speechBITE now has more than 2400 references and it’s growing!

speechBITE aims to be a comprehensive database which reflects the scope of interventions in the speech-language pathology profession worldwide. This means that the research on speechBITE is sourced from a number of disciplines including: medicine, education, communication sciences, psychology and linguistics. All research indexed on speechBITE must contain empirical data and come from a peer-reviewed journal.

speechBITE at a Glance

We recently took a closer look at the profile of research contained on the database...

- Single Subject Design is the most commonly identified research design across all intervention areas.
- Randomised Controlled Trials are found most frequently in the areas of language and literacy intervention.
- No Randomised Controlled Trials have been identified in the area of apraxia.
- Systematic Reviews are available in all areas of speech pathology intervention except accent modification.
- Few Systematic Reviews have been identified in the area of fluency disorders or specific language impairment.
- Case Series are the most frequently identified research design for voice therapy and swallowing.

DID YOU KNOW?

A paper describing the development of speechBITE has been published!


PLUS

Come and visit us at the Speech Pathology Australia National Conference in Darwin, 26-29 June 2011.
THE RATING REPORT

speechBITE has a new Raters Network Manager! Welcome to Mikaela Jorgensen who has taken over the role from the hard-working Liz Murray.

COMING SOON

Studies with one participant can provide valuable information about unique cases and new interventions. PsycBITE has developed a scale to rate the quality of these Single Case Experimental Designs (SCEDs).

speechBITE currently has 1099 SCEDs across many areas of speech pathology practice. Two independent raters will be applying the scale to the papers and ratings will soon be available at www.speechbite.com

RATINGS UPDATE

speechBITE currently rates group comparison studies: Randomised Controlled Trials (RCTs) and Non-Randomised Controlled Trials (NRCTs). These ratings use the PEDro scale, a well established scale for rating the methodological quality of clinical trials.

We currently have 528 of 581 group comparison papers rated (91%)! Language intervention research has the greatest number of rated papers, followed by literacy and speech.

Did you know? All papers with a rating of 8 or more on speechBITE were published from the year 2000 onwards.

Thanks to our team of dedicated raters, Rachael and Sharon, Amy, Ana, Annalice, Beth, Bronwyn, Charn, Claire, Emma, Fiona, Jade, Jill, Julia, Laura, Robyn and Sue for all their hard work!

ADHC PROJECT—MICHAEL BRUNAC SPEECH PATHOLOGIST

My career as a speech pathologist so far can be summed up in two words: unexpected surprises. When I decided to become a speech pathologist many years ago I thought I would be working with people who stutter in my native country of Canada. Instead, I find myself now working in disability in Sydney and enjoying it greatly!

I have worked at Ageing, Disability and Home Care (ADHC), formally DADHC, for over two years now. I have worked with clients of all age groups and enjoy the challenges and rewards of working with people with intellectual disabilities. My interests also lie in models of health and service delivery, which led me to present a poster at the Australian Group on Severe Communication Impairment (AGOSCI) conference in 2009 on utilizing the World Health Organization’s International Classification of Functioning, Disability and Health (ICF), as a model for assessment/intervention for speech pathologists.

University of Sydney & ADHC Evidence Based Practice (EBP) Project

This past year I have worked as a project manager on a joint University of Sydney-ADHC evidence based practice project. We have been facilitating the process of introducing EBP in ADHC. I have also been a member of speechBITE. What I have enjoyed most about working at speechBITE is learning about the different methodological rating scales, such as the PEDRO and SCED scales. The ability to rate the evidence presented in journal articles has helped me make better sense of the research. Being able to keep up with current evidence in disability has been another great benefit of working at speechBITE.

“I encourage all speech pathologists to visit speechBITE (it gets updated regularly!) and keep up on what is happening in the research world.”

Other Allied Health Databases for EBP:
www.pedro.org.au
www.otseeker.com
www.psycbite.com
**SPOTLIGHT ON..... DISABILITY INTERVENTION**

This issue puts a spotlight on an important area of speech-language pathology practice... disability intervention. Two quality papers investigating intervention for children with autism are showcased below.


