email before the interview. If your communication preference is to provide the information in written form you are welcome to do this. If information is provided in written form and I need to seek clarification of any points, I will do this by email or voice note depending on your communication preference.

Will what I say be kept confidential?

Your participation will be treated in **strict confidence** in accordance with the Data Protection Act (2018). No personal information will be passed from me to anyone else. Emails will be kept for the purposes of booking interviews and deleted once the transcriptions have been made. Your consent forms will be stored safely and securely in a locked cabinet and/or on an encrypted memory stick. In the case of the interview recording and my notes of the interview, these will be kept confidential and typed up as soon as possible. However, if you disclose anything during your interview which I consider means that you might be unsafe or

have been involved in a criminal act, because this is a safeguarding concern, I will need to pass this immediately to the relevant safeguarding authority. The anonymised records of the interview will be stored securely on an encrypted memory stick and the original notes and recording will then be destroyed/deleted. I will be submitting an analysis of the data collected from the interviews as part of my dissertation submitted as the end-of-module assessment. I also plan to present my findings to relevant audiences. I can confirm that neither you as an individual nor the setting will be identifiable in any of these reports and presentations.

What happens now?

After reading this information sheet, please review and complete the consent form. Your participation is entirely voluntary and you can withdraw your consent at any point up by letting me know, until the time I am using your data in my University assessments. As soon as you let me know you wish to withdraw, your consent forms and any data collected will be destroyed within 48 hours.

After completion of the consent form I will email you to arrange a suitable time to conduct the interview.

What if I have other questions?

If you have any other questions about the study I would be very happy to answer them. Please contact me at XXXXX or on XXXXXX

Yours sincerely

Kim Mears

Appendix IX: Participant consent form.

This consent form relates to the interview to be conducted on _____

Please indicate YES or NO for each of the questions below and return the completed form to Kim Mears (XXXXXXX.com) before the interview.

Have you read (or had read to you) the information about this interview?   YES   NO

Do you understand what this interview involves?   YES   NO

Have you been able to ask relevant questions?   YES   NO

Have you had your questions answered in a way you understand?   YES   NO

Do you understand your involvement in voluntary and you can withdraw at any time?
YES   NO

Do you understand that you can decline to answer any questions and end the interview at any point should you wish to?
YES   NO

Are you happy for the interview to be recorded?   YES   NO

Are you happy with how your data will be stored?   YES   NO

Do you understand that your and any other real names as well as any identifiable information will be removed from what will be shared after the interview?   YES   NO

Do you give permission for Kim to contact you again to clarify information?   YES   NO

Do you understand that should any part of this interview contains information that you do not wish to be used you can inform the researcher within one week of the interview taking place? These parts will then be removed from the transcript.
YES   NO

Are you happy to take part?   YES   NO

If you **do** want to take part and continue with the interview please sign below.

Signed   _____

Name   _____

Date   _____

Thank you for your help.

Appendix X: The narrative interview question

What impact, if any, did sharing the lived experience of semi-speaking individuals have on your reflections on your current practice when working with neurodivergent individuals?

Appendix XI: Information given verbally to participants before starting the recording.

Thank you for agreeing to do the interview and for returning the consent form.

Just to confirm this will be recorded and transcribed and then recording will be deleted and transcription kept securely.

Each interviewee has been given a number and only I will know who the number relates to.

This will be confidential and not discussed with anyone so that you will not be identifiable.

You have the opportunity to add anything you think of in the next week by emailing me after which the interview will be analysed.

We have an hour for the interview but there is no time restriction and it can take as long or as short as needed.

If want a break or want to stop at anytime then say. Also if you want to turn off your camera or type the response that is fine too.

We will start with the main question and then I may ask some follow-up questions.

Appendix XII: Critical reflection grid

Category	Feedback received, targets achieved and areas of development worked on	How did this shape my dissertation?
Knowledge and Understanding: targets, reflections, feedback relating to knowledge of current debate and issues in specific area of focus; drawing out concepts and themes; choosing a focus area for your dissertation; identifying and overcoming ethical issues	I was keen to learn about CDA and how to do it as it was most relevant to my study and it was something I wanted to challenge myself to try to do. Feedback from the draft chapter submission gave me lots of confidence which reassured me of the learning. "you offer a powerful and convincing analysis of the two groups of interviews."	I was unsure initially whether I could learn how to do CDA in time as I had never completed one before. I attended all the tutorials and read module materials, OROs (Wyllie 2021 and Moriarty 2023) and other books such as Fairclough (2013) and I also set up a study buddy CDA group which was invaluable support. It was useful to be able to utilise my linguistics knowledge from my training. I am glad I challenged myself to learn to do a CDA as it was an effective way to analyse the research. I can also see how useful it will be in other research and critically reading documents.
Critical analysis and evaluation: Target, reflections or feedback relating to justifying your personal perspective; interpreting and critically analysing evidence and methodologies from your own and others research; analysing themes and issues; sourcing and critically reviewing a wide range of publications; creating academic argument using synthesis; comparing and connecting practice and theory	Feedback from my tutor on TMA01 "be mindful of making use of the materials provided through the module" Then feedback showed progress on TMA02 "There continues to be a slight under-referencing of module materials"	I struggled throughout the modules to get the balance right with module materials and my own materials. I have a tendency to drift towards my preferred topics and so I have worked on being able to articulate the links with module materials and have found it more successful focusing on themes and authors rather than getting distracted by tangents. Feedback from my tutor was very useful for this.

Links to professional practice: targets, reflections or feedback relating to: designing and/or applying research methods; developing ideas from previous research and frameworks; reflecting and making adaptions during the research and writing process; addressing problems in research design; identifying implications for practice and professional debate; challenging your own assumptions; managing workload and personal motivation	Feedback from my tutor on the draft chapter on research design "is neurodiversity a paradigm?"	During other modules, I have been aware that I am immersed in specialist language and need to be explicit in what it means to a range of readers. Discussion with my tutor in feedback from the draft chapter helped me to recognise that I needed to be clear in my explanations and not assume knowledge. It was also useful to think about having a glossary. This module has been a useful opportunity to combine my learning within my own practice and reflect on my learning and how it can impact on education for speech and language therapists.
Structure, communication and presentation: Targets, reflections or feedback relating to using academic style and referencing; presenting, managing and sharing information in different modes; communicating concepts, findings and ideas for different audiences	Feedback from TMA02 and draft chapters. "mainly due to you trying to cram everything in to a small word count. The first section of the assignment is difficult to read because of this"	After feedback from the first draft chapter I realised I was not clear in my own mind exactly what needed to go in each chapter so I spent time working on this. I also worked on being more concise in my writing. It was also important to decide what I was going to cover as it was a small scale study not a bigger study. A friend remarked I was trying to write a PhD in a masters dissertation and that really helped me to focus in on what was needed and appreciate the scope which alongside support from my tutor was invaluable.