Table 1. Research Design and Overall Methodological Ratings of Studies

Reference	Research Design	PEDro-P Scale Methodological rating
Wertz et al. (1981)	Randomised controlled trial	4/10
Avent & Wertz (1996)	Retrospective Group Comparison	3/10
Avent et al. (1998)	Retrospective Group Comparison	3/10
Elman & Bernstein-Ellis (1999a)	Randomised controlled trial	2/10

Table 2. Detailed PEDro-P Scale Ratings of Studies

Pedro–P Scale Item	Reference			
	Wertz et al. (1981)	Avent and Wertz (1996)	Avent et al. (1998)	Elman and Bernstein-Ellis (1999a)
Eligibility criteria specified	Y	Y	Y	Y
Random allocation to intervention	Y			Y
Random allocation was concealed				
Baseline similarity				
Blinding of participants				
Blinding of therapists				
Blinding of assessors	Y			
Results reported for at least 85% of participants initially enrolled in treatment follow up	Y	Y	Y	
Intention to treat analysis				
Between group comparisons	Y	Y	Y	Y
Point estimates and variability		Y	Y	
The PEDro P Scale can be downloaded from http://www.psycbite.com/docs/The_PEDro-P_Scale.pdf				

Table 3. Aphasia Group Therapy Studies, Intervention Variables, and Findings

Reference	Research Design	Participant Characteristics and Therapy Schedule	Findings
Wertz et al. (1981)	Randomised Controlled Trial	*N* = 67 mixed severity and type of aphasia Intervention 1: 4hrs individual direct stimulus-response therapy + 4hrs machine assisted therapy per week Intervention 2: 4hrs discussion based group therapy without specific reference to language impairment + 4hrs recreational activities per week	Group therapy is effective for improving language deficits following stroke. Group therapy appears to continue to be beneficial in improving language outcomes between 6–12 months post stroke. Individual therapy may yield slightly higher scores on impairment level language outcomes.
Avent & Wertz (1996)	Retrospective Group Comparison	As Above	Group therapy is effective for improving pragmatic skills following stroke and may facilitate earlier skill development over individual therapy.
Avent et al. (1998)	Retrospective Group Comparison	As Above	Group therapy is effective for fluent and non-fluent types of aphasia following stroke.
Elman & Bernstein-Ellis (1999a)	Randomised Controlled Trial	*N* = 24 mixed severity and type of aphasia, > 6 mos. post onset Intervention 1: 2.5hrs group communication therapy + 30mins social intermission break; twice per week for 32 weeks Intervention 2: 3hrs of social group activities of participant's choice (e.g., support groups, church activities and movement groups) for 32 weeks	Group based communication therapy is effective for improving impairment level language outcomes (WAB and SPICA) but not functional language as measured by the CADL (important to note that participants were engaging in functional activity groups as part of the control condition). Benefit of communication therapy were maintained Individuals with Mod-Severe aphasia made improvements on the WAB and CADL following group therapy.
Elman & Bernstein-Ellis (1999b)	Qualitative Research Design	As Above	Group based communication therapy lead to positive psychosocial outcomes for participants over and above other group activities
Eales & Pring (1998)	Case Series	*N* = 4; mixed severity and type of aphasia; > 5months post onset Six 30-min. individual therapy sessions over 3 weeks followed by sic 1hr group therapy sessions over 3 weeks	Individual and group therapy benefited all individuals on treated, related untreated and control items and these gains were maintained. Although all participants made gains, individual variability existed within the cohort Difficult to tease apart the benefits of individual vs. group therapy as no control condition counteracting therapy order was included in the design. Individuals with mild and severe aphasia benefitted from therapy.
Code (2010)	Case Series	*N* = 8; mixed severity and type of aphasia Individual components of group and individual therapy not specified. All participants received combined individual and group therapy for 1 month intensive	An intensive combination individual and group therapy block facilitated improvements in impairment level scores for the group as a whole as well as functional communication scores in two individuals. Clinically relevant therapy gains did not appear to correlate with aphasia type, severity, time post onset, and age.

Table 4. References and Templates for Developing Skills Across Areas of the EBP Process That May Facilitate Clinicians in Overcoming Barriers to Implementation

STEP 1. **Asking a question in PICO format**	Armstrong, E. C. (1999). The well-built clinical question: The key to finding the best evidence efficiently. *Wisconsin Medical Journal, 98*(2), 25–28. Onady, G. M., & Raslich, M. A. (2003). Evidence-based medicine: Asking the answerable question (question templates as tools). *Pediatrics in Review, 24*(8), 262–265. Richardson, W. S., Wilson, M. C., Nishikawa, J., & Hayward, R. S. (1995). The well-built clinical question: A key to evidence-based decisions. *ACP Journal Club, 123*(3), A12–13. Schlosser, R. W., Koul, R., & Costello, J. (2007). Asking well-built questions for evidence-based practice in augmentative and alternative communication. *Journal of Communication Disorders, 40*(3), 225–238.
STEP 2. **Searching the evidence effectively**	Allison, J. J., Kiefe, C. I., Weissman, N. W., Carter, J., & Centor, R. M. (1999). The art and science of searching MEDLINE to answer clinical questions: Finding the right number of articles. *International Journal of Technology Assessment in Health Care, 15*(2), 281–296. Rosenberg, W. M. C., Deeks, J., Lusher, A., Snowball, R., Dooley, G., & Sackett, D. (1998). Improving searching skills and evidence retrieval. *Journal of the Royal College of Physicians of London, 32*(6), 557–563.
STEP 3. **Analyzing and appraising the evidence**	Dollaghan, C. A. (2007). *The handbook of evidence-based practice in communication disorders.* Baltimore: Brookes. Worrall, L. E., & Bennett, S. (2001). Evidence-based practice: Barriers and facilitators for speech-language pathologists. *Journal of Medical Speech-Language Pathology, 9*(2), xi–xvi.
STEP 4. **Translating the evidence into clinical practice**	Causa, B., & Layfield, C. A. (2010). Supporting EBP in Everyday Clinical Practice. Paper presented at the Speech Pathology Australia National Conference, Darwin, Australia. Dollaghan, C. A. (2007). *The handbook of evidence-based practice in communication disorders.* Baltimore: Brookes. Fucetola, R., Tucker, F., Blank, K., & Corbetta, M. (2005). A Process for Translating Evidence-Based Aphasia Treatment into Clinical Practice. *Aphasiology, 19*(3–5), 411–422. Tate, R., McDonald, S., Perdices, M., Togher, L., Schultz, R., & Savage, S. (2008). Rating the methodological quality of single-subject designs and n-of-1 trials: Introducing the single-case experimental design (SCED) scale. *Neuropsychological Rehabilitation, 18*(4), 385–401.
STEP 5. **Evaluating clinical practice**	Garrett, K., & Pimentel, J. (2007). Measuring outcomes of group therapy. In R. J. Elman (Ed.), *Group Treatment of Neurogenic Communication Disorders. The Expert Clinician's Approach* (2nd ed.). San Diego: Plural Publishing. Tate, R., Taylor, C., & Aird, V. (2012). Applying empirical methods in clinical practice: Introducing the model for assessing treatment effect. *Journal of Head Trauma Rehabilitation.* doi: 10.1097/HTR.0b013e31824e103e