



ReST Readiness Checklist

ReST may not be the right therapy choice for all children, families or clinicians and it is important that the speech pathologist and parents (or other carer) discuss whether ReST is the right treatment for their child. These questions will help you identify if a child is similar to the children who have participated in research to date. If you can say yes to all these questions, then the child is similar to those in the research and likely to experience similar positive outcomes, assuming ReST is provided as per the manual working on non-words.

If you answer 'no' to one or more of the questions, ReST may not be the right choice for the child, and other evidence-based treatments may be better suited to the child. Saying no to any of the questions means your child is not the same as those in the research. In this case, it is a clinical judgement about whether the possible, unproven benefits outweigh the possible harms (such as wasting time and money, discouraging the child, making no progress in therapy).

Whatever you choose, please note it may take a number of sessions before you can see measurable change in your child's speech. Generally, once a child starts a block of ReST it is best to finish the 12 sessions.

Child and Family suitability questions	Y/N
Does the child have a diagnosis of CAS?	
Aged 4 -13 years old?	
If 4-5 years old	
- is the child resilient? Do they tolerate some level of failure without giving up?	
- has the child had at least one block of therapy previously or started formal schooling?	
Does the child have at least 4 consistent consonants?	
Does the child have at least 4 consistent vowels?	
Is CAS the only significant developmental diagnosis?	
Can the child tolerate about 10 minutes of drill therapy?	
Can the child tolerate a 50-60 minute speech therapy session?	
Can your child tolerate getting things wrong?	
Can you as a parent tolerate your child getting things wrong?	
Can the child have treatment by a clinician at least twice sessions a week, for 12 sessions?	

Clinician suitability questions	Y/N
Can you stick to a set program?	
Are you resilient to children having limited success in the early stages of therapy?	
Could you give feedback on only some of the child's productions?	
Can you take clinical data before treatment, every 4 sessions and after treatment on real words to check the work you are doing in ReST therapy is making a difference to the child's everyday speech?	

Clinician food for thought: What do you need to do to ensure your knowledge of prosody and the accuracy of your transcription?

For more information

Dr Tricia McCabe

tricia.mccabe@sydney.edu.au

CRICOS 00026A