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UTILIZING HOME ENVIRONMENTS FOR OPTIMAL OUTCOMES OF EARLY-INTERVENTION SPEECH THERAPY

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A DISSERTATION IN PRACTICE

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Abstract

The purpose of this dissertation in practice was to describe common themes among the approaches of in-home early-intervention speech-language pathologists in the Oklahoma SoonerStart program and provide recommendations for professionals working in the field of early-intervention. Mosli et al., (2016) explain the important roles family members play in the development of a child's speech and language skills which supports the idea of providing access to in-home early-interventions like the Oklahoma SoonerStart program. The researcher used a phenomenology approach to study the lived experiences of SoonerStart speech-language pathologists. Interviews and observations were conducted to gather the necessary qualitative data. A thematic coding of the data revealed five common themes and three subthemes answer the two research questions for this dissertation in practice. The themes and subthemes found in this study help support the evidence provided within the literature review that in-home early-intervention is the optimal setting for acquiring language and that often early-interventionists do not feel well enough prepared for this unique work setting. The researcher provides recommendations for the Oklahoma SoonerStart program in hopes of building a more effective team with optimal therapy approaches.

Keywords: Early-intervention, speech-language pathologist, family-centered therapy, in-home therapy, at-risk, Individualized Family Service Plans

Dedication

This dissertation is dedicated to my late mother, Jeannie (Carnell) Dingle. Everything this achievement entails and represents is a direct reflection of her life. Her daily sacrifice, commitment to my education, and encouragement are the reasons I have always believed I can do anything I set my mind to. Her unwavering spirit carries me through all challenges I face and overcome. To my sister, Jessica Dingle, I am forever indebted to her as she is the inspiration behind my career choice and my constant reminder to not take anything in life for granted. To my husband, Michael Bruder, who will always be my continuous support. Last but not least, to my children, Zeke, Colt, and Scout, may this accomplishment set an example for each of you, much like the legacy my mother left behind for me.

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CHAPTER ONE: OVERVIEW OF THE DISSERTATION IN PRACTICE PROBLEM

Introduction and Background

Research shows that children acquire skills more quickly in their home environments compared to clinical settings because they perform well when using their parents and siblings as models (Mosli et al., 2016). This information is relevant to the field of speech-language pathology, especially to those working in early-intervention home settings; however, conducting therapy in clients' homes is not common partially due to a lack of information about in-home early-intervention therapy approaches and lack of advanced training or preparation for this unique setting (Campbell et al., 2009). The paucity of literature in the area of early intervention is unfortunate for the field of speech-language pathology because early-intervention targets children from birth to age three, which is a critical window for acquiring speech and language skills (Marshall & Lewis, 2014). Likewise, the field lacks specific guidelines for speech-language pathologists navigating the area of in-home early intervention compared to clinic-based early-intervention approaches (Paul & Roth, 2011). Acquiring in-depth knowledge about the unique circumstances that occur when conducting family-centered therapy will help enable professionals to navigate early-intervention approaches to promote optimal success for this at-risk population. Without this knowledge, speech-language pathologists working in in-home early-intervention settings will not be influential leaders for the early-intervention teams they're responsible for.

The investigation determined how speech-language pathologists navigate the unique circumstances that arise when using family-centered approaches during in-home early intervention therapy. For example, when providing in-home therapy, speech-

language pathologists do not have full control over their environment or the individuals entering and leaving their workspace each therapy session. The researcher interviewed and observed early-intervention speech-language pathologists to gather information about their therapy approaches when working directly in families' homes.

The field of speech-language therapy will benefit from further research in the area of in-home early-intervention treatment, as the home is an ideal setting for working with this at-risk population since children learn better in their natural environments than in clinical settings (French et al., 2018; Marshall & Lewis, 2014). The dissertation in practice provides more information regarding the unique circumstances that arise when working with this sensitive client population in their home environments. It also offers speech-language pathologists the information required to establish best practices for working with this at-risk client population in home settings.

Statement of the Problem

Current literature in the field of speech-language pathology indicates the significant impact siblings and parents have on a child's speech-language development. Studies have found that family members living in the home directly influence children's social, cognitive, and language development (Mendelson et al., 1994). Some early-intervention approaches to speech-language therapy focus on using a child's natural environment for optimal acquisition of speech-language milestones; however, not much research exists on the success and challenges of using family-centered approaches to speech-language therapy (Marshall & Lewis, 2014). Although studies have revealed the home is an ideal learning environment for children, research also indicates that in-home speech therapy is more costly overall than providing therapy in clinical settings (French

et al., 2018). Another reason in-home therapy is not widely used is that many professionals report being underprepared for this speech-language pathology setting (Campbell et al., 2009). Determining best practices for early-intervention speech-language pathologists will hopefully benefit the field of speech-language pathology by increasing the success rate of at-risk children. More knowledge of the unique circumstances that arise when conducting family-centered therapy enables professionals to better navigate early-intervention speech therapy approaches. Without optimal professional preparation and guidance for working with this at-risk population, more children will continue to lag behind their typically developing peers, which will be more costly for states in the future as special services such as speech therapy will need to be addressed for school-aged children with accommodating services such as Individual Education Plans (IEPs) (Bradley, 2013). Hidangmayum and Khadi (2017) also found that successful early-intervention therapy services resulted in parents of children with disabilities experiencing less overall stress. Speech-language pathologists and other early-interventionists, such as occupational therapists, physical therapists, and social workers, hold a unique leadership role in the lives of families of children with developmental delays. For stakeholders to be successful in the setting of early-intervention, speech-language pathologists must be adequately prepared and guided throughout their practices to best serve at-risk children and their families.

Purpose of the Study

The purpose of this dissertation in practice study was to describe common themes among the approaches of speech-language pathologists navigating the unique circumstances that arise when conducting early-intervention speech therapy in clients'

homes. Speech-language pathologists working in in-home early-intervention settings lose total control of their work environment and have to work with what and who is available in the home in a given therapy session. For example, early-intervention speech-language pathologists may enter a home that is unclean, experience interruptions by people leaving and entering the home, and witness a lack of caregiver support or interest in the child. These unique circumstances make therapy approaches differ from traditional approaches used in clinical settings. This investigation aimed to provide the field of speech-language pathology with the information needed to gain more knowledge about the therapy strategies used by speech-language pathologists working in the home to promote better outcomes for this at-risk population. Understanding how to navigate in-home early-intervention therapy will hopefully also help families cope with delays and provide optimal language environments for their children.

Research Questions

The literature on early-intervention indicates that the use of natural environments and incorporation of family members in intervention strategies helps children with early developmental delays meet their age-appropriate goals (Marshall & Lewis, 2014). Unfortunately, in-home therapy is not widely used by speech-language pathologists, and little research has been done on the topic of conducting in-home therapy and the unique circumstances speech-language pathologists face when working in families' homes.

Research question #1:

How do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy?

Research question #2:

How prepared do speech-language pathologists feel when working in the setting of in-home early intervention?

Aim of the Study

This qualitative research study aimed to create recommendations for speech-language pathologists navigating unique circumstances that arise when working in the setting of in-home early-intervention. The findings will help the field of speech-language pathology by providing more information on successful early-intervention approaches for professionals working in the in-home early-intervention setting generally, but more specifically for the SoonerStart Program.

Methodology

A qualitative research study was the best approach for this dissertation in practice because the aim was to identify recommendations for speech-language pathologists navigating the unique circumstances of providing therapy in clients' homes, which aligns with the purpose of qualitative research to explain the meaning of people's lived experiences (Creswell & Creswell, 2018). Specifically, a phenomenological approach allows researchers the opportunity to investigate the lived experiences of early-intervention speech-language pathologists by finding common themes among all participants' lived experiences using interviews and therapy observations (van Manen, 2017).

Data was collected from face-to-face interviews conducted by the researcher. The researcher limited bias by carefully writing interview questions that do not lead the participant to give desired answers that accord with the researcher's personal beliefs. The

researcher also followed the steps suggested by Creswell and Creswell (2018) for thorough data analysis to improve the validity and reliability of the research. Chapter three will outline the study's methods in detail.

Definitions of Relevant Terms

The following terms are used operationally within this study.

Early-intervention: Services and supports for children ages birth to three diagnosed with developmental delays (Dacy, 2014).

Speech-language pathologist: A professional who treats and diagnoses speech and language disorders.

Family-centered therapy: Therapy (i.e., speech therapy) centered on a family approach by involving family members in therapeutic activities.

In-home therapy: Therapy (i.e., speech therapy) conducted in clients' homes rather than in a clinical setting (Wu et al., 2014).

At-risk: Children in the zero to three-year age range with speech and/or language delays, because this is the critical window for acquiring the speech language skills necessary to be successful in school.

Individualized Family Service Plans (IFSPs): Plans designed for clients and their families by early-interventionists to implement early-intervention services for children who qualify for specialized instruction. (Byington & Whitby, 2011).

These terms will be used throughout this dissertation in practice and are key words within the study. Knowing these terms is crucial for the uninitiated reader to properly understand and follow the information explained throughout the dissertation in practice.

Limitations and Delimitations

Qualitative research presents limitations and delimitations to the reliability and validity of the findings. Limitations are considered constraints beyond the researcher's control that are reflective of the chosen methodology (Roberts & Hyatt, 2019). For example, due to the chosen methodology of qualitative phenomenology, the results cannot be generalized to all speech-language pathologists. The study includes a small sample size, which although it provides dense data capturing the essences of the lived experiences, it may be challenging to demonstrate that these findings are applicable to other speech-language pathologists working in early-intervention settings in other parts of the state and country. Another limitation to the study is the shift from in-person observations to virtual observations due to COVID-19. For example, although therapy session observations were conducted of each participant, the SoonerStart employees were not directly entering homes, and their therapy sessions were conducted virtually. Although observations had to be conducted via teletherapy platforms, the researcher was still able to observe the important interactions between early-intervention speech-language pathologists and children within their natural environments.

According to Roberts and Hyatt (2019), delimitations occur as a result of the plan for the study chosen by the researcher. For example, delimitations of this dissertation in practice include the time constraint of the study and the selected participant criteria for the study. The dissertation in practice had to be completed promptly due to progression in the program, which also experienced COVID-19 setbacks, such as switching from in-person collection to remote that required an additional IRB approval. For example, to complete the dissertation in a timely manner, data was collected in a five-week time span

to allow for transcription and proper analysis of each interview and observation to determine if data saturation was obtained. The selection criteria established for this research study constrains the amount of available sample to an even smaller number. So, beyond the limitation of having 5 to 25 participants often used for phenomenology (Creswell and Poth, 2018), the selection criteria narrowed the number of available participants for the study to those speech-language pathologists who are fully licensed and have worked in the early-intervention setting for at least five years.

Although limitations and delimitations existed within the research study, these constraints also allowed for the collection of dense data that captured the essence of the lived experiences of the participants. The limitations and delimitations also allowed for the study to be completed timely and at a lower cost to the researcher, which was important as no funding was obtained for the completion of this project.

Bias

Researcher bias also played a role in this study as the phenomenological approach includes interviewing participants from a familiar professional background of the researcher. As a speech-language pathologist who works in the in-home early-intervention setting, I had previous experience with and knowledge of the topic that not all speech-language pathologists have. This is my fifth year working in the field of speech-language pathology and my third year working with the early-intervention population. My skills and expertise fueled my desire to complete this dissertation in practice; however, this also meant that unintentional bias might easily occur. To control my bias during data collection, bracketing was used to control assumptions about the topic (Tufford & Newman, 2012). For example, a bracketing journal was used to make a

note of biases that arose during data collection, such as my own experiences of working in the setting of in-home early-intervention. I also carefully wrote interview questions that do not communicate my beliefs to the participants or influence their answers to favor my beliefs. Creswell and Creswell (2018) have explained the importance of practicing for interviews to limit bias when probing for answers. To pilot interviews, proxy participants were used, which helped the flow of the semi-structured interviews used for data collection.

Though personal biases existed within the dissertation in practice, they were controlled as much as possible using tools such as the bracketing journal and proxy participants for reviewing research questions. These tools allowed the stories of participants to be accurately captured. Another influence in the plan of this research study was the role of leadership as learned throughout the Interdisciplinary Leadership Program EdD program at Creighton University.