AIM: To compare the efficacy of Responsive Education & Prelinguistic Teaching Milieu (RMPT) versus Picture Exchange Communication System (PECS) in 36 pre-schoolers with autism spectrum disorders.

METHOD: Randomised Controlled Trial

TREATMENT: Children were randomly allocated to RMPT & PECS groups. All treatment sessions took place at a university clinic. Treatment occurred 3 times per week in 20-min sessions, for 6 months. Initiating joint attention, object exchange turns and requesting were targeted tasks during intervention.

RESULTS: RMPT was shown to be more effective for children in generalised turn taking and initiating joint attention, while PECS was shown to be more effective for children in facilitating generalised requests. RMPT was superior to PECS in facilitating initiating joint attention in children using at least seven initiating joint attention acts across the two communication procedures. It is suggested that RMPT may be more useful for children with higher functional language skills, particularly for initiating joint attention.


AIM: To test the effect of cognitive behavioural therapy (CBT) on parent-reported autism symptoms.

METHOD: Randomised Controlled Trial

TREATMENT: 19 children with autism-spectrum disorders and an anxiety disorder, aged 7-11 years old, were randomly assigned to 16 sessions of CBT or to a wait-list condition. Sixteen weekly sessions were offered, each lasting 90 minutes. Children were given coping skills followed by in vivo exposure. ASD diagnoses were assigned using the Autism Diagnosis Interview (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS). The Social Responsiveness Scale (SRS) was used to assess parent-reported autism-specific characteristics.

RESULTS: The children in the CBT group had lower SRS scores than children in the waitlist condition, indicating a reduction of parent-reported autism specific characteristics. Effect was also present at 3 months follow up. This study was limited to a small scale and it is suggested that larger sample sizes and broader outcome measures will be used in future studies.


Want more information on speechBITE? Contact the Project Manager email:info@speechbite.com
speechBITE WELCOMES A NEW SPONSOR

speechBITE is pleased to announce the National Relay Service as a new sponsor for 2011!

The National Relay Service – working with speech pathologists

The National Relay Service makes a huge difference, every day, to the lives of thousands of Australians with hearing or speech impairments. While the main user group for the service has generally been deaf or hearing impaired people, it is also used by a growing number with speech difficulties. This can include people who can’t use their voice at all or whose speech is slurred or indistinct as a result of illness, stroke or disability.

‘The National Relay Service has services tailored for people depending on their particular speech or hearing impairment, and we want more people to know about them,’ says Deborah Fullwood, outreach manager for the NRS. As the name suggests, the National Relay Service uses a person known as a relay officer who is the central link in each phone call. The relay officer relays – either by typing or re-speaking – all or part of a call between people with speech-impairments and those they are conversing with. The people on the other end of the call could be anyone from friends or family, to local businesses or banks, to professionals working with the NRS user such as yourself.

Making a relay call is similar to making any phone call. The only difference is that a relay officer is on the line to help the call go smoothly.

- Using the NRS means that you can make and receive phone calls even if you can’t hear or speak
- You can ring anyone, anytime from anywhere in Australia
- Most calls cost about the same as a local call
- The user can make emergency calls to fire, ambulance and police services

The idea of relaying your conversation through a third party can seem a bit daunting at first. But the confidentiality of calls is guaranteed by law and it’s surprising how quickly users find that the relay officers become ‘invisible’.

‘There are over 40,000 people in this country with impaired speech, and they often have trouble with phone calls,’ says Deborah. ‘Many of them feel isolated and depressed because of their speech issues – and worried that the businesses and services they call can’t understand them or don’t take them seriously.’

Help the NRS help you.

The NRS is keen to work with speech pathologists to make the NRS more aware of issues within the profession and better able to help your clients. This year the NRS is developing an online training interactive for speech pathologists and is keen to hear from those who could comment on this and other draft materials the NRS is developing. Please contact the NRS through its Helpdesk (see details below). The NRS is also a sponsor of the speechBITE website this year.

Find out more. Contact the National Relay Service Helpdesk by:

Phone: 1800 555 660
Fax: 1800 555 690
SMS: 0416 001 350
email: helpdesk@relayservice.com.au
Or see the website www.relayservice.com.au.

The NRS can send you more information, or arrange for one of their education and information officers to speak at any information session you might be holding.