

Speaker Disclosure

- Financial:
 - ASHA's National Center for Evidence-Based Practice in Communication Disorders (NCEP)
- Nonfinancial:
 - Certified ASHA member



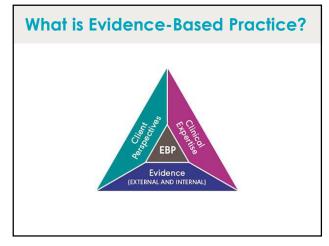
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ASHA

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Objectives

- Define and identify evidence-based practice (EBP) components
- Describe steps in the EBP process
- Identify factors that influence clinical decisions
- Highlight ASHA resources for informed clinical decisions

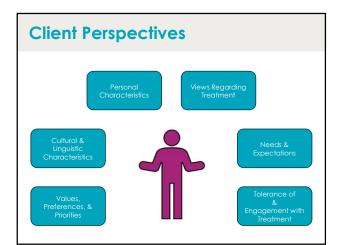
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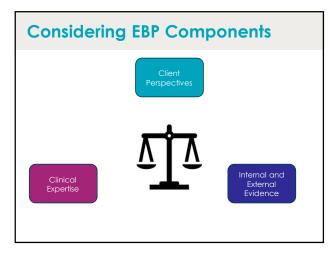


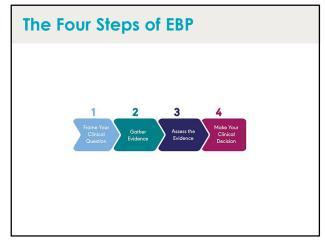
















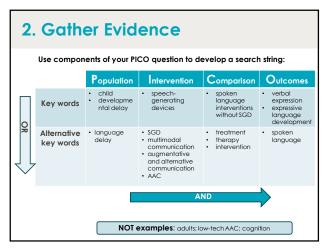
You have a new, three-year-old client on your caseload with a severe developmental delay. He is currently unable to effectively express his wants and needs to others. His parents have expressed the goal that their son will develop spoken language. As you consider treatment plan options, you'd like to learn what the research evidence says about the effects of incorporating a speech-generating device (SGD) to support his current communication skills on his language development and verbal expression.

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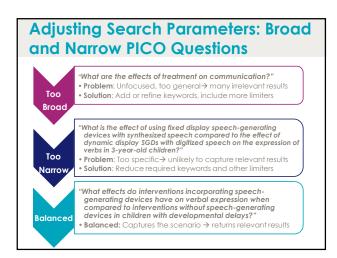
| 1. Frame Your Clinical Question | | |
|---------------------------------|--|---|
| | General Examples | Case Scenario |
| Population | age; linguistic or hearing status; primary diagnosis; comorbidities; biological sex and/or gender identity; educational level | young children with a severe developmental delay |
| Intervention | treatment; screening and assessment tools; service delivery (e.g., dosage, format) | speech-generating devices (SGD) |
| Comparison | alternative specific treatment techniques; reliability or validity of comparable assessment tools | spoken language interventions without the use of SGD |
| Outcomes | increasing function or skills; learning and implementing new strategies; improving quality of life | overall verbal expression and expressive language development |
| | | |

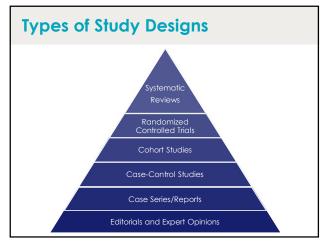
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What effects do interventions incorporating speech-generating devices have on verbal expression compared to interventions without SGDs in children with developmental delays? Population Intervention Comparison Outcome

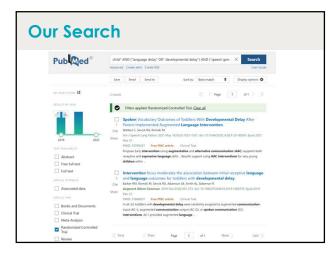


| Developing a Search String | | | |
|--|--|--|--|
| child* | | | |
| AND | | | |
| ("language delay" OR "developmental delay") | | | |
| AND | | | |
| ("speech generating devices" OR SGD OR "multimodal communication" OR "augmentative and alternative communication" OR AAC) | | | |
| AND (treat* OR therapy OR intervention) | | | |
| AND | | | |
| ("verbal expression" OR "expressive language development" OR "spoken language") | | | |
| | | | |



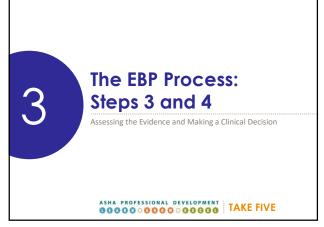






Coming up next We've explored the first two steps of the EBP process. In the next section, we'll discuss the last two steps: assessing the evidence and making a clinical decision

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3. Assess the Evidence

Consider:

- Were the participants representative of the clinical population of interest?
- How large was the sample size?
- Were subjects randomly assigned to the intervention and control groups?
- Were the assessors and clinicians blinded to the treatment condition?
- Were assessment outcomes compared to a gold standard assessment?



Research Article Spoken Vocabulary Outcomes of Toddlers With Developmental Delay After Parent-Implemented Augmented Language Intervention Casy Walters, ** Rose A. Sevcili, ** and MaryAnn Romski** ** ** Purpose: Early intervention using augmentative and attended control of the intervention. Casy Walters, ** Rose A. Sevcili, ** and MaryAnn Romski** ** Purpose: Early intervention using augmentative and attended control of the intervention. We identified and provided the propose and developmental good provided the sevention of the intervention. We identified and provided the sevention of the intervention of the interv

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Quality of the Evidence ✓ Relevance and applicability: • 2- to 3-year-old children • Significant developmental delay and no additional diagnosis • Limited expressive vocabulary less than 10 intelligible spoken words • Intentional communication skills • Upper extremity control ✓ Study characteristics: • Robust sample size (109 children) • Random treatment group assignment ? Potential for bias: • No mention of treatment or outcome blinding • Lacks consistent attrition (e.g., study withdrawal) reporting

