



Therapist Questionnaire

OVERVIEW

As a speech and language therapist or therapy assistant working on the study you may be responsible for delivering Lee Silverman Voice Treatment (LSVT), NHS standard speech and language therapy or both. In this survey we would like you to provide us with information that will help us build a picture of how you feel about your role and responsibilities within the PD COMM trial. The questions are designed to help us get a better understanding of potential issues around the implementation of a complex intervention such as speech and language therapy for Parkinson's disease.

This questionnaire is divided in 3 sections:

- SECTION A asks some questions about yourself and your role as a speech and language therapist or therapy assistant.
- SECTION B asks questions regarding how you feel about using LSVT or/and “NHS standard therapy” as part of your work.
- SECTION C asks questions about how you feel that you have developed or are developing the particular sets of skills required to deliver LSVT.

Please take time to decide which answer best suits your experience. Thank you very much for your help.



Therapist Questionnaire

SECTION A

About yourself

Contact Information

Name

Email Address

What Trust do you work for?

A1. How many years have you worked for this Trust/Organization (*if your Trust has merged with another or changed its name, please include in your answer the total time you have worked with this Trust and its predecessors*)

- Less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

A2. Are you a:

- Speech and language therapist (SALT)
- Speech and language therapy assistant (SALT assistant)

A3. What is your current job title and grade?

A4. How many years have you been practicing as a SALT or SALT assistant?

- Less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

A5. How many years of experience working with PD patients have you got?

- Less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

A6. Do you deliver LSVT as part of your current role in your Trust?

- Yes
- No

A7. Have you received LSVT training?

- No - please go to question A9
- Yes - please go to question A8

A8. If yes, when:

A9. How many years of experience delivering LSVT have you got?

- I have just completed my training
- Less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- More than 15 years

A10. During your career, have you been involved in the treatment of a minimum of three patients using LSVT?

- Yes
- No - please contact the Trial Manager for advice and complete the rest of the questionnaire considering your skills and experience of being a speech and language therapist (or therapy assistant) and how you anticipate your work delivering LSVT and NHS standard therapy will be like.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I believe that treating patients using NHS standard therapy is a legitimate part of my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can see how NHS standard therapy differs from usual ways of working with speech disorders in the context of SLT interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SALT and SALT assistants in my Trust have a shared understanding of the purpose of NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how treating patients using NHS standard therapy affects the nature of my own work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily integrate NHS standard therapy into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can see the potential value of NHS standard therapy into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are key people who drive the use of NHS standard therapy forward and get others involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am open to working with colleagues in new ways to be able to treat patients using NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will continue to support NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of NHS standard therapy to treat patients disrupts working relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence in other people's ability to deliver NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Work is assigned to those with the right skills necessary to treat patients using NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient training is provided to enable staff to deliver NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient resources are available to support the delivery of NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The management team adequately supports the use of NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of research about the effects of NHS standard therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
SALT and SALT assistants in my Trust have a shared understanding of the purpose of LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand how treating patients using LSVT affects the nature of my own work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily integrate LSVT into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can see the potential value of LSVT into my existing work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are key people who drive the use of LSVT forward and get others involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am open to working with colleagues in new ways to be able to treat patients using LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will continue to support LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of LSVT to treat patients disrupts working relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence in other people's ability to deliver LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work is assigned to those with the right skills necessary to treat patients using LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient training is provided to enable staff to deliver LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient resources are available to support the delivery of LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The management team adequately supports the use of LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of research about the effects of LSVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Therapist Questionnaire

Section B3

In regards to how you deal with your everyday job as a SALT or SALT assistant

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone opposes me, I can find the means and ways to get what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for me to stick to my aims and accomplish my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanks to my resourcefulness I know how to handle unforeseen situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can solve most problems if I invest the necessary effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am confronted with a problem, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am in trouble, I can usually think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can usually handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Therapist Questionnaire

SECTION C

LSVT is a complex intervention and requires speech and language therapists and therapy assistants to develop a series of skills in order to deliver it. In this section we want to find out how you feel your skills have developed in regards to delivering LSVT. Please think about your experience of delivering LSVT and choose the answer that best describes how you feel about the following set of skills

C1. Daily variables

"I've got it" (Well-developed skill)

"I am getting it" (Emerging skill)

"I don't get it" (Need help!)

