



Talking EBP: Information Updates for Virginia School SLPs

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Welcome!

This e-newsletter will provide you with timely information twice each year to help you stay up to date with evidence based practices (EBP) in schools. Every issue will include relevant research that summarizes EBP highlights for a variety of communication deficits. Whether you're a new graduate or a seasoned SLP you will find resources to support your practice, because...

"...clinical skills grow with the application of currently available data, not simply personal educational and clinical experience..."

Nail-Chiwetalu, B. J., & Ratner, N. B. (2006). Information literacy for speech-language pathologists: A key to evidence-based practice. *Language Speech & Hearing Services in Schools, 37*(3), 157-167, p. 157. doi: 10.1044/0161-1461(2006/018)

Need to Know:

McCauley, R. J., Strand, E., Lof, G. L., Schooling, T., & Frymark, T. (2009). Evidence-based systematic review: Effects of nonspeech oral motor exercises on speech. *American Journal of Speech Language Pathology, 18*(4), 343-360. doi: 10.1044/1058-0360(2009/09-0006)

This systematic review examined research evidence for the use of oral motor exercises (OMEs) in speech production therapy. A search of 899 published articles related to OMEs, yielded only 15 efficacy studies. The authors of this systematic review described the strengths and weaknesses of the 15 efficacy studies and concluded that there is a lack of sufficient evidence supporting the use of OMEs. On the basis of the research evidence available, oral motor exercises do not appear to be effective in improving articulation. When functional speech outcomes are the ultimate goal of intervention, treatment should focus directly on speech production.

Test Your Knowledge:

- 1) True or False: Reading published peer-reviewed research evidence can support better services for students.
- 2) True or False: School based SLPs are qualified to complete critical appraisals of research.
- 3) Which of the following types of evidence should be used for planning treatment?
 - a) Systematic reviews
 - b) Randomized controlled trials
 - c) Case studies
 - d) Therapy data
 - e) All of the above
- 4) If there is no published research evidence to support a particular type of therapy, how can an evidence-based treatment decision be reached?

Answers:

- 1) True. As new research is published, SLPs can learn more efficient and effective ways to serve students.
- 2) True. SLPs have been trained in their graduate programs and continuing education to be informed consumers of research publications.
- 3) E. Multiple sources of evidence should be used to make decisions and evaluate treatment outcomes.
- 4) Published research is one form of evidence. Other important information to consider includes SLP practice data, parent-child preferences and resources, as well as district-wide treatment data.

Practically Speaking:

Did you know that Virginia's Regulations Governing Special Education for Children with Disabilities include specific criteria for SLI that requires the eligibility team to address dialect use? Virginia students may speak a dialect of English, such as Appalachian English, southern English, African American English (AAE), New York dialect, or Spanish influenced English. English dialects have features that may be viewed as errors. To address dialect use during evaluation and eligibility decision making, SLPs must be familiar with the features of the student's dialect and understand how those features impact assessment in all domains of language (phonology, morphology, syntax, semantics, and pragmatics) and the scoring of norm-referenced tests.

The following evidence-based report includes an overview of phonological, morpho-syntactic, and combinations of features of AAE:

Craig, H. K., Thompson, C. A., Washington, J. A., & Potter, S. L. (2003). Phonological features of child African American English. *Journal of Speech Language and Hearing Research*, 46(3), 623-635. doi: 10.1044/1092-4388(2003/049)

Definitions and examples of each dialect feature found are provided in Table 1 (p. 623-624).

This article provides peer-reviewed evidence to support the SLPs as they work with the teams to ensure that "children shall not be identified as children having a speech or language impairment if the area of concern is primarily the result of socio-cultural dialect..." (8VAC 20-21-80 U)

Working With Data:

The American Speech-Language-Hearing Association's 2010 Issues Statement entitled "*Roles and Responsibilities of Speech-Language Pathologists in Schools*" (available from www.asha.org/policy) states...

"Data Collection and Analysis — SLPs, like all educators, are accountable for student outcomes. Therefore, data-based decision making, including gathering and interpreting data with individual students, as well as overall program evaluation are essential responsibilities." (p. 2)

The Virginia Department of Education offers three online training modules for SLPs about working with data. These free webshops can be found at www.ttaonline.org. Navigate to the modules by following these steps:

1. Choose your region.
2. Click the blue "Online Training" tab at the top of the page.
3. Find "Speech-Language Impairment" in the blue, left-hand column.
4. Scroll down to the "Data Collection Management for Speech-Language Pathologists In Public Schools" parts 1, 2, and 3.

These quick modules are informative and helpful for busy school practitioners.

More to Explore:

The [National Center for Evidence-Based Practice in Communication Disorders](#) (N-CEP) maintains a listing of completed and current systematic reviews that can be accessed by everyone, regardless of ASHA membership status. Several reviews that are currently underway will be relevant to school SLPs. Watch this site for the newest information.

A new online course entitled "Evidence-based Treatment Strategies for Childhood Apraxia of Speech" by Christina Elke Gildersleeve-Neumann, Ph.D., CCC-SLP, is available at www.speechpathology.com to meet your EBP self-study needs. Search for course #4218. This one-hour course is offered for a fee, and earns 0.1 ASHA CEUs at the Intermediate Level.

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