



Evidence-based treatment of stuttering: III. Evidence-based practice in a clinical setting[☆]

Marilyn Langevin*, Deborah Kully

*Institute for Stuttering Treatment & Research (ISTAR), 3rd Floor,
8220 114 Street, Edmonton, Alta., Canada T6G 2P4*

Received 3 April 2003; received in revised form 25 April 2003; accepted 28 April 2003

Abstract

At the heart of evidence-based practice in stuttering treatment are four issues: (1) the collection of data to inform treatment; (2) the long standing concern with maintenance of treatment gains; (3) the need to demonstrate accountability to clients, payers and our profession as service providers; and (4) the desire to advance theoretical knowledge. This article addresses the first three of these issues from a practical point of view, illustrating how data collection for stuttering treatment outcome research in a clinical setting is intimately blended with that required for clinical purposes and providing an example of a process of evaluating data for clinical and research purposes.

Educational objectives: The reader will learn about and be able to (1) differentiate between treatment outcome and treatment efficacy research, (2) describe models for integrating data collection for treatment outcome and clinical purposes, and (3) utilize guidelines for treatment efficacy that are applicable to outcome research to evaluate data for use in treatment outcome studies and to design outcome studies.

© 2003 Published by Elsevier Inc.

Keywords: Treatment accountability; Routine data collection; Documentation guidelines; Treatment outcomes

[☆] This paper expands on a presentation made by the first author at the 2002 ASHA Annual Convention.

* Corresponding author. Tel.: +1-780-492-2619; fax: +1-780-492-8457.

E-mail address: marilyn.langevin@ualberta.ca (M. Langevin).

The purpose of this article is to illustrate how evidence-based practice is carried out in a clinical setting. A founding goal of the Institute for Stuttering Treatment and Research (ISTAR) was to provide evidence-based treatment programs that incorporate into practice new research findings as they appear. Thus a major research focus has been treatment outcome evaluation driven by the desire to: (a) investigate long-term maintenance of treatment gains (Boberg, 1981; Boberg, Howie, & Woods, 1979; Boberg & Kully, 1994; Boberg & Sawyer, 1977; Langevin & Boberg, 1993), a long held concern of clinicians and researchers (see Bloodstein, 1995 and Ingham, 1993); and (b) advance theoretical knowledge. Another long held concern of our profession is that of accountability (e.g., Caccamo, 1973; Frattali, 1998a; Mowrer, 1972; Siegel, 1975) which, according to Frattali (1998b), has been more recently spurred by “flaws in current research activities, accreditation agency outcomes initiatives . . . , managed care and regulatory agency demands for data, and consumer choice” (p. 6). As suggested by Siegel in 1975, this public demand for accountability can serve as a call for critical and reasoned self-evaluation. It is also a means to advance theoretical knowledge about stuttering and stuttering treatment. As Olswang (1998, p. 148) stated, “Our gains in theory will ultimately advance our efforts to demonstrate accountability; similarly, our gains in accountability should ultimately advance our knowledge in theory.” Like Wambaugh and Bain (2002), we believe that ethical practice results from the interface of clinical practice and research.

In this paper, we will describe our approach to evidence-based practice, discuss the integration of routine data collection for clinical and research purposes, and present models of outcome research for school-age and teen and adult treatment. Finally, we will present a case to illustrate a snapshot of clinical life wherein routine clinical data are evaluated for use in informing treatment and evaluating treatment outcome.

1. Approach to evidence-based practice

Our approach to clinical work is grounded in the tenets of evidence-based practice described by Sackett, Rosenberg, Gray, Haynes, and Richardson (1996). Specifically, we make every attempt to conscientiously, explicitly, and judiciously use current best evidence in developing treatment programs with and for individual clients and we integrate clinical expertise with systematic research and client choice.

In daily work we ask two broad questions. (1) From a treatment development perspective, “Is the treatment program effective *across clients* in the short and long term?” (2) From an individual client perspective, “Is the treatment program selected or designed for *this client* effective in the short term and long term?” To answer these questions we routinely collect data that are used to inform treatment and evaluate the effectiveness of treatment.

Treatment outcome research differs from efficacy research in that it is carried out in “real world” clinical situations as opposed to ideal laboratory conditions.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات