

Critical Appraisal Form

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Members in Discussion: Ceara Hutchinson, Christina El Gazzar, Brooklyn Davis, Deborah Saville, Heather MacNaughton, Abby Brooks, Anna Crauford

Article: 'What does evidence show about treatment intensity? How do I know if my service grid is evidence-based? How much treatment is enough?' Molly F., July 31, 2018 (www.theinformedslp.com)(Editorial)

Summary:

SLP's tend to take one intensity model and apply it to their entire caseload. Treatment research is often characterized by a brief but intense model. This model can be more time and cost effective for the research team. More research is emerging that compares various treatment intensities. Dose (the intensity of individual sessions) matters "perhaps more than anything else." There is not general data RE intensity for pediatric speech sound disorders but data in specific domains includes, for example, "Preschoolers make better gains with 3x/wk therapy for a shorter duration, than 1x/wk for a longer duration" (Allen, 2013). For therapy intensity for pediatric language disorders research is varied and inconsistent.

Strengths and Limitations of article:

This is not a research article and is an editorial. Quality and quantity of available evidence available here is generally low.

Findings from the studies included are fairly consistent in some areas (e.g. CAS) but varied in other areas (e.g. pediatric language)

Editorials like this one are useful for busy SLP's

	Compelling	Suggestive	Equivocal/Uncertain
Validity		x	x
Clinical importance		x	x

Clinical Implications/Discussion:

Members felt that the article provided a good 'reminder' regarding therapy frequency with certain populations – one size does not fit all.

Members discussed challenges and success with therapy intensity for indigenous populations.

Moving forward some members considered integrating more therapy 'blocks' into their therapy frequency planning, particularly with preschool populations.

Dosage was discussed as being an important focus, and something that clinicians can alter, regardless of barriers to therapy frequency.

Coaching parents in parent-implemented intervention was discussed in terms of being valuable use of dosage.