The Role of Leadership in this Study

Chris Lowney (2005) emphasized how the early Jesuits were always encouraged to reflect on their leadership practices in order to grow as leaders. As a speech-language pathologist working in the field of early-intervention, it is crucial that I and other professionals in the field use the best approaches when working with this at-risk population so that they can reach their optimal goals. Lowney (2005) discussed the importance of living life by Jesuit values while in leadership positions. One Jesuit value, cura personalis, is directly related to the family-centered therapy approaches of speech-language pathologists. Cura personalis means care of the whole person and is a necessary value for successful leaders. Cura personalis relates to the whole-person

approach of early-intervention programs since the goal is to collaborate as a team to address each need of the child and his or her family members. Family-centered approaches to speech therapy look to the child, environment, and family members for optimal speech and language acquisition (Marshall & Lewis, 2014). It would be a disservice to families if individuals working in early-intervention settings neglected to view each child from a whole-person perspective.

When reviewing the current literature on early-intervention and speech-language pathology, it is evident that there is a gap in the research regarding speech-language pathologists working in early intervention and utilizing home environments. In addition, research in the area of in-home early-intervention approaches is evolving based on changing family composition, and speech-language pathologists need to use relevant and best practices to help children in this unique population. Increasing the therapy goal outcomes of children from birth to age three with speech/language delays will prevent a large number of children from requiring special education services when they enter school systems.

Significance of the Dissertation in Practice Study

The dissertation in practice highlighted the significance of investigating the early-intervention strategies of speech-language pathologists. The qualitative study described the approaches for speech-language pathologists navigating the unique circumstances that arise when working in clients' natural environments and provide the field of speech-language pathology the tools to properly address the at-risk population. The current literature indicated that children learn best by using siblings and parents as language models, which reinforces the importance of developing appropriate family-centered

approaches to address this at-risk population (Cruise & O'Reilly, 2014). As leaders of early-intervention teams for children with speech and language delays, speech-language pathologists working in clients' homes should use relevant and effective therapy approaches such as utilizing family members and materials within the home because they work intimately with these at-risk children and their families.

Summary

The research question is vital for the field of speech-language pathology since current research is lacking in the area of in-home early-intervention strategies used in speech therapy. The study provides speech-language pathology professionals with the tools necessary to navigate the unique circumstances that arise when working in families' homes and to gain a better understanding of the preparation level of those professionals entering this highly skilled work setting. Utilizing home environments is crucial for speech-language pathologists to achieve optimal success with their clients (Marshall & Lewis, 2014).

A qualitative approach is most relevant for the research question since the purpose of qualitative research is to explain the meaning of people's experiences (Creswell & Creswell, 2018). Speech-language pathologists working in the in-home environment need more research-based tools and strategies to address the unique circumstances that arise when conducting therapy in the in-home environments, such as uncontrolled environmental factors, family members' presence, and unexpected changes that occur within the home. The chosen methodology is most appropriate for this topic as the researcher desired to tell the stories of early-intervention SoonerStart speech-language pathologists with the hope to provide recommendations for improvement of the program.

Phenomenology allows the essence of the lived experiences to be captured to better understand the strengths and weaknesses of the Oklahoma SoonerStart speech-language pathology team.

CHAPTER TWO: PRELIMINARY LITERATURE REVIEW

Introduction

The following literature review further explains the importance of studying the research questions for this dissertation in practice, which were "How do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy?" and "How prepared do speech-language pathologists feel when entering the setting of in-home early intervention?" These research questions aimed to provide the field of speech-language pathology with the necessary information that was lacking in the current literature and will help speech-language professionals better serve at-risk children. Without an investigation into the topic of early intervention, speech-language pathologists would continue to lack the expertise required to be competent leaders in this practice setting.

First, literature about early-intervention programs is discussed to introduce information about the practice setting. Guidelines, continuing education, and university coursework are critical components of this section, which sum up the lack of relevant research on the topic of early intervention. In addition, literature about the importance of family-centered therapy is explored to further explain why early-intervention approaches should include family members within the home, such as parents and siblings. Parents and siblings each have unique roles in daily living environments (e.g., homes, daycares, or early-learning centers) that can be used for the benefit of the child receiving early-intervention services. Finally, the literature on leadership that is relevant to the topic of early intervention is discussed.

Background of Early-Intervention Programs

Early-intervention programs across the country provide children with developmental delays with early access to multiple therapeutic interventions such as speech therapy, occupational therapy, physical therapy, and behavioral therapy. The Individuals with Disabilities Education Act, specifically Part C Early Intervention Program, was designed for the purpose of providing at-risk children, ages zero to three, with early-intervention services from a family-centered approach (Adams & Tapia, 2013). However, research by Kuhn and Marvin (2016) suggests that early-intervention practices are not holding up to the standard outlined by Part C of the program. For example, Kuhn and Marvin (2016) found there is a lack of information on the topic of in-home early-intervention and early-intervention teams needing a standard process that appropriately fulfills the needs of specific families. Though understanding of specific standards may be lacking for early-interventionists, much research does exist on the importance of intervening early for children who are developmentally delayed and the importance of providing services in clients' daily living environments. For example, Moeller (2000) found that children with hearing loss who received speech-language intervention prior to 11 months of age had significantly higher vocabularies at five years of age compared to children who did not receive early interventions. Likewise, Dunst et al. (2000) found that daily routines in living environments provide children with critical opportunities for learning experiences that help children retain new information and skills.

Focusing on providing services to at-risk children in the home helps their overall cognitive development by incorporating family members in therapy in their daily living

environments (Wu et al., 2014). Early access to these services improves overall development prior to entering the school system. For example, Mcmanus et al. (2012) conducted a longitudinal study comparing low-birth-weight infants receiving early-intervention services to low-birth-weight infants not receiving early-intervention from birth to age three and found that access to early intervention improved children's overall cognitive abilities. Therefore, it is crucial that this at-risk population receive early access to therapeutic interventions. However, the success of early-intervention services is dependent on the quality of services received (Greenwood et al., 2010). For therapists working in the early-intervention setting, few guidelines exist for navigating the unique circumstances that arise when working in clients' homes. Unfortunately, most of the literature on early-intervention centers around intervention planning, like the study of Jung et al. (2008), which focuses on the steps to developing successful intervention plans. More specific guidelines could help the in-home early-interventionists by providing more information on various approaches to navigating this unique setting.

In-Home Intervention vs. Traditional Therapy Models

Fowles et al. (2018) studied the effectiveness of behavioral therapy when conducted in a home compared to traditional behavioral therapy conducted in a clinic. They recruited 314 families with a childbirth to age three with developmental delays to participate in the study, and results favored the importance of in-home intervention. Specifically, although their study found that both approach methods were effective, the data revealed that more families were engaged in and were twice as likely to complete treatment when conducted in-home. For example, of the families who received clinic-based interventions, only 33.15% of children completed the behavioral intervention

program (Fowles et al., 2018). Of the children and families who received the in-home behavioral intervention, 64.66% of participants successfully followed through and completed the program (Fowles et al., 2018). This information is significant for this research as it supports the importance of conducting therapy interventions in the home setting as a positive alternative to clinical settings. When early-interventionists enter homes, it appears to be easier to include family in the intervention and resulted in families more likely to complete early-intervention programs. Although much information exists on the importance of early-intervention services, the field of speech-language pathology lacks specific guidelines in the area of early-intervention that may further help this unique area of therapy delivery setting.

Guidelines for Early-Intervention Speech Pathologists

The current literature in the field of speech-language pathology provides generic guidelines for navigating the unique practice setting of early intervention. The guidelines suggested by the American Speech-Language Hearing Association offer the following framework for early-intervention speech therapy: (a) screening/evaluation/assessment, (b) goal setting and intervention, (c) consultation with and education for team members, (d) service coordination, (e) transition planning, and (f) advocacy (Paul & Roth, 2011). Although this framework establishes key components for ethical execution and delivery of early-intervention services, it fails to provide guidelines for addressing the challenges explicitly associated with working in children's daily living environments. Working in an unfamiliar environment rather than in routine clinical settings creates a sense of a lack of control (Campbell et al., 2009). For example, commonly, speech therapy is provided by a speech-language pathologist in a clinical setting, which is more easily controlled by

the providing therapist. When early-intervention speech therapy is provided in clients' homes, speech-language pathologists lose control of the therapy environment. The lack of detailed guidelines and uneasiness experienced by speech-language pathologists when working with this at-risk population suggests that professionals entering the early-intervention field lack the training necessary to be confident and successful early interventionists (Campbell et al., 2009). Early-intervention and collaborative training should begin in the graduate school setting to help prepare students to become early-interventionists. Likewise, continuing education on the topic of early-intervention should be readily available to speech-language pathologists working within the early-intervention setting to help increase competency in this unique setting of work (Barton et al., 2012).

Preparation for Early-Intervention Work

The team approach of various therapeutic professionals in early-intervention therapy demonstrates the importance of collaborative training for students interested in this setting. Collaborative instruction helps individuals entering this field understand the importance of other professions within the scope of early intervention and how-to co-treat clients when appropriate (Crais et al., 2004). Collaboration allows the team to see the whole person as opposed to only seeing students' delays related to that practitioner's specific expertise. Research on collaborative approaches has shown that this approach works well in the early-intervention setting. New American Speech-Language Hearing Association (ASHA) standards support the research by Crais et al. (2004) and require university speech-language pathology programs to provide collaborative learning experiences; however, other areas specific to the preparation and continuing education for

early-intervention therapy are lacking within the field of speech-language pathology (Barton et al., 2012). The lack of professional training extends beyond the University level and is unfortunately also lacking within continuing education in the field of speech-language pathology (Barton et al., 2012). For example, the 2020 American Speech-Language Hearing Association standards state that maintenance of speech-language pathology certification requires completion of thirty continuing education hours of any ASHA approved courses every three years (2020 Certification Standards). Although these certification maintenance hours exist to provide information for therapists to become more competent in their areas within the fields, speech-language pathologists report a lack of continuing education courses being offered in the area of early-intervention (Barton et al., 2012). A lack of continuing education courses for professionals working in the setting of early-intervention is detrimental for professionals as early-intervention is unique in its setting, clientele, and collaborative approach with other professionals.

Importance of Transdisciplinary Therapy Approaches and Early-Interventionist Preparation

Transdisciplinary early-intervention models use a collaborative or team approach to therapeutic interventions. Bell et al. (2009) studied the impacts of pediatric transdisciplinary service delivery in the UK for at-risk children aged birth to 2.5 years old. They used a team of physical therapists, occupational therapists, and speech-language pathologists to collaboratively provide therapeutic interventions in a group setting and compared pre- and post-outcomes to unidisciplinary services provided. The results showed that children receiving transdisciplinary service increased attendance rates

by 26% at therapy sessions, which allowed for greater global progress and therapy outcomes (Bell et al., 2009). Increasing attendance is important as consistency in services allows children and parents more opportunities for improved learning. Positive outcomes of transdisciplinary approaches also allowed professionals to increase their caseload sizes as it saved time and allowed them to serve more children in this at-risk population, which means that children were not on therapy waiting lists for long (Bell et al., 2009).

Understanding the positive impacts of using a transdisciplinary model is crucial for early-intervention programs. Although this study reflects the success of transdisciplinary approaches, speech-language pathologists are reporting a lack of preparation using transdisciplinary or collaborative models (Bruder et al., 2013). Bruder et al. (2013) found through survey responses that early-intervention practitioners felt most prepared for the early-intervention and collaborative teamwork when they received adequate training through continuing education courses. This information supports the importance of providing appropriate continuing education courses for speech-language pathologists and other professionals working in the early-intervention setting.

Continuing Education in Early Intervention

Prelock and Deppe (2015) have established an essential case for preparation in University settings and continuing education specifically for early-intervention practice to ensure better collaboration of teams. Without skilled professionals and knowledgeable students entering the practice setting of early intervention, the collaboration will be diminished. Professionals and their certifying bodies recognize the importance of collaboration and require it in coursework; however, there is a lack of pre-service and in-

service learning opportunities in the unique setting of in-home early intervention (Dacy, 2014). Though, Campbell and Sawyer (2009) found that providing continuing education supports to professionals working in early-intervention settings allowed professionals to interact well with the caregivers. The skill of appropriately approaching and interacting with family members is crucial as it helps professionals meet the families' emotional needs throughout the early-intervention process (Brotherson et al., 2010).

