

TOOLS FOR IMPLEMENTING RESEARCH-ORIENTED SINGLE SUBJECT DESIGNS IN EVERY-DAY CLINICAL SETTINGS

Astrid Schröder & Nicole Stadie
Center of Excellence "Cognitive Sciences", Linguistics Department, University of Potsdam, Germany

BACKGROUND

There is a **limited scope** of **research-proven treatment methods** that have received a certain "*threshold of research evidence*", in order to be considered as being "*empirically validated*" ([1], p. 61)

AIM

- To provide **practical tools** by which a research-oriented and evidence-based intervention design can be embedded in **everyday clinical settings**
- To **systematically collect** empirical support for specific intervention methods and materials

PROCEDURE for evaluating therapies [2,3]

- Use **same assessments** before and after therapy → *testing skills to be treated.*
- Perform **more than one assessment** before therapy → *testing stability of pre-treatment behavior*
- Use a **control task** before and after therapy → *testing skills not being affected by the treatment*
- Divide assessed items in **comparable subsets** → *Set 1: "to-be-treated" items, Set 2: "control" items*
- Evaluate the results **objectively** after therapy → *compare pre-/post testing statistically*

How can I implement this into my day-to-day clinical setting???

TREATMENT PROTOCOLS [4] (regularly used within supervised internship, BSc Patholinguistics, Potsdam University)

Templates for developing, conducting and evaluating an evidence-based treatment

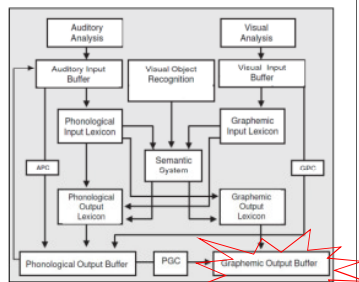
- Therapeutic methods** (goals, task and method, scoring)
- Predicted outcome** (based on empirical evidence)
- Structure of material** (treated/untreated items, control task, related/unrelated tasks for measuring generalization)
- Course of therapy** (quantitative and qualitative analyses)
- Evaluation of results** (preparing data for statistical analyses)
- Main overview of results** (item-specific treatment effects, generalization to untreated items/tasks)

EXAMPLE: Templates used for a step-by-step documentation of a remediation focusing the graphemic output buffer

1 PROCEDURE OF THERAPY

Patient:	Mr. K.S.
Date:	January 2011

FOCUS OF THERAPY	
Cognitive Functions:	Graphemic Output Buffer
Language activities:	Spelling
Participation:	Making Grocery Lists



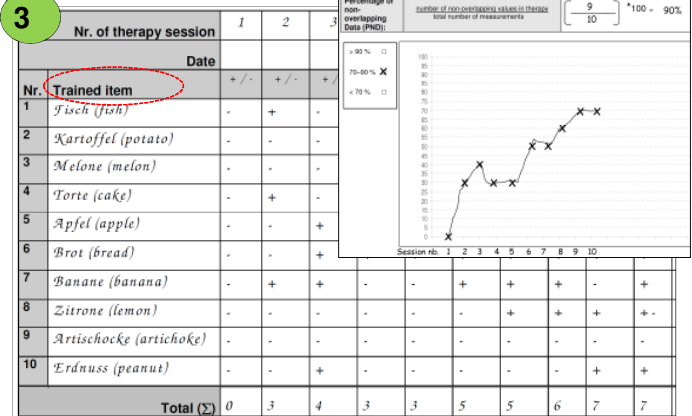
Evidence- Based Methods & Tasks	after: Written Picture Naming Delayed Copying (Rapp & Kane, 2002)
---------------------------------	--

2 THERAPY MATERIAL FOR EVALUATION OF TRAINING EFFECTS

Structure	Description (e.g., Set 1, Set 2, controlled variables, task)	n =	Examples
Trained items	SET 1: Items from category: FOOD, word length: 4 - 11 letters...	10	BROT, APFEL, MELONE, KARTOFFEL (bread, apple, melon, potato)

CONTROL MATERIAL FOR EVALUATION OF GENERALIZATION EFFECTS

Structure	Description (e.g., Set 1, Set 2, controlled variables, task)	n =	Examples
Untrained items (comparable to trained items)	SET 2: Items from category: FOOD, word length: 4 - 11 letters...	10	PILZ, BIRNE, TOMATE, ERDBEERE (mushroom, pear, tomato, strawberry)
Other comparable tasks	Written Picture Naming (LEMO)	20	Items from LEMO (De Bleser et al., 2004)
Comparable ability (in other setting)	Written Spelling: Grocery List	20	10 trained, 10 untrained items
Control task	Auditory lexical decision	72	Items from LEMO (De Bleser et al., 2004)



Material	Description (e.g. task)	n =	Date		Follow-Up (FU)	Statistical comparisons (Test)
			Jan 2011	Apr 2011		
Control task	LEMO Auditory Lexical Decision	72	58/72	62/72		n.s.
Trained items	Written Picture Naming	10	0/20	7/10		p = .023
Untrained items	Written Picture Naming	10	1/10	7/10		p = .041
Other comparable tasks	LEMO Written Picture Naming	20	2/20	16/20		p = .001
Comparable ability (in another setting)	Written spelling: Grocery List	20	0/20	8/20		n.s.

CHANGE	INTERPRETATION	
	Yes	No
Control task	☐	☑
Trained items	☑	☐
Untrained items	☑	☐
Other comparable tasks	☐	☐
Comparable ability (in another setting)	☐	☑

CONCLUSION: TREATMENT PROTOCOLS

- Very useful guideline for the **step-wise evaluation** of a language intervention
- Easy handling of **monitoring** the process of intervention and the **documentation** of the results
- Necessary for replicating and extending **empirically validated treatments** based on **empirically supported materials**

REFERENCES

[1] Schlosser, R.W., & Sigalos, J. (2008). Identifying 'evidence-based practice' versus 'empirically supported treatment'. *Evidence-Based Communication Assessment and Intervention*, 2, 61 – 62. [2] Franklin, S.E. (1997). Designing single case treatment studies for aphasic patients. *Neuropsychological Rehabilitation*, 7, 401–418. [3] Nickels, L. (2002). Therapy for naming disorders: Revisiting, revising, and reviewing. *Aphasiology*, 16, 935-980. [4] Stadie, N., & Schröder, A. (2009). *Kognitiv orientierte Sprachtherapie. Methoden und Material für Aphasie, Dyslexie und Dysgraphie*. München: Elsevier, Urban & Fischer. De Bleser, R., et al. (2004). *Lexikon modelorientiert. Einzelfalldiagnostik bei Aphasie, Dyslexie und Dysgraphie*. München: Elsevier, Urban & Fischer. Rapp, B., & Kane, A. (2002). Remediation of deficits affecting different components of the spelling process. *Aphasiology*, 16, 439-454.