

Q&A: What EBP really means

Question

It is surprising to me that you find it reasonable to pass on non-evidence based ideas. I don't think this meets a best practice standard at all. I'm curious to know how you demonstrate efficacy this way.

Answer

The term "Evidence-Based Practice" has been bandied about and distorted. EBP does not mean that we only use methods that have been researched in a laboratory.

For example, have you ever used a mirror in therapy to help a client understand how to position the articulators for a speech sound? I hope so. Is there any evidence to support this idea? No. Does that mean that we can no longer use a mirror in therapy? I hope not.

In an Evidence-Based Practice, the SLP takes what has been demonstrated in laboratory research, and puts that together with what she has learned through direct clinical experience, and what the client needs/wants/prefers. Here are four sources of this idea:

1. According to ASHA, an evidence-based practice is one that integrated evidence from the LAB, from the CLINIC, and from the CLIENT himself. ASHA's logo for the EBP is a triangle, with each side of the triangle representing one of these ideas. You can view this on the ASHA website.
2. Sacket et al, the original authors of the EBP, have stated in their textbook, "External clinical evidence [i.e., research] can inform, but can never replace, individual clinical expertise" (Sacket, D., & Richardson, W.S., & Rosenberg, W., & Haynes, R.B. (1997) *Evidence-Based Medicine: How to Practice and Teach EBM*. Edinburgh: Churchill Livingstone, p. 3-4). They insisted that laboratory evidence alone can never dominate ones decisions about therapy.
3. Laura Justice, editor of the *American Journal of Speech Language Pathology*, contrasts EBP with "empirically validated treatments" (a treatment that has been validated by empirical research). She wrote: "...one's use of an empirically validated treatment is not the same as engaging in EBP" (p. 324). Using EBP, the clinician "systematically gathers and integrates information (i.e., evidence) from a variety of resources, including scientific evidence [LAB], prior knowledge [CLINIC], and client preferences [CLIENT], to arrive at a decision" (p. 324). (Justice, Laura (2008) "Evidence-Based Terminology" Laura, Editor, *AJSLP*, 17, 4, November 2008).
4. Carol Dollaghan says that and EBP is the conscientious, explicit, and judicious integration of best available: *External* evidence from systematic research (LAB), *Internal* evidence from clinical practice (CLINIC), Evidence concerning the preferences of a fully-informed patient (CLIENT). Dollaghan, C. A. (2007) *The handbook for evidence-based practice in communication disorders*. Baltimore: Brook.