Although overall continuing education courses are readily available to speech-language pathologists and standards exist for professionals to maintain their licensure, there is a lack of continuing education for specific areas of need like early-intervention and the effects of environmental factors in child development (Zimmerman et al., 2018). Campbell et al. (2009) have found that many speech-language pathologists are reporting low levels of competency due to the lack of professional development and limited pre-professional preparation specific to the areas of early-intervention.

The American Speech–Language–Hearing Association requires speech-language pathologists to continue their education to maintain their licensure at the national level; however, less than one-third of the state's early-intervention programs have adopted specific credentials for working in early-intervention settings (Campbell et al., 2009). Unfortunately, the combination of issues regarding preparation coursework and the inability to provide the appropriate continuing education specific to this area of practice is causing a lack of competency among professionals working with the most at-risk population (Bruder & Dunst, 2005; Campbell et al., 2009). For example, a study was conducted by Bruder and Dunst in 2005 in which a survey was sent to speech-language pathology, occupational therapy, and physical therapy students. The results of the survey

indicated that students did not feel prepared to work with infants and toddlers. Similarly, Campbell et al. (2009) found that the lack of competency in the area of early-intervention is resulting in professionals who are unable to deliver the most appropriate services for children and their parents when using family-centered therapy approaches.

Family-Centered Therapy

Current literature about early-intervention practices indicates that the use of natural environments and the incorporation of family members in intervention strategies help children with developmental delays meet their age-appropriate goals (Marshall & Lewis, 2014). These early interventions also focus on providing exceptional parental support needed to help parents gain confidence when helping their child meet therapy goals. Using case study analysis and parental interviews, Cheslock and Kahn (2011) found that when speech-language pathologists educate caregivers on early-intervention practices, it results in better therapy outcomes. For example, the authors noted the importance of utilizing a child's natural environment and educating all people involved in their daily care, like daycare workers, to alter negative behaviors associated with poor communication. Using this family-centered, team approach allowed for more consistency in the child's daily living environments, home, and daycare. According to the American Speech-Language–Hearing Association (ASHA), it is crucial to provide these intervention services in a child's daily living environments to directly incorporate family members in therapy sessions and promote optimal learning (Supporting Families and Caregivers in Everyday Routines). For example, parents and siblings often act as communication models for younger children in the home (Cruise & O'Reilly, 2014). Therefore, the incorporation of parents and siblings is crucial to ensure the success of

early-intervention programs when conducting therapy in a child's daily living environment. These research-based findings support the practice of family-centered early-intervention strategies. The following subsections present current findings on the significant roles parents and siblings play in children's speech and language development.

Parental Roles in Early-Intervention

Each day, parents are presented with opportunities to create engaging and natural learning environments for their children that promote overall development. These opportunities increase a child's awareness of social language expectations and improve vocabulary and comprehension. For example, mealtimes create a natural setting for exposure to vocabulary and communication skills. However, the importance of mealtime conversations is not widely understood by parents (Mosli et al., 2016). Mosli (2016) studied videotaped interactions of families during mealtimes, and a common theme among the participants was how mothers shape behaviors and interactions at mealtimes. For example, they found that older siblings mimic the interaction between the mother and younger sibling during mealtimes. This information is significant as it demonstrates the important roles family members play in the lives of children with developmental delays. Although the Mosli (2016) study provided great information about maternal and sibling interactions at mealtime, limitations occurred, such as a small sample size and a cross-sectional design. Overall, understanding the importance of mealtimes provides parents and professionals with the information needed for a better understanding of language modeling, like encouragement and the effects on sibling behaviors.

Obradovic et al. (2016) conducted a longitudinal study that investigated the effects of early-intervention on 1,302 developmentally delayed children in Pakistan. They collected data using parental reports, observations, home environment ratings, and standardized assessments and found that when professionals demonstrate to mothers how to appropriately scaffold to teach their child with developmental delays, at four-years-old children have better executive functioning skills. The results support the importance of intervening early and providing parental support for children who experience developmental delays. Speech-language pathologists working in early-intervention settings can use their role to teach parents how to successfully use daily opportunities like mealtimes to increase the progress of their child with speech/language delays.

As stated previously, Mosli et al. (2016) noted that parents are often unaware of the importance of serving as language role models for their children, which implies that parents may need some coaching from early-intervention speech-language pathologists. Cheslock and Kahn (2011) found that early-intervention speech-language pathologists play significant roles in teaching caregivers how to utilize home environments to create optimal language exposures. When working in clients' homes, speech-language pathologists can teach parents how to talk to and engage with their children during the day to help increase their understanding and use of language (Marshall & Lewis, 2014). For example, early-intervention therapy sessions provide the client and his or her family with the opportunity to grow as language learners and language role models. Incorporating family members and caregivers into therapy sessions allows for more opportunities to learn speech and language skills to function effectively within their environment (Cheslock & Kahn, 2011). Similarly, Ciccone et al. (2012) found that the

inclusion of parents in speech-language therapy can significantly increase children's expressive language skills (Ciccone et al., 2012). This is important as teaching children how to interact in their home environments reduces frustrations for the child and their caregivers (Crnic et al., 2017). For example, Phaneuf & Mcintyre (2011) studied the effects of parental training on behaviors of developmentally delayed children and parental stress levels. The investigation observed eight families throughout the implementation of the three-tiered parental training model, and pre- and post-training assessments were used to determine effectiveness. The results showed that post-intervention, negative-parental strategies directed towards behaviors drastically declined and helped limit parental stress. Reducing stress on family members helps children's overall emotional well-being and developmental success.

Parents' Perceptions of Early-Intervention

Parents have reported greater satisfaction when included in therapy activities by the early interventionist (Popp &You, 2016); however, research by Kresak et al. (2009) highlighted areas in which there is a lack of participation in early-intervention approaches, such as including siblings in early-intervention therapy plans. Kresak et al. (2009) found that parents of children with developmental delays wish that more goals designed by the early-intervention team included siblings and parents. Therapy goals or outcomes are often explicitly written for the client, although the idea of early intervention is to include the family members in the therapy as much as possible. Parents have also reported how intrusive early-intervention therapies can be since clinicians are continually coming in and out of the home (Lee, 2015). Better outcomes for the children were

achieved when therapists demonstrated understanding and empathy to the family members when entering their homes to provide services (Lee 2015).

Professionals working in the early-intervention settings understand the importance of building rapport with clients. However, equal emphasis should be placed on building rapport with clients' caregivers because the goal of early-intervention services is to utilize a family-centered approach. For example, Minke and Scott (1993) investigated Individualized Family Service Plans (IFSPs), which are plans designed to implement early-intervention services, and found that parents had some power in the creation of IFSPs but that parents should be utilized more in goal writing, therapy sessions, and assessments to increase parental satisfaction and child outcomes. Likewise, parents reported a sense of empowerment when being included in the IFSPs processes (Byington & Whitby, 2011). Although parents are vital role models in the development of young children's speech and language, more suitable role models, namely siblings, are often overlooked in therapy interventions.

Siblings

Research has indicated that siblings serve as natural language role models for each other due to their bond and closeness in age (Eve, 2001). Birth order impacts the roles and development of each child. For example, older siblings often take on natural teaching roles for their younger siblings and often speak or interpret for their younger siblings with speech/language delays (Mendelson et al., 1994). The fact that siblings are natural and ideal role models for their siblings, especially their siblings with developmental delays, makes them perfect candidates for incorporation into early-intervention therapies; however, a recent study showed that only 25% of siblings are

included in early-intervention service goals (Kresak et al., 2009). The current statistics on the use of siblings in early-intervention therapy planning are unsettling because siblings play vital roles in each other's development (Kresak et al., 2009).

Siblings with Special Needs

When one child has a developmental disability, it may negatively influence the typical development of their sibling, which further provides support that siblings should be included in in-home early-intervention services. For example, Christensen et al. (2010) observed typically developing infant siblings of children with Autism and found that these siblings showed fewer functional, symbolic play skills and more repetitive nonfunctional behaviors. This data suggests that siblings of children with autism are more at risk for displaying signs of other developmental delays. Similarly, Marquis et al. (2019) found that siblings of children with intellectual disabilities were more at risk for developing mental health issues like depression, suggesting that intervention services should also be geared towards the at-risk siblings. This information is important for early-interventionists to consider when entering homes of children with developmental delays and disabilities. Further, understanding the importance of family roles within the development of children with developmental disabilities is crucial as children age out of early-intervention services and enter local public-school systems. The research cited helps support the idea that family-centered approaches to early-intervention should be taken to positively impact the entire family.

How Early-Intervention Impacts Special Education Services

Early-intervention is crucial to allowing at-risk children the services they need to develop early developing speech and motor skills. However, it also helps reduce the

number of children entering the school system requiring Individualized Education Plans (IEPs). For example, Muschkin et al. (2015) studied the success of North Carolina's early-intervention programs by determining the likelihood of a child being placed in special education after successful completion of the early-intervention program. Their results showed that children who received early-intervention services were less likely to be placed on an IEP or required fewer services by the time they were in third grade (Muschkin et al., 2015). These results are significant as they stress the importance of receiving early-intervention services. Likewise, Green (2005) found that African American students receiving early-access to early-intervention programs resulted in avoiding over-qualification of special education services. Over qualification of specialized services is an issue as it results in students receiving services too restrictive of their educational environment. For example, in an overly restrictive educational environment, students losing interaction with their non-disabled peers and over qualification of services also cost the state more money to pay for specialized services in public school systems ("School-Based Members Name Early Intervention as Top IDEA Issue," 2018).

Summary

In conclusion, past research provides evidence of the importance of early-intervention programs, and the vital role family members play in children's development; however, early-intervention education is lacking in the field of speech-language pathology. Professionals in the field are reporting low competency levels due to the deficiency of the continuing education courses and in-depth university material taught on the matter. The American Speech-Language–Hearing Association provides loose

guidelines for early-intervention strategies, but there are no specialized credentials for working with this at-risk population. The combination of a lack of competency in the practice setting due to preservice and in-service under-education is resulting in disservice to families of children with developmental delays. This literature review reveals the importance of pursuing this dissertation in practice.

CHAPTER THREE: PROJECT METHODOLOGY

Introduction

This chapter outlines the research methodology used for this dissertation in practice. A qualitative, phenomenological research design was the best approach for this dissertation in practice because the aim was to identify recommendations for speech therapy conducted in-homes based on the lived experiences of those professionals currently working in-home early-intervention, which aligns with the purpose of qualitative research to explain the meaning of people's lived experiences (Creswell & Creswell, 2018). When considering the two research questions for this investigation, phenomenology was best suited as to gather the information needed, the researcher needed to hear the lived experiences of those working in the in-home early-intervention setting. Participant the interviews allowed the participants the opportunity to share their in-home early-intervention experiences by answering eleven open-ended questions. Observations also allowed the researcher to observe the speech-language pathologists' interactions with clients and caregivers.

The following chapter describes the research design, study's participants, data collection tools, data collection procedures, and data analysis procedures. The research design and participant recruitment followed largely the guidelines discussed by Creswell and Poth (2018) for phenomenology methodology

Research Questions

1. How do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy?

2. How prepared do speech-language pathologists feel when entering the setting of in-home early intervention?

Research Design

A qualitative approach was the most appropriate method for answering the proposed research questions. Several approaches to qualitative research exist; however, the phenomenology approach was the most suitable for addressing the dissertation in practice questions. A phenomenological approach allowed the researcher to use interviews and observations to gather detailed descriptions of lived experiences and provide recommendations for early-intervention speech-language pathologists (Creswell & Poth, 2018; Errasti-Ibarrondo et al., 2018). Taking a phenomenological approach allowed the researcher to dig deeper into the lived experiences of the participants. It was important for the researcher to capture the lived experiences of the participants as it allowed for recommendations to be made for early-interventionists to learn from.

Participants, Data Sources, and Recruitment

The proposed population for this dissertation in practice was home-based early-intervention speech-language pathologists in Oklahoma, specifically those working in the Oklahoma SoonerStart program. SoonerStart is Oklahoma's early-intervention program designed for children who are developmentally delayed between birth and three years old. The purpose of the program is to provide these children and their families with free and quality early access to intervention to help children meet their developmental milestones by empowering families (SoonerStart, 2021).

