



Talking EBP: Information Updates for Virginia School SLPs

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Welcome!

This issue of **Talking EBP** takes a focused look at evidence regarding (Central) Auditory Processing Disorders, (C)APD. The purpose of **Talking EBP** is to support school SLPs in providing evidence practices by streamlining important research information, because...

"EBP requires SLPs to combine their individual clinical expertise with the best available evidence from research. . . It means moving away from basing decisions on opinion, past practice, and past teaching and moving toward clinical decision-making that is guided by science and research."

Reilly, S. (2004). The challenges in making speech pathology practice evidence based. *Advances in Speech Language Pathology*, 6(2), 113-124.

Need to Know:

Fey, M. E., Richard, G. J., Geffner, D., Kamhi, A. G., Medwetsky, L., Paul, D., Ross-Swain, D., Wallach, G. P., Frymark, T., & Schooling, T. (2011). Auditory processing disorder and auditory/language interventions: An evidence-based systematic review. *Language, Speech, and Hearing Services in Schools*, 42, 246-264. doi:10.1044/0161-1461(2010/10-0013).

This systematic review examined research evidence regarding treatment outcomes for primarily auditory interventions (such as FastForWord) and language therapy (such as Earobics or clinician-based interventions) on the auditory functioning in school-age children who were diagnosed with APD or spoken language deficit(s). A keyword search of 28 electronic databases yielded 192 studies for consideration, which ultimately identified 23 publications that were relevant for the PICO questions posed. Analysis of the research findings reported in these 23 articles revealed "**no compelling evidence** that existing auditory interventions make any significant contributions to auditory, language, or academic outcomes of school-age children who have been diagnosed with APD or language disorder" and that "**clinicians who choose to continue using auditory interventions should do so in conjunction with interventions that target specific language, communication, and academic goals**" (p.254).

Test Your Knowledge:

- 1) True or False: In 2009, ASHA published a systematic review of 899 articles related to oral motor exercises (OMEs), 15 of which were efficacy studies, that concluded that OMEs do not appear to be effective in improving articulation.
- 2) Eligibility teams must address the use of dialect by students being considered for the disability category of SLI. This can be done by:
 - a) Reviewing and documenting semantic, syntactic, pragmatic, morphological and phonological features of dialect used the student when speaking and writing.
 - b) Considering the impact of dialect features on any standardized assessments conducted (i.e., error analysis).

- c) Discussing the student's response to explicit teaching of standard English features in the classroom.
 - d) All of the above.
 - e) None of the above.
- 3) True or False: The National Center for Evidence-Based Practice in Communication Disorders (N-CEP) maintains a compendium of clinical practice guidelines and systematic reviews that address a variety of communication disorders and clinical practices.

Answers:

- 1) True. This systematic review was published in AJSLP and was summarized in the Spring 2011 issue of **Talking EBP** which is available at <http://curry.virginia.edu/TalkingEBP>
- 2) D. All of these assessment strategies help to address this facet of determining eligibility. Also, multiple strategies should be used for each student.
- 3) True. This [compendium](http://www.asha.org/members/ebp/compendium/N-CEP-background.htm) is available to ASHA members online at <http://www.asha.org/members/ebp/compendium/N-CEP-background.htm> .

Practically Speaking:

School divisions that use the CHAPS*, SIFTER[†], or TAPS-R[‡] tests to screen or as an assessment measure for identification of (central) auditory processing disorders, should review a new research publication that examines the relationships between these screening instruments and 4 diagnostic procedures (Low-Pass Filtered Speech, Competing Sentences, Two-Pair Dichotic Digits, and Frequency Patterns With Linguistic Report).

This article reports findings from a research project that examined the screening and diagnostic results of 104 children between 6 and 14 years of age:

Wilson, W. J., Jackson, A., Pender, A., Rose, C., Wilson, J., Heine, C., & Khan, A. (2011). The CHAPS, SIFTER, and TAPS-R as predictors of (C)AP skills and (C)APD. *Journal of Speech, Language, and Hearing Research*, 54, 278-291. doi:10.1044/1092-4388(2010/09-0273)

Evidence from this investigation revealed that the CHAPS, SIFTER, and TAPS-R were poor predictors of children's performance on (C)APD diagnostic procedures. Informed practitioners should use these instruments with caution and only as screening tools, not assessment measures.

[†]Anderson, K. (1989). *SIFTER: Screening instrument for targeting educational risk in children identified by hearing screening or who have known hearing loss*. Tampa, FL: The Educational Audiology Association.

[‡]Gardner, M. Y. (1997). *Test of Auditory Perceptual Skills—Revised*. Austin, TX: Pro-Ed.

*Smoski, W. J., Brunt, M. A., & Tannahill, J. C. (1998). *Children's Auditory Performance Scale*. Tampa, FL: The Educational Audiology Association.

Working With Data:

In their 2006 EBP article, Gillam and Gillam* describe the value of incorporating internal (clinician, school, student, and parent) factors with external (published) research evidence to make EBP decisions in school settings. Student data charts with aim lines and trend lines provide evidence of internal factors that can guide the teams' decisions, while also providing documentation of services. Instructions for charting aim lines and trend lines can be found on

page 15 of the [2011 Speech-Language Pathology Services in Schools: Guidelines for Best Practice](#), which is published by the Virginia Department of Education.

*Gillam, S. L., & Gillam, R. B. (2006). Making evidence-based decisions about child language intervention in schools. *Language Speech Hearing Services in Schools*, 37(4), 304-315.

More to Explore:

A 2005 technical report on [\(Central\) Auditory Processing Disorders](#) is available from the American Speech Language Hearing Association at <http://www.asha.org/docs/html/TR2005-00043.html>

Overlapping symptoms of Auditory Processing Disorders (APD), Attention Deficit Disorders (ADD), and Speech Language Impairments (SLI) are summarized on page 67 of the [2011 Speech-Language Pathology Services in Schools: Guidelines for Best Practice](#), which is published by the Virginia Department of Education. http://www.doe.virginia.gov/special_ed/disabilities/speech_language_impairment/speech_lang_pathology_services.pdf

The National Institute on Deafness and Other Communication Disorders maintains a webpage on the topic of [Auditory Processing Disorder in Children](#) that includes information about current research and intervention. <http://www.nidcd.nih.gov/health/voice/auditory.asp>

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