Encouraging maximal muscle training with repetitions; 15 repetitions of Ahs, Highs and Lows, 5 repetitions of 10 Functional Phrases, with pauses only for shaping/modelling productions (may encourage more repetitions if time permits)

Reverting to model ("Do what I do") anytime non-target performance observed

Pushing client performance appropriately

Providing verbal feedback to motivate motor performance and sensory awareness

Completing daily core exercises in 25-30 minutes

Focusing on goal of LOUD and GOOD QUALITY phonation

Relating effort to new loudness level

Ensuring client is using or starting with modal pitch of Ahs, Highs and Lows

Asking follow-up questions as a way to monitor (and shape if needed) off the cuff speech

C2. Shaping client behaviour

	"I've got it" (Well-developed skill)	"I am getting it" (Emerging skill)	"I don't get it" (Need help!)
Watching client instead of paper/instrumentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modelling with "Do what I do"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting verbal cues to Loud/Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing visual cues for client needs. Examples: open mouth, head/neck posture, overall posture, breath support, intonation/pitch variation, decreased head, neck, shoulder tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using additional therapeutic techniques as needed (e.g. easy onsets, isometric exercises, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropping cues once client demonstrates behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching for signs of hyperfunction and shaping accordingly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeting loud, good quality voice in all activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C3. Data tracking

"I've got it" (Well-developed skill)

"I am getting it" (Emerging skill)

"I don't get it" (Need help!)

Tracking data (SPL, frequency, duration) while providing feedback about performance and without distracting client

Tracking data for off the cuff speech to determine client progress and to assess calibration

Balancing instrumental data with subjective clinical impressions

Measuring mouth to microphone distance throughout each session to ensure distance is consistent within and across sessions

Using data to quantify client progress in documentation

C4. Calibration

	<i>"I've got it"</i> (Well-developed skill)	<i>"I am getting it"</i> (Emerging skill)	<i>"I don't get it"</i> (Need help!)
Calibrating EVERY off the cuff speech act if not target loudness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reinforcing to client that you are training healthy vocal loudness, within normal limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noting self-correction of off the cuff speech as progress in internal cueing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using recording and playback to further enhance calibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using cognitive challenges to test loudness calibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Challenging client by moving out of treatment room as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being relentless, persistent and redundant in cueing calibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizing signs of unsuccessful calibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C5. Hierarchy

"I've got it" (Well-developed skill)

"I am getting it" (Emerging skill)

"I don't get it" (Need help!)

Using personalized, salient materials; includes varied activities through the week

Providing at least 20-25 minutes of focused, intense hierarchy practice

Varying client tasks when appropriate (e.g. read list in order, then backwards, etc.)

Eliciting 5 minutes of off the cuff speech at the hierarchy level (this may be intermixed throughout the hierarchy)

Using reading stand or holding sheet to promote good head/neck posture

Increasing challenges as client progresses

C6. Homebased practice/carryover

"I've got it" (Well-developed skill)

"I am getting it" (Emerging skill)

"I don't get it" (Need help!)

Keeping client accountable for home practice each day and offering client opportunities to facilitate compliance with homework, such as Homework Helper or LSVT-C Home Edition

Interactively creating functional, salient carryover exercises with client input

Using feedback about carryover activities to highlight "AH-HA" moments

Organizing information into folder/binder to promote compliance

C7. General

	<i>"I've got it"</i> (Well-developed skill)	<i>"I am getting it"</i> (Emerging skill)	<i>"I don't get it"</i> (Need help!)
Reducing junk minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing instructions/feedback regarding client's use of good quality, loud voice all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using handouts from LSVT manual as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using positive spin as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formulating clear post-treatment recommendations and plan for client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C8. Documentation

	<i>"I've got it"</i> (Well-developed skill)	<i>"I am getting it"</i> (Emerging skill)	<i>"I don't get it"</i> (Need help!)
Recording baseline and final data to demonstrate program outcomes to client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording and calculating average SPL, frequency and duration each day of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking client progress in daily/weekly treatment notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing treatment notes that are concise, well-organized and focused on client performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing treatment notes that reflect client progress, challenges and future directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing a progress report that is timely, client-focused and reflective of client progress, functional gains, needs and recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would appreciate your feedback in regards to the clarity and content of this survey. If you have any comments/feedback please write below:

Thank you very much for completing this questionnaire

If you have any queries please contact:

Patricia Masterson-Algar

School of Healthcare Sciences

Bangor University

Bangor, LL57 2EF

p.m.algar@bangor.ac.uk

01248 383129