Criteria for participation in the research study was established to ensure that qualified professionals were recruited. Specifically, the criteria for participation in the

study was working as a speech-language pathologist in the SoonerStart program and having been a licensed professional and working in the early-intervention setting for at least five years. To recruit participants for participation in this study, the researcher contacted the head of the early-intervention department of Oklahoma's early-intervention program, SoonerStart (specifically the Tulsa, Oklahoma branch). The purpose of this dissertation in practice was shared and thoroughly explained to the head of the SoonerStart early-intervention team. The researcher made a request that a confidential email regarding the study be sent to recruit participants through current SoonerStart speech-language pathologists in Oklahoma via an email list (see Appendix A). To ensure the confidentiality of all participants and information shared about the clientele, the researcher signed a Health Insurance Portability and Accountability Act (HIPAA) form (See Appendix B), which prevents the sharing of medical information discussed or observed about clients.

Through email, participants reached out to the researcher by email to express interest and schedule an interview. Participants were recruited until data saturation was obtained. Creswell and Poth (2018) suggested using five to twenty-five participants for phenomenological research investigation; therefore, the aim was to interview participants within that range while reaching data saturation. Data saturation is described by no new revelations in data, resulting in no new themes amongst the data collected (Given, 2016). Once data saturation was reached, no further participants were recruited. The researcher ultimately interviewed six total participants for the study. One participant started the interview process before the researcher discovered the participant did not meet the criteria of working in the early-intervention setting for five years; therefore, that

participant's information was discarded and not included in the results and findings. A total of five participants were included in this study. All participants were given a pseudonym represented by an alphabetical letter, A, B, C, E, F. The letter D is not included as that was the participant who was removed from participation for not meeting sampling criteria. Each participant first participated in an 11-question virtual interview and then a 30-45-minute observation of one of their therapy sessions, which were not conducted in-person due to COVID-19 and were all conducted remotely using Skype, Zoom, or video phone call. Upon completion of each interview, the researcher scheduled a time to observe the participant in a speech therapy session. Once a time was chosen, the participant contacted the family or caregiver of the child that would be participating in the therapy session observation. Families were informed of the study prior to observations.

Data Collection Tools

Data was collected using Zoom interviews, one for each participant, and an observation of each participant during one of his or her therapy sessions. Before the interviews, an interview protocol was created and revised several times to ensure that the questions appropriately addressed the phenomenon under study. The interview protocol, which was created by the researcher, included 11 open-ended questions generated by the researcher for the purposes of the dissertation in practice. The questions addressed a variety of circumstances that may arise when working in a family's home, such as "How do you hold a child's attention in an environment that is out of your control?", "How do you utilize the home to promote optimal speech/language output?" and "How do you include parents in therapy sessions?" These questions address areas that are unique to

working in family homes as opposed to traditional therapy, which typically takes place within a clinic. Examples of additional interview questions include the following (See Appendix C for full protocol):

1. Will you please describe how you use clients' home environments to promote optimal speech and language output?
2. How do you keep children on task when conducting therapy in an environment with limited control?
3. How do you provide information to family members during therapy sessions or involve them in therapy?

According to Creswell and Poth (2018), reviewing the interview protocol and practicing with proxy participants before conducting the interview will increase the reliability and validity of the results because it will decrease the bias of the researcher when conducting the interview. Careful consideration of the wording of the research questions limited bias throughout the interview process. To limit potential bias of the interview protocol or process, the questions were carefully worded, questions were reviewed by colleagues, and the researcher practiced the protocol with three proxy participants, colleagues, before formally conducting the interviews. Practicing with proxy participants allowed the researcher to be experienced with the questions and gain confidence for interviewing on the topic which helped establish a more relaxed environment for the real participants. It also gave the researcher an opportunity to use follow-up questions when necessary such as, "can you tell me more about that?". In addition to the proxy participants, the interview protocol was also reviewed by peers to gain feedback on any biases that may have occurred within the questions that the

researcher did not notice in order to focus the investigation solely on the participants' experiences. Peers and colleagues stated the interview was clear and concise.

An observation protocol adapted from Creswell and Poth (2018) was also used to observe the participants during a therapy session in a client's home (See Appendix C). HIPAA forms were signed by the researcher to maintain the confidentiality of all case history information read or learned about clients during the observation process (See Appendix B).

Data Collection Procedures

The Interviews were conducted at an agreed-upon time and date for each participant. Interviews were conducted virtually using video via Zoom due to COVID-19 restrictions and audio recorded on a handheld device and via Zoom. Recordings were captured on both devices to help check interview transcriptions during data analysis, and as a safety measure in case one was lost or difficult to understand when played back. The researcher's office in which the Zoom interview sessions took place was quiet and free of background noise or distractions. Interviews were conducted between May 14 and May 27, 2020. No personal information was gathered other than the participants' names and information regarding their current work experience. The researcher explained that the participants' identifying information and work experience would remain confidential. For data analysis and reporting purposes, the participants' names were replaced by an alphabetical code to maintain anonymity. Before the interview, each participant received a study information letter and a copy of the participants' bill of rights (see Appendix D). Roberts (2010) has listed essential elements of informed consent that should be considered when gaining consent from participants. For example, in this study, the

participants were made aware of what participation in the study included and that the results would be shared in the dissertation in practice. The semi-structured interviews allowed for the researcher to ask follow up questions such as, “Could you tell me more about that.” Allowing for follow-up questions and ending with the question asking if participants had anything more to add allowed the participants with the opportunity to share their lived experiences in depth. Of the six interviews, the average length of the interviews was 36 minutes.

The procedures for preparing and conducting observations suggested by Creswell and Poth (2018) served as a guide for the observations. An observation protocol was used to take notes and record information throughout each observation. The observational notes provided additional rich information for the phenomenological research study by confirming or adding color and detail what was found in the interviews. Observations took place between May 14 and May 30, 2020, and were an average of 32 minutes. Observations were conducted virtually, and the researcher did not engage with the therapist or client during the therapy session. To avoid being a distraction to the participants, the researcher's screen and audio were muted during therapy sessions. No recordings of the observations took place. Data collection ceased when data saturation was obtained in which no new themes arose from the data.

Upon completion of each interview and observation, the interviews were transcribed using the NVivo 12 program. After interviews were transcribed in the NVivo 12 software, the researcher checked the transcriptions for accuracy by reading through them while listening to recordings. This process was done twice for each interview to ensure accuracy. This was an important step as mistakes were found within the

transcriptions. For example, the NVivo 12 software commonly mistranscribed the words SoonerStart, transdisciplinary, and services.

Ethical Considerations

Prior to participant recruitment and data collection, IRB approval was obtained through Creighton University (Appendix E) and Oklahoma State Department of Health (Appendix F) as an exempt status study. Roberts (2010) discussed the ethical concerns of using human subjects in research. Two significant steps to avoid ethical issues with human subjects are to ensure that all participants are aware of and understand the research they are participating in and that their confidentiality is maintained. An information letter and participant bill of rights were given to each participant, which describes the purpose of the research investigation and the participant's rights throughout the investigation (See Appendix D). To help maintain confidentiality, Roberts (2010) suggested using a numerical or alphabetical representation in exchange for participants' names when analyzing the data. All identifying information was protected during the research investigation and deleted after the results were reported and the dissertation in practice was completed. All information was stored, without identifiers, on a password-protected computer and will be discarded upon completion of the study.

Data Analysis

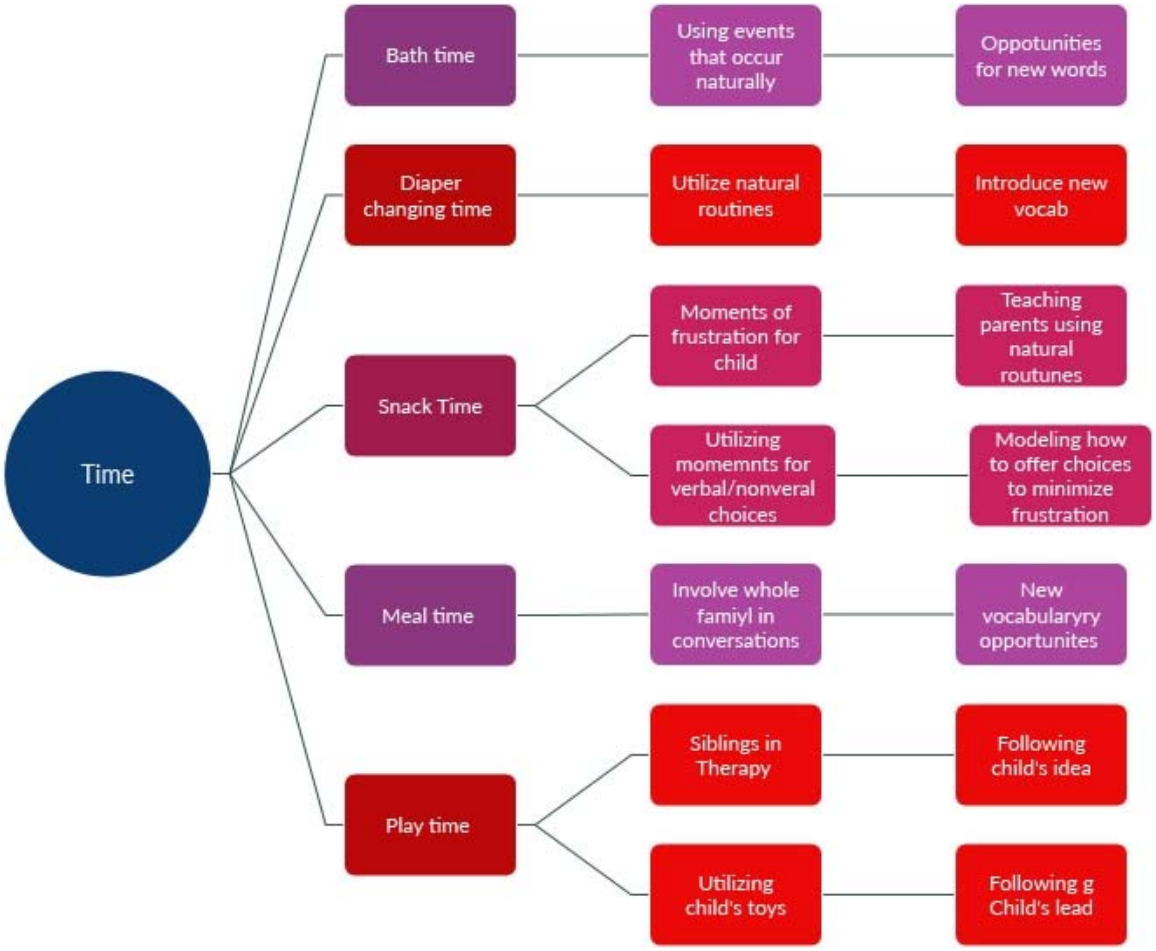
The steps discussed by Creswell and Poth (2018) provided general guidance for analyzing phenomenological data. Once interviews were uploaded and transcribed in the NVivo 12 program, transcriptions were double-checked by reading along with the recordings to ensure accuracy. Transcriptions were first checked in comparison to the recordings in Zoom and then crosschecked with the recordings on the handheld device.

A total of 52 pages double spaced transcripts were reviewed by the researcher in NVivo 12 software. The data was then coded inductively using the NVivo 12 program. Inductive coding means that a set of codes was not predetermined as the text was analyzed to identify appropriate codes (Thomas, 2006). For this analysis, the auto coding feature was used to generate nodes and themes. Auto coding in NVivo stores nodes by going through the transcription line-by-line and finding patterns within the responses to group common nodes by theme. Initially, 124 codes or nodes were coded into 79 groups or narrow themes. The codes and themes were then stored in a codebook created in the NVivo 12 program to help with organization of the codes and themes. Initially, many of the themes could be combined to create broader themes to represent the information described within the interviews. Some coded themes were very similar and therefore easily combined, such as "environment" vs. "environments." Then to dig deeper, codes were manually combined in the NVivo 12 program that represented similarities in the text. The researcher selected a code and used the reference tool in the NVivo 12 program to determine the exact text represented by the code within the interviews. Then, the researcher was further able to combine codes to represent broader themes. For example, the themes, routines, lead, activities, time, including the nodes diaper change time, bath time, mealtime, snack time, family time, etc., were all combined into one broad theme of 'time' which ultimately helped create the theme Maximizing Natural Routines and subtheme Following the Child's Lead. After reviewing all of the themes existing within the broad theme of 'time', the researcher used thinking maps to organize themes and create a theme and subtheme which more appropriately described the information shared

by participants. See Figure 1 below for an example of a thinking map used for appropriately theming the nodes created in the NVivo auto code feature.

Figure 1

Thinking Map



For example, within the initial theme of time included diaper changing time, bath time, mealtime, snack time, and playtime. Using the reference feature in NVivo 12 allowed the researcher to pinpoint where in the interviews each node or code derived from. Connecting the nodes to the example in conversation allowed the researcher to create broader themes to appropriately label the data. In this scenario, the theme

Maximizing Natural Routines was created to best capture the nodes represented in the NVivo software such as bath time, diaper changing time, snack time, meal time, play time, as each of these were noted during interviews when participants mentioned the importance of using natural routines. Likewise, Following the Child's Lead became a subtheme to represent the themes within 'time' that did not appropriately fit in Maximizing Natural Routines. These thinking maps were used by the researcher to help organize the nodes or codes to create broader themes that captured the essence of the interviews.

Then, a full-text word frequency query in the NVivo 12 program, which calculates the number of times each word is used, helped develop the emerging themes and similar group nodes. Using the word query feature also allowed for more manual coding, as in combining automatic codes and renaming, that represented interesting mutual comments between participants. Code names were used that captured the importance of the texts. Redundant information or units were discarded, and only significant units of information were used to theme data by categorizing the nodes using the NVivo 12 (Groenewald, 2014). For example, question two asked participants to describe how they used a client's home-environment to promote optimal speech and language output. All participants mentioned the use of materials already in the home or natural routines that took place within the home setting. For example, participant A mentioned using the furniture, participant B mentioned using diaper changing time, and participant C mentioned using toys available in the home. All of the natural routines mentioned are great examples of how the therapists use existing materials and routines in the home; however, the auto coding in the NVivo 12 program did not generate a specific

node to represent the natural routines used within in-home therapy, which is a great example why data analysis programs continue to require human oversight. In other words, an overreliance merely on the frequency of a word or an idea is not sufficient to identify underlying experiences and themes, but instead, a combination of manual and program-aided coding led to the creation of the study's overall themes.

Next, the researcher reviewed the coded data to make sure it is relevant and reviewed the transcriptions for any other possible codes that could have been missed. Sundler et al. (2019) explain the importance of adequately naming themes so that they reflect the significant meaning of the content. It is also important to not simply restate interview questions as themes, which is a common error in phenomenology research, as noted in the article by Maguire & Delahunt (2017). There was not a specific number of desired themes for this dissertation in practice as the purpose of the research investigation is to determine the type of approaches used in home-based therapy and how well professionals are prepared for working in this unique setting. Then, observations were used to support interview findings.

Next, the notes from observations were reviewed and compared to the data found within the interview transcriptions. The observations helped support themes that arose from interviews. For example, all interviews mentioned the importance of mentoring parents so that parents can provide supports for the child every day in their natural environment, and in each observation, the therapist took the time to give caregivers tips of addressing speech goals in their everyday routines. Overall, the data analysis resulted in five common themes and three subthemes. The themes were then used to describe the

experience, as well as the essence of the experience, of early-intervention speech-language pathologists working in the in-home setting.

Reliability and Validity

Validity was established by following the research methodology procedures and writing detailed, thick descriptions of the interviews and observations to help illustrate the lived experiences of the participating speech-language pathologists (Simon & Goes, 2016). Research reliability for this dissertation in practice was strengthened by double recording interviews via a handheld device and Zoom and double-checking interview transcriptions on the NVivo 12 program. Bracketing was used, which is the process researchers use to set aside the presuppositions towards research topics and helped the researcher navigate the interview transcriptions and notes without bias (Groenewald, 2014; Creswell & Poth, 2018). For example, I actively acknowledged my personal experiences and knowledge about previous research when analyzing the data by keeping a bracketing journal to note any past experience or biases that come to mind throughout the research process, which will be noted in the report of data.

Summary

A qualitative research investigation, specifically one using a phenomenological approach, allowed me to adequately study the research question, "How do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy?" Phenomenological research allowed the researcher to investigate the lived experiences of individuals through interviews and observation collection. Using a phenomenological approach enabled investigation of the problem through the stories of individuals who have worked

in the early-intervention setting of speech-language pathology. The sample size included five participants who are appropriate for phenomenological-type research in keeping with Creswell and Poth (2018). Recruitment for the sample was conducted through contact with the SoonerStart program. The sample included speech-language pathologists working in the early-intervention SoonerStart program for at least five years to ensure they have adequate experience within the early-intervention setting and full licensure. Upon selection of participants, interviews were carried out, and the qualitative data was analyzed and themed accordingly using the NVivo 12 program and some manual coding.

First, all interviews were transcribed using the NVivo 12 program, and transcriptions were coded within the program to find common themes. The researcher reviewed all codes and discarded redundant ones. Codes were validated using the observations conducted by the researcher, which helped support the data. The results were reported in the dissertation in practice and will provide more information for the field of speech-language pathology on the topic of early-intervention.

CHAPTER FOUR: RESULTS AND FINDINGS

This qualitative research study aimed to identify common themes among the approaches used by early-intervention speech-language pathologists navigating the unique circumstances that arise when working in clients' homes to provide recommendations for speech-language pathologists working in the early-intervention setting. The findings may help the field of speech-language pathology by answering the following research questions:

1. How do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy?

2. How prepared do speech-language pathologists feel when entering the setting of in-home early intervention?

Research Results and Findings

The data analysis and theming process resulted in five common themes and three subthemes reflecting the experiences of early-intervention speech-language pathologists working for the Oklahoma SoonerStart program. The themes and subthemes were informed by participant interviews as well as observations conducted as the researcher was able to witness how early-intervention speech-language pathologists navigate their unique work setting. The themes and subthemes were Maximizing Natural Routines with the subtheme of Follow the Child's Lead, Fear of Own Safety, Open Communication with Parents with the subtheme Speech-Language Pathologist as a Mentor, Transdisciplinary Approach, and Successful Internships and Clinical Experiences with the subtheme of Need for Better Access to Continuing Education. The following sections

describe each theme and relevant subtheme and provide illustrative experiences and quotations from the study's participants.

Maximizing Natural Routines

The first theme that resulted from data analysis was, Maximizing Natural Routines. Maximizing Natural Routines refers to using therapy materials already existent within the home and using routines that occur naturally in the home, such as snack time, to promote optimal speech-language opportunities. Each of the five participants mentioned this in their interviews, and it was also observed during all therapy observations. For example, Participant A stated, "If I'm working on requesting, I might use furniture and get a toy out of reach. And if they can't reach it, modeling more or if they say go then move the car up and down." Likewise, participant C mentioned, "I use the items that are in the child's home environment. That may be, you know, their toys and maybe their sippy cup versus just a generic sippy cup." In the observations, even though therapy sessions were completed remotely due to COVID-19, each participant let the child pick something within their environment to engage with and used that item to target speech and language output. Using a child's natural environment helped the children engage in the therapy session even while conducted via teletherapy. Before observing SoonerStart teletherapy sessions, my own biases arose, assuming that children would have a difficult time attending to tasks without the therapist physically present. Contrary to personal biases and beliefs, all participants mentioned the benefit of using a child's natural environment and were observed gaining the child's attention using the toys and materials the child was interested in within their environment. Though participants mentioned challenges to conducting therapy in home environments, such as a fear of own

safety, the therapists were able to maximize the child's environment to meet the therapy session's goals. Based on interviews and observations, utilizing the child's natural environment and daily routines helped the child engage in the therapy session.

Follow the Child's Lead

A subtheme that arose from the theme of Maximizing Natural Routines was, Follow the Child's Lead. All of the participants mentioned the importance of following a child's lead to help hold their attention in their natural environments. For example, participant C stated:

> We follow the child's lead. What are they interested in today? What are they doing? Let's follow them physically. Let's follow that. Let's get into what they're doing. Let's imitate what they're doing. Show them how we can use some contingent imitation to kind of help them learn imitation.

Likewise, participant A mentioned:

> Whatever their interest is, try to use that, because if they're not interested, they're not going to want to participate, and they're not going to
> attend to even be able to catch what you're saying and take it in. Try to imitate or try to make a word association.

Working in a child's home environment can be challenging because therapists are stepping into the child's environment. However, following a child's lead during therapy sessions allows the therapist to share control with the child.

Fear of Own Safety

Fear of Own Safety was the second common theme identified through data analysis. Fear of Own Safety refers to the participants' feelings of safety within their

unique job setting. Four out of the five participants mentioned some sort of safety concern or negative experience going into the home environments alone. Participants A and C mentioned extreme cases in which a male in the home-made inappropriate comments such as:

> All he would call me every time we ever met was a sexy little thing. And it was just very inappropriate. And then I would try to engage the child or play with the child because he kept asking me about my sex life.

Participants E and F both mentioned a fear of being alone in homes that were unclean or appeared unsafe for the child. Similarly, Participant C mentioned being uncomfortable with certain family members in homes and stated:

> I had one uncle of the child who was working with that, and I guess had told all of his friends in the neighborhood I was his girlfriend. I would show up to the house every week, and he would come in, and he would sit silently through my entire session in the living room. And then one day I pulled up, and he was out on the porch, I guess, waiting for me and one of the other guys in the neighborhood drove by was like, hey, is that or is that your girl?

Only one participant mentioned that she did not have to experience some of those negative situations that were common among her colleagues. Although four out of the five participants mentioned a fear of their own safety, each mentioned feeling supported by their early-intervention team. For example, Participant B stated:

> I'll go back to our staff meeting and staff with our team. Sometimes they will come out with me to a visit so that I'm not alone. And then sometimes we've even with some families due to if I didn't feel safe about the situation or if perhaps, you

know, I had one family that had bedbugs. And so, we will meet out within the community. And it's the great thing about SoonerStart; we use the environment. Whatever that may be. We can meet at a library any place like that.

The mentions of fears and uncomfortableness experienced by in-home early-interventionists help support the importance of the second theme that arose from the data, Fear of Own Safety as it is specifically unique to this work setting.

Open Communication with Parents

The third common theme that relates to research question one is Open Communication with Parents, with the subtheme of Speech-Language Pathologist as a Mentor. This theme and subthemes refer to how therapists engage with not only the client but also the caregivers or family members who participate in the child's natural environment. All participants mentioned experiences which contributed to this theme and subtheme in their interviews. For example, Participant E stated:

When giving information to family members. And that can be mom and dad. Sometimes it's the grandparents that are, you know, in the home living there, you know, watching the child for a child. It can be all kinds of family members. But usually, just, you know, we're sharing information verbally during our visits.

Establishing this open-communication with parents helps the early-intervention speech-language pathologists include the family in therapy. Including parents in therapy can be physical, including them in the sessions or giving them handouts that discuss important topics in their child's development. For example, participant C stated:

There are times when I will position myself in a certain place, and I'll explain to the parents kind of why I'm positioning myself the way I am or why I'm choosing

> to model something the way I model to the child. And then I like to have the parents try it as well. So, I invite them to try and say, ‘why don't you try it next and see how that feels.

This provides a great example of how therapists openly communicate to involve parents during therapy sessions. Some of the participants mentioned that it is important to know what type of information is best received by the parent, so they simply ask them how they would like to be included. It was also mentioned that some parents do not read well, which is important to know so they can best establish a rapport with the parent and make them feel included as a team member. Each participant was also observed to openly communicate with parents during the session. They each asked for and gave the parents time to express language progress or concerns that arose since the previous session. This allowed parents time to express their needs and frustrations. For example, a parent in participant B’s observation mentioned that her child was still having difficulty expressing needs, 'like what he wants to eat or do, and those instances often result in fits or outbursts'. The participant gave her feedback as to how to handle those situations and minimize negative reactions by offering choices.

Information found within the literature review section supports the idea that in-home early-intervention provides a team approach, like including parents in therapy sessions, that promote optimal speech and language output (Wu et al., 2014). Understanding the importance of open communication with parents helps the field of speech-language pathology understand the importance of a team approach for successful intervention with the child, and the team approach includes the parents or caregivers.

Speech-Language Pathologist as a Mentor

A subtheme of Open Communication with Parents is Speech-Language Pathologist as a Mentor. Each participant mentioned several times throughout the interview process that in their position of early-intervention, they see themselves as a coach or mentor to the parents and families they work with. For example, Participant B stated:

> Overall, you know, if we can train the parents and the parents buy into it, you know, that's our job is to educate and empower these families so that they can help their own children. Those kids can get therapy every day, all day long, versus once a week. And, you know, really makes a difference.

Participant F described her mentor role as:

> They might see me kind of like a teacher. One thing I really love, because we go into the homes, a lot of people will confide that they feel closer relationships to us than those that they might meet in a more formal environment.

This close relationship is developed by working in families' homes and allows an early-intervention speech-language pathologist to better serve as a mentor to parents. This is another component that is unique to speech-language pathologists working in the early-intervention setting, such as SoonerStart. In other settings, speech-language pathologists may rarely interact with the clients' parents, whereas, with SoonerStart or early-intervention programs, parent interaction is the rationale for this approach.

Each participant mentioned how important their role is in the lives of the child but also for the child's parents or caregivers. For example. Participant A said, "Well, I think my role is just to empower these parents and give them information and educate

them on how they can best help their child." Each participant was observed to mentor parents throughout therapy sessions. For example, each therapist took time during their therapy session to give an example of how to model language to their child. The therapists explained and showed the parent how to use the model and then allowed the parent time to demonstrate the language model during the therapy session. These examples capture the important role speech-language pathologists play in family's lives and extends the role beyond just communicating with parents as all participants mentioned a feeling of being a coach or mentor for the families they serve.

Transdisciplinary Approach

The transdisciplinary approach is the fourth common theme found amongst the research participants' interviews. Transdisciplinary was a word frequently used within each interview. As it relates to this theme, transdisciplinary approach refers to the team approach taken by early-interventionists working in SoonerStart. All five participants mentioned within their interviews that they appreciate the transdisciplinary or team approach that SoonerStart provided. Participant E mentioned:

> How to incorporate information from other disciplines too, like how to how to use that to inform my own practice. To kill a couple of birds with one stone, so to speak. I like the way that the one provider being as point of contact who can then pull in different areas of expertise as needed.

Likewise, participant A stated:

> What I have liked I would say about it is a whole team approach that we can really consult with a variety of disciplines. And, you know, that family has access

> to lots of services through SoonerStart, whether big nursing or, you know, O.T. or PTA or child development services or audiology or whatever it may be.

These examples indicate how valuable a transdisciplinary approach is to the early-intervention speech-language pathologists. Unlike many other settings speech-language pathologists work in, this particular setting is established by a whole team approach. Speech-language pathologists working in early-intervention work closely with their colleagues to meet the unique needs of each client. Without using a transdisciplinary team approach, it would be more difficult for speech-language pathologists to treat the child as a whole and make optimal progress.

This theme is supported by findings within the literature review that indicate the importance of taking a collaborative approach to early-intervention as found by Wu et al. (2014). This transdisciplinary approach is something that is especially unique to the lived experiences of speech-language pathologists working in the in-home setting as programs like SoonerStart are used to utilizing team approaches to benefit child's outcomes. For example, participant C stated:

> I like the way that the one provider is a point of contact who can then pull in different areas of expertise as needed. We can get a consult in. Or I can just staff it with someone in the office and, you know, to a certain extent I can share that information. There are lots of other questions that the parents have. And so, I find that sometimes I'm addressing tummy time, or sometimes we're addressing some supported sitting. And, you know, I'm surprised at how comfortable I have become knowing where to get that information and how to share that information

> and then knowing when I need to call in a different discipline when it is more than I can handle.

If there is a concern or question about a topic that is not speech or language, the speech-language pathologist can easily consult another therapist or provider on the early-intervention team.

Successful Internships and Clinical Experiences

The fifth common theme is Successful Internships and Clinical Experiences with the subtheme Need for Better Access to Continuing Education. Three of the participants mentioned that they've worked in SoonerStart for over 25 years; therefore, when they started, SoonerStart was relatively new, and they did not learn a lot of information about early-intervention in graduate school. However, the other two participants, although they have not worked in SoonerStart for nearly as long as the other three, mentioned that they learned more from the internships or clinical experiences than they did in the graduate classroom. Participant F has worked for SoonerStart for five years and stated:

> I had some supervisors who had actually previously worked in early-intervention guiding me with those kiddos and they kind of modeled that for me. One actually came in and kind of helped me and would talk with the parent afterwards with myself.

Participant B worked within the field of early-intervention for over 25 years and described her preparation for the field as:

> I said my last internship was doing early intervention and in-home services. So that was really helpful that they really kind of encouraged us to find out, especially our last placement, whatever it is we thought we most wanted to do, the

> setting that we most wanted to go into if we found an employer who was interested in possibly continuing with employment after the fact.

These experiences explain how early-intervention speech-language pathologists feel when entering the field. Three of the participants mentioned not receiving much coursework related to the topic of early-intervention; however, they were able to gain experiences through their internship rotations. The research findings show that professionals overall felt unprepared for working in the early-intervention setting, similarly to Crais et al. (2004). Successful Internships and Clinical Experiences relates to the discussion within the literature review that real-world experiences help graduate students feel more prepared, which is why ASHA requires graduate school programs to offer these opportunities (Barton et al., 2012).

Need for Better Access to Continuing Education

One interview question asked participants about their preparation for the field and about how available continuing education courses are on the topic of early-intervention. From these experiences, the subtheme Need for Better Access to Continuing Education arose. Four out of the five participants mentioned that over the years, it has gotten easier to find courses related to early-intervention for continuing education; however, they are not as readily available as other topics such as school-aged children. For example, Participant B explained:

> It's definitely harder overall but easier now than it's ever been. Back when I first started work, because it was so many years ago, it was really hard to find a lot of trainings that were related to my occupation and expertise that I serve now. I

would still say it's less compared to the whole, but. But you can find them. It's getting better over the years.

Similarly, Participant C stated, “More towards school age or private practice or clinical populations. There isn’t as much research that was openly available for use with early intervention.”

The subtheme, Need for Better Access to Continuing Education, illustrates how early-intervention speech-language pathologists are now experiencing more access to appropriate continuing education courses than years before. This helps them to prepare and adapt to working in the unique environment of early-intervention.

Summary

Overall, these five themes and three subthemes highlight the experiences of working within families’ homes as an early-intervention speech-language pathologist. Maximizing Natural Routines with the subtheme of Follow the Child’s Lead, Fear of Own Safety, Open Communication with Parents with the subtheme SLP as a Mentor, Transdisciplinary Approach, and Successful Internships and Clinical Experience with the subtheme of Need for Better Access to Continuing Education exemplify how speech-language pathologists navigate the unique circumstances of working within the home. One them and one subtheme answer the second research question, how prepared do speech-language pathologists feel when entering the setting of in-home early intervention?

Synthesis of Research Findings: Research Question 1

The first research question was ‘How do speech-language pathologists navigate the unique circumstances that occur in clients’ natural environments when conducting in-

home early-intervention therapy?" in which the following themes and subthemes were examined together to answer the question based on the lived experiences of early-intervention speech-language pathologists:

- Maximizing Natural Routines with the subtheme of Follow the Child's Lead
- Fear of Own Safety
- Open Communication with Parents with the subtheme of SLP as a Mentor
- Transdisciplinary Approach.

Each of these four themes and two subthemes illustrate how speech-language pathologists working in home environments utilize the natural setting and shift their therapeutic approaches to address unique circumstances that arise, like fear of own safety and how to include family members within their therapy sessions.

The evidence found in the literature review and data collected in interviews and observations are used to support the idea that the above themes and subthemes answer the first research question in this dissertation in practice. For example, all participants mentioned how they utilize items within home environments to help capture children's attention and promote optimal learning opportunities for the child. Observations conducted all supported this theme. Participants used a variety of methods within the home such as, children's toys, including parents and siblings in therapy, and naturally occurring routines as opportunities for teaching parents and also holding the child's attention. Observations conducted all supported this theme. For example, each observation showed how speech-language pathologists mentor parents by giving them ideas of how to address language during the natural everyday routines of the child such as mealtime and bath time. This information supports data found in the literature review,

like that from Cheslock and Kahn (2011), promoting the importance of using natural environments and also allowed the researcher to use these experiences to create recommendations for current and future SoonerStart early-interventionists.

Four out of the five participants mentioned a fear of safety that occurred when being alone in other people's home environments, which is something that is unique to in-home early-intervention speech-language pathologists. Participants mentioned they navigate this unique circumstance by consulting their team members or not returning to the home alone. One therapist even mentioned that if she feels too uncomfortable entering a child's home, she suggests a meeting spot somewhere in the community that is also part of a child's natural routine, like the library. That way, she remains feeling confident and not distracted by her fear, and the child is still receiving services in a natural environment. This is one theme that was not able to be confirmed by any of the observations due to teletherapy being used due to COVID-19. Understanding this fear of safety provides important evidence for the SoonerStart program as to how to navigate these events that may occur. In addition to protection, The SoonerStart program would benefit from the inclusion of mentorship opportunities for current and future employees to help build confidence and a sense of security when entering homes alone.

Understanding how parents communicate as well as how parents best interpret communication was a topic mentioned by each participant. For example, two therapists mentioned how it's important to know if a parent can read or not before leaving handouts or therapy notes for their review. All five participants also mentioned that communicating with parents during therapy sessions and including them in therapy allowed for the opportunity to mentor or coach them as to how to use things like child-

directed speech or how to set up learning opportunities for their child using the resources in their own home. Each participant mentioned that their purpose of early-intervention goes beyond the outcomes of the child and allows them to train and empower parents. This was also observed during the therapy observations.

Each of the participants was observed mentoring the parent by providing them with information on how to handle situations outside of therapy, such as what to do when the child is having a tantrum, as well as providing them with feedback as to how to engage the child during the therapy session. Though it is a goal of the SoonerStart program to empower families, this was confirmed in interviews and observations, which is also supported by the information found within the literature review of the important roles family members play in a child's speech and language development. This information on how to best communicate with parents offers significant information to current and future SoonerStart employees.

Lastly, each participant mentioned the uniqueness of the transdisciplinary approach used by SoonerStart. Using a team approach for the child allowed the speech-language pathologists to help families in other areas besides just speech. For example, two participants mentioned experiences of bringing in a physical therapist for a consult when there was a concern about gross motor skills. Participants also mentioned how using a transdisciplinary approach allowed for parents to feel more supported. Although no observations directly showed a transdisciplinary approach, three of the five participants asked about other disciplines and how things were going within those disciplines. For example, participant C asked about audiology services currently being provided and how their follow-up appointment with the audiologist went. This

information found was a significant component of the dissertation in practice as much of the literature review found that therapists often did not gain experience in using transdisciplinary approaches prior to entering the professional field. The data supports recommendations for the SoonerStart program on the topic of transdisciplinary approaches.

These supporting examples in the interviews and observations provide support for the themes and subthemes created with the findings of the data, which help answer the first research question for this dissertation in practice. Although data does not reveal new information about early-intervention, they help support the findings in the literature review and provides a detailed description of the lived experiences of early-intervention speech-language pathologists, which are used to provide recommendations for SoonerStart employees.

See Table 1 for more examples from the participant interviews that provide support for each theme and subtheme.

Table 1

Research Question 1 Common Themes and Subthemes

Theme	Subtheme	Example
Maximizing Natural Routines		"So, it could be something as simple as the child, which this happens all the time. The child goes to the fridge and they're, you know, getting frustrated, having a temper tantrum because they can't communicate what they want. We kind of take that opportunity to mentor the parents through some Strategies of how they might help that child

		communicate to them, whether it be verbal or verbal, always mentally working or verbal, if they're able do some strategies to get into place and have the parents try help that child, something as simple as just using that routine that happened as it naturally occurred in the home.”
	Follow the Child’s Lead	“A lot of times, you know, their siblings that are distracting and they will want to pay more attention to the sibling. And I will utilize siblings and I'll make them your models.”
Open Communication with Parents		“Depends on the family. When I start working with families, I like to kind of check in with them to see what their learning style is. Hey, if I were to bring you some handouts on something is that something you'd be comfortable with? Do you like that?”
	SLP as a Mentor	“When giving information, the early intervention model, that is kind of the expectation. is that they're going to be participants in their child's therapy, my job is to try really to train the family on what to do and how to do it, to provide them with the techniques and things that I'm using with their child that seemed to be successful.”

Transdisciplinary Approach	"You know, back in the beginning, there wasn't a whole transdisciplinary approach. And that was a little hard for me initially because I don't have a degree in PT. I'm not a PT. Right. I'm a speech pathologist. And so, you know, I quickly learned, you know, we can suggest some basic things, but if it's like a real big problem, then, you know, we just consult in, you know, together provide therapy."

Synthesis of Research Findings: Research Question 2

As part of this dissertation in practice, the second research question aimed to answer how prepared speech-language pathologists feel when entering the unique setting of in-home early-intervention. The data collected through interviews and observations revealed one theme and subtheme related to research question two, Successful Clinical and Internship Experiences with the subtheme of Need for Better Access to Continuing Education. This theme and subtheme help answer the second research question, and although they could not be observed during the therapy observation, they still provide substantial information for a recommendation for SoonerStart employees.

Participants mentioned that access to early-intervention internships or clinical experiences influenced how prepared they felt for the field more so than the actual graduate coursework provided by their graduate schools. Two participants had the opportunity to participate in internships within the then field of early-intervention, and only one other participant had a supervisor with experience in early-intervention, meaning only 2/5ths of the participants actually participated in early-intervention

internships. This information supports the idea that Successful Clinical and Internship Experiences are key components to feeling prepared for working within the early-intervention setting upon graduation.

Participants also mentioned that access to continuing education courses on the topic of early-intervention has gotten better over the years; however, there continues to be a lack of professional development on this topic compared to other topics relevant to the field of speech-language pathology. All participants mentioned in their interviews that continuing education tends to be more geared towards school-aged children or therapists working in a clinical setting. Though three participants mentioned that it is getting easier to find access to continuing education courses, they all mentioned the inconsistencies in early-intervention compared to other settings supports the need for more access to continuing education for early-intervention speech-language pathologists.

Overall, these supporting examples provide evidence for the themes that arose from data collection that answer the second research question, how prepared speech-language pathologists feel when entering the unique setting of in-home early-intervention. The themes are used for providing further recommendations for SoonerStart employees.

See Table 2 for more examples from the participant interviews that provide support for each theme and subtheme.

Table 2

Research Question 2 Common Themes and Subtheme

Theme	Subtheme	Example
Successful Internships and Clinical Experiences		"I went to OSU and there is speech clinic there, and I had several preschool kiddos, I think three, which at this stage doesn't sound like a lot, but when you're a grad student, no experience of kiddos, it was. And I had some supervisors who had actually previously worked in early intervention guiding me with those kiddos and they kind of modeled therapy and actually came in and helped me and would talk with the parent afterward with myself."
	Need for Better Access to Continuing Education	"Unfortunately, within our program, there isn't financial support for those (continuing education) unless it's something like within the system (SoonerStart).

Summary

The findings from the data collected for this dissertation in practice answer the research questions of how early-intervention speech-language pathologists navigate the unique circumstances that arise when working in clients' homes and how well-prepared speech-language pathologists feel when entering the early-intervention setting. The five common themes and three subthemes describe the lived experiences of in-home early-intervention speech-language pathologists, which is why a phenomenological approach

was chosen. Understanding the experiences is crucial for the field of speech-language pathology. The five common themes and three subthemes found in data collection influence recommendations and proposed solutions for the field of speech-language pathology.

CHAPTER FIVE: PROPOSED SOLUTION AND IMPLICATIONS

The literature review indicates the lack of peer-reviewed work in the area of early intervention and how unfortunate it is for the field of speech-language pathology because early-intervention targets children from birth to age three, which is a critical window for acquiring speech and language skills (Marshall & Lewis, 2014). This dissertation in practice provides a better understanding of the unique circumstances that occur when conducting family-centered therapy, and the findings will enable professionals with some additional tools to navigate early-intervention approaches to promote optimal success for this at-risk population. This chapter will address the study's aim by recommending a proposed solution and implementation of the solution and use leadership-related implications for executing the solution for the field of in-home early-intervention speech-language pathology.

Aim of the Study

This qualitative research study aimed to create recommendations for speech-language pathologists navigating unique circumstances that arise when working in the setting of in-home early-intervention. The findings will help the field of speech-language pathology by providing more information on successful early-intervention approaches for professionals working in the in-home early-intervention setting generally, but more specifically for the SoonerStart Program.

Proposed Solution

The five common themes and three subthemes that arose from the findings, Maximizing Natural Routines, Follow the Child's Lead, Fear of Own Safety, Open Communication with Parents, Speech-language Pathologist as a Mentor,

Transdisciplinary Approach, Successful Internships and Clinical Experience, and Need for Better Access to Continuing Education provide additional information on successful early-intervention approaches for speech-language pathologists working in the in-home early-intervention setting. These findings inform a set of recommendations for the field of speech-language pathology, specifically the in-home early-intervention setting for SoonerStart employees. Due to the methodology and the homogeneity of the interviews, these recommendations cannot be generalized for all speech-language pathologists; therefore, these recommendations are made specifically for new professionals and current professionals who work in the SoonerStart program. The results from the study, although not completely novice ideas, affirm the information and best practices found within the literature review. These findings and recommendations will be shared with the SoonerStart program for decision-makers within the program to determine how to implement recommendations for best practices. A set of recommendations are presented below for SoonerStart professionals.

Recommendations for SoonerStart Professionals

Based on the evidence found in the research study, recommendations were created to help and guide the Oklahoma SoonerStart program to promote optimal early-intervention therapy approaches and provide current and future staff with the support they need to be effective therapists. Three recommendations and their rationale are discussed in detail below and provide a plan for the Oklahoma SoonerStart Program to implement the suggested recommendations. These recommendations and implementation strategies will be shared with the lead therapist of the Tulsa area Oklahoma SoonerStart Program.

More Mentorship or Cohort Opportunities

To help with new graduates and new SLPs entering the setting of in-home early-intervention, it may be beneficial for SoonerStart to utilize a mentorship program for new employees. Even having smaller cohorts or teams within the SoonerStart program may help eliminate some of the fears of safety and other fears that may arise when working in home settings. Providing more mentorship or cohort opportunities within SoonerStart may also allow for more transdisciplinary practices, which, as reported in the literature review, is significant to the outcomes of this population at-risk (Bell et al., 2009). Likewise, when utilizing these mentorships or cohorts, these groups of therapists within the SoonerStart Program could be responsible for helping meet the security needs for that individual group. For examples, a group of professionals entering homes in higher crime rated neighborhoods may choose to utilize tools such as pepper spray to provide security while alone. Leaders within the SoonerStart program can use this recommendation along with the information found within the literature review on 'team and transdisciplinary approaches' to influence best practices in their work environment.

Rationale for More Mentorship or Cohort Opportunities

Kuhn and Marvin (2016) found that there is a lack of information regarding 'early-intervention therapy approaches' and the unique circumstances that may arise for this population of professionals. Some of these unique circumstances that arose from the data collected were the fears of safety that exist for employees. For example, four out of the five participants mentioned a fear of safety either from the child's environment or from caregivers within the home. Three of the participants mentioned verbal sexual assault from male figures present within the home. Therefore, aspiring early-intervention

speech-language pathologists need to be vigilant about their own safety. Although these fears are alarming and can be difficult circumstances to handle, each participant stressed the importance of utilizing their team members by reaching out to a colleague or supervisor if an uncomfortable situation occurs. This would also be an example of when a cohort or mentor may recommend or provide the use of pepper spray to provide additional security. Seasoned SLPs working within SoonerStart reported moments of fear for safety within their professional experiences of working within home settings. If experienced speech-language pathologists are reporting these situations, it may likely negatively influence new graduates from entering the unique and rewarding field of in-home early-intervention.

Providing More Continuing Education for SoonerStart Employees

Utilizing in-house continuing education courses like those previously offered would help SoonerStart ensure that their employees are using best and up-to-date practices, as well as gaining information on topics crucial to the setting of in-home early-intervention such as transdisciplinary approaches and how to utilize home environments for optimal speech-language output. For example, two participants mentioned that many years ago, SoonerStart would host continuing education courses onsite for employees specifically on the topic of early-intervention by flying out guest speakers and researchers in the field of early-intervention to train and inform the SoonerStart employees.

Rationale for Providing More Continuing Education for SoonerStart Employees

Similar to the evidence found in the literature review by Dacy (2014), study participants mentioned that there is still a lack of access to continuing education specific to the setting of early-intervention. Literature like this shows the previous struggle to find

appropriate continuing education on the topic of early-intervention; however, participants stated that it has gotten easier over the years. SoonerStart should support their employees and local governing bodies, and the Oklahoma Speech-language Hearing Association (OSHA) by partnering with them to ensure that there continues to be adequate access to early-intervention continuing education. ASHA and OSHA require continuing education to maintain licensure and, therefore, should have appropriate courses available for the professionals working in this unique setting. All participants mentioned that it is easier to find continuing education on various other topics related to speech-language pathology compared to the topic of early-intervention. Three of the five participants also mentioned that SoonerStart "back in the day" would offer in-house continuing education courses on the topic of early-intervention; however, they haven't had that access lately. The findings of this dissertation in practice help affirm the information found within the literature review on the importance of greater access to continuing education.

Partner with Local Universities to Provide More Access to Successful Clinical Internships

SoonerStart can establish connections with universities in Oklahoma to ensure that students interested in the setting of early-intervention have access to clinical internship experiences and also have the opportunities to observe therapy sessions to gain access and more information to this unique setting.

Rationale for Partner with Local Universities to Provide More Access to Successful Clinical Internships

According to the literature review, speech-language pathology students reported that they did not feel comfortable working with infants and toddlers (Bruder & Dunst, 2005). Likewise, participating SoonerStart speech-language pathologists in this study

mentioned that their graduate school coursework did not prepare them for the field of early-intervention as positive clinical internships did. This confirmation of the literature review illustrates that access to these clinical internships is crucial in molding speech-language pathology students for entering the field of early-intervention. SoonerStart should be aware that professionals are reporting more learning of early-intervention approaches from clinical experiences and internships as opposed to the classroom coursework. Three participants mentioned feeling underprepared for the early-intervention before receiving experience in their clinical internship. Understanding the important role internships and clinical experiences play in the graduate school journey will help programs ensure speech-language pathology students are gaining the experiences they need to be prepared to enter a field of early-intervention. Knowing that students are reporting a lack of preparation for the field of early-intervention is important for graduate school programs in the field of speech-language pathology because not every student may get the experience of early-intervention in an internship. More information regarding coursework on the topic may be needed to expose students to this unique setting of speech-language pathology. One participant mentioned she did not receive clinical experience in the field of early-intervention, but she did have a supervisor with experience in early-intervention, which helped shape her confidence and interest in the setting of early-intervention.

Implementation of the Proposed Solution

To best implement the proposed solution, I will share these three recommendations with SoonerStart Leadership, which is comprised of one team leader for the Tulsa and surrounding areas. Since the Oklahoma SoonerStart program is funded

by the Oklahoma State Department of Education, the SoonerStart team lead will likely need to first gain the support of the implementation of the recommendation of more continuing education as the State Department is the funding source for these opportunities. In the meantime, the Tulsa area team leader can work on setting up mentorships or cohorts for her early-intervention team. To help share the workload, the Tulsa area team leader should consider setting up a committee for establishing more connections with local universities for internship opportunities.

The data-driven proposed solution highlights three recommendations for professionals working in SoonerStart. Many of the early-intervention teams, like SoonerStart, are interdisciplinary, and the team lead should take the initiative to share the recommendations with team members to implement best practices. As participants mentioned in their interviews, navigating the field of in-home therapy services can be fearful due to being alone; however, all participants mentioned the security of having a close and reliable team. Two of the proposed recommendations, which are, implementation of cohorts or mentorships and partnering with local universities for more internship opportunities, can both be initiated by the Tulsa team leader. However, the lack of continuing education will need to gain higher up support from the stakeholders within the Oklahoma State Department of Education. Therefore, the Tulsa area SoonerStart team lead should advocate for more funding for continuing education and should share the recommendations and supporting evidence with stakeholders in the Oklahoma State Department of Education, such as State Superintendent of Education, Joy Hofmeister.

Successful implementation of the proposed solutions is dependent upon stakeholders and leaders within the Oklahoma State Department of Education and SoonerStart program. A team approach is needed to ensure speech-language pathology graduate students and current professionals are more prepared for the field and implementing best practices. Leaders and stakeholders within these organizations should establish open-communication systems with their teams, provide information on the recommendations in professional meetings and professional development, and follow up with team members to ensure the recommendations are being properly implemented.

Factors and Stakeholders Related to the Implementation of the Solution

To implement the recommendation of mentorship or cohort opportunities within the Tulsa area early-intervention team, the team lead should consider the size and disciplines within her team. Considering these factors will allow the Tulsa area team lead to develop a cohort or mentorship plan that provides current and new employees with the security of having a mentor or cohort to share ideas, frustrations, experiences, and fears for more security in the in-home early-intervention setting. To implement this recommendation, a team meeting would need to take place in which the Tulsa area team lead shares this information with her early-intervention team and provides a cohort or mentor for the employees.

Stakeholders in the Oklahoma State Department of Education, led by State Superintendent Joy Hofmeister and the Tulsa SoonerStart team leader, will need to consider the size, available time, and disciplines within their team before the implementation of more access to continuing education courses. Oklahoma Department of Education has experienced several budget cuts over the years, so gaining support for

more continuing education offered to SoonerStart employees could be difficult and take ample time and effort. However, although this recommendation may be difficult to implement, advocating for change and an increase in the state budget for SoonerStart continuing education is the first step in the implementation of this recommendation. To gain momentum, the Tulsa area team lead could encourage all SoonerStart employees to call or email State Superintendent, Joy Hofmeister, to share their concerns regarding the need for more continuing education for SoonerStart employees.

To best implement the proposed recommendation for partnering with local universities to establish more internship opportunities for students, the Tulsa area team leader should share the workload by creating a committee made up of employees who are most interested in mentoring students in internships. Establishing a committee for this allows the team leader to share the workload and encourage teamwork within the SoonerStart program. The committee created to establish more internship opportunities should contact local universities such as The University of Tulsa, Northeastern State University, and Oklahoma State University to build rapport with the department heads in the universities to gain more clinical interns in the field of early-intervention. Establishing these connections will be a crucial part of more students having early-intervention intern opportunities prior to graduation and enable them to feel more confident if entering the field of early-intervention.

Timeline for Implementation of the Solution

The implementation of timelines for the proposed solutions will vary depending on several factors including, time, size of the organization, and funding within the organization. For example, the Tulsa area team leader could begin implementing

mentorship or cohort opportunities soon after receiving the recommendations and evidence from the researcher. The Tulsa area team lead would just need time to consider her current team size and discipline before pairing or grouping employees to establish more security for employees. After the team lead has created the best mode of implementation of cohorts or mentorships, the team lead would need to set up a staff meeting to share the information and reasoning behind the design.

As stated previously, access to funding for more continuing education courses for SoonerStart employees is dependent upon stakeholders within the Oklahoma State Department of Education. This could result in the implementation of this step taking much effort and time for the Tulsa area team lead. To help their voices be heard, the Tulsa area team lead could share the information and data regarding the importance of better access to continuing education in a staffing and encourage employees to share their concerns with State Superintendent Joy Hofmeister. This step of contacting stakeholders within the Oklahoma State Department of Education is something that could happen shortly after recommendations are shared with the Tulsa area team leader.

To timeline for establishing more internship opportunities with local universities should not take more than a semester. This gives the Tulsa area team lead time to create a committee for working on establishing these connections. It also allows enough time for the committee members to complete any of the necessary paperwork needed to supervise student interns.

Although the timelines for implementation of the proposed solutions vary based on the recommendation, having a timeline as a guide will help the Tulsa area team lead not feel as overwhelmed with the information and data being shared by the researcher and

will hopefully result in more effective changes being established within the SoonerStart program to aide current and future employees.

Evaluating the Outcome of Implementing the Solution

To adequately assess the outcomes of the implementation of cohorts and mentorships, a survey could be used by the Tulsa area team lead. For example, the survey could be given out prior to the implementation of the mentorships or cohorts to gain more insight into the current feelings, both positive and negative, of SoonerStart employees. After a year of implementation of the mentorship or cohort opportunities, another survey could be used to compare to the prior data to know if employees are feeling increased support.

Evaluation of the recommendation of continuing education course is tricky as the implementation is in the stakeholders' hands and could be very timely. However, once or if continuing education funding is approved, team leads can use feedback about continuing education courses to decide if they were sufficient continuing education courses. This information would be important to gain prior to setting up additional continuing education courses as stakeholders would likely want to see if the finding for the courses is worth it. The Tulsa area team lead could use a questionnaire with a rating scale for employees to evaluate the continuing education course. The information gathered would also help the team leader know what areas of weakness need to be addressed by further continuing education courses.

Surveys could also be used by speech-language pathology program leaders, as in department heads, to describe students’ experiences upon implementation of more internship experiences in the area of early-intervention. Questions in the survey should

be created to find out about students' perceptions of their graduate school experience concerning their coursework, clinical experiences, and internships. The results of surveys will show if graduate programs and SoonerStart have successfully implemented the recommendations if students feel more confident in their early-intervention skills.

Implications

Practical Implications

This dissertation in practice offers the field of speech-language pathology with the appropriate insights for establishing best practices for the unique setting of in-home early-intervention and implementation of optimal speech-language therapy graduate programs. Understanding the unique setting of in-home early-intervention will allow professionals and aspiring professionals to navigate the unique circumstances that arise when working in clients' homes and how to use the natural materials and routines to promote optimal speech and language output.

The dissertation in practice can also help speech-language pathology graduate school programs understand the experiences of their students and address the appropriate areas of need to develop more well-rounded and prepared graduate students. Addressing the issue of adequate coursework and clinical experience on the topics of transdisciplinary approaches and early-intervention will help graduating students be more confident in these areas, which will hopefully result in more interest in the unique field of early-intervention. Providing more appropriate continuing education on the topic of early-intervention will enable to early-intervention setting to grow and adapt to an ever-growing field of study.

Overall, this dissertation in practice provides professionals working in the SoonerStart program as well as future employees, with rich qualitative data. The rich data support the phenomenon being studied by providing significant information for current and future employees to gain insight into the experiences and learn from their stories.

The research also supports recommendations created by the researcher for the SoonerStart program. Although it may take a lot of time for full implementation of the solution due to gaining approval from stakeholders, like the approval for more continuing education funding, the recommendations will overall strengthen the SoonerStart early-intervention team. The teams will hopefully be strengthened by the implementation of mentorships cohorts, more access to continuing education, and the establishment of internship opportunities for students. Strengthening the cohesiveness and knowledge of the SoonerStart early-interventionists is a crucial component to appropriately serving the at-risk population of clients in the SoonerStart program. The team approach and knowledge gained from continuing education courses will allow SoonerStart employees to serve their clients in a more informed manner. This more informed manner will potentially positively influence therapy approaches and interventions, which means that clients may have more successful outcomes. Literature indicates it is crucial for later developmental outcomes that children receive access to early-intervention services as soon as possible (Mcmanus et al., 2012). Therefore, these interventions must be appropriate and optimal. Optimal approaches and treatment methods to in-home early-intervention therapy, like understanding how to effectively utilize items and routines in the home, could be learned through more access to appropriate continuing education.

Without skilled speech-language pathologists in the area of early-intervention, more children are likely to continue to struggle with early developmental milestones as they enter school, which will be more of a burden on school districts.

Implications for Future Research

Future research related to the topic of in-home early-intervention could be conducted by comparing the in-home transdisciplinary approaches to traditional approaches. Data from research showing the difference in outcomes between traditional versus in-home approaches might help families understand the importance of in-home early-intervention as it is not always easy for professionals to explain to parents and caregivers. This data resulting from this dissertation in practice also yields new questions that could be investigated in future research studies. For example, upon completion of data analysis, I began to wonder what kind of data may result from similar studies in other disciplines like occupational therapy and physical therapy that also conduct therapy in home environments. A similar study in these specific disciplines would help provide additional and unique information to early-intervention teams. Likewise, the data also raised the question as to how different graduate school programs prepare students for the areas of in-home early-intervention. The participants mentioned the clinical experiences being the most effective; however, it would be interesting to survey schools across the country to determine how and to what effectiveness all programs are at preparing students in this area. Lastly, future research just like this dissertation in practice should be done on a broader scale to determine the perceptions of in-home early-interventionists across the country. This would allow professionals to learn from each other's'

experiences on a broader level, which may provide more optimal learning outcomes for professionals and aspiring professionals.

Implications for Leadership Theory and Practice

As mentioned in chapters one and two of this dissertation in practice, cura personalis is Jesuit charism described by Lowney (2005) that closely relates to this research investigation. Lowney (2005) described cura personalis as caring for the whole person. The data from this research investigation shows the importance of using a child's natural environment and daily routine to promote optimal speech and language output. Leaders in the field of speech-language pathology should ensure that professionals have the appropriate skills to work with this at-risk population for best practices and outcomes. The in-home early-intervention model is very different than traditional speech models as therapists conduct therapy alone in client's homes in an environment that is out of their control. Professionals must understand the importance of maximizing natural resources in the home to help parents and children in this unique setting.

The proposed solution suggests that leaders work with their team within their organization to successfully implement the recommendations. Implementing these recommendations allows professionals and aspiring professionals to use best practices when working in the early-intervention setting. Graduate school programs and early-intervention leaders cannot care for the whole person if they are not addressing these critical needs within the field of speech-language pathology. Organization leaders can address this need by providing meetings or professional development to implement successful early-intervention practices. Graduate school programs can help offer professional development courses on the topic of early-intervention that will prepare

students and professionals with the skills and information needed to implement best practices.

Summary of the Dissertation in Practice

The research investigation aimed to find common themes among the approaches used by early-intervention speech-language pathologists navigating the unique circumstances that arise when working in clients' homes to provide recommendations for fellow early-intervention speech-language pathologists. A phenomenological approach was chosen as this approach best allowed the researcher to portray the lived experiences of in-home early-intervention speech-language pathologists. Participants were recruited through the Oklahoma SoonerStart program and participated in an interview and observation. Due to Covid-19, all data collection was conducted remotely instead of in-person. The NVivo 12 program was used to transcribe the interviews and code the data into common themes. Data saturation was obtained after the completion of interviews and observations of five participants. The results and findings were then reported in the dissertation in practice, and recommendations were created for speech-language pathologists and speech-language pathology graduate school programs.

The findings showed that five common themes with three subthemes were found between the lived experiences of all participants. Four themes and two subthemes answered the first research question, how do speech-language pathologists navigate the unique circumstances that occur in clients' natural environments when conducting in-home early-intervention therapy? The themes Maximizing Natural Routines, Fear of Own Safety, Open Communication with Parents, Transdisciplinary Approach, and subthemes Follow the Child's Lead and Speech-language Pathologist as a Mentor exemplify the

lived experiences of early-intervention speech-language pathologists conducting therapy in clients' homes. The themes Successful Internship and Clinical Experiences and subtheme Need for Better Access to Continuing Education help explain how prepared early-intervention speech-language pathologists feel when entering this unique setting of work. Understanding the implications and experiences of working in clients' homes allowed the researcher to create a set of recommendations to benefit the field of speech-language pathology.

Based on findings and common themes, recommendations were created to help early-intervention speech-language pathologists entering the field of early-intervention and graduate school programs to help ensure that students are adequately prepared for the unique setting of early-intervention. Participants in this dissertation in practice mentioned being inadequately prepared for the early-intervention setting, and the recommendations might help eliminate fears that students and professionals have hindering their willingness to enter a rewarding setting of speech-language pathology. Not only will implementation of the recommendations increase the success of early-intervention speech-language pathologists, but it will also allow for more positive outcomes for early-intervention clients. When professionals understand how to best navigate the in-home early-intervention setting, they will be able to use the child's environment to promote optimal outcomes. Understanding these implications also allows transdisciplinary leaders in the field of early-intervention to practice cura personalis, care of the whole person, which was emphasized by Lowney (2005) as being a key component to successful leadership. Overall, this dissertation in practice helps the field of early-intervention speech-language pathology by providing more insight into the lived

experiences of these professions. Further research could compare findings in other state early-intervention programs to further create appropriate approaches to working with this unique population at-risk.

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Participant A, Research Interview, May 14, 2020

Participant B, Research Interview, May 15, 2020

Participant C, Research Interview, May 18, 2020

Participant E, Research Interview, May 22, 2020

Participant F, Research Interview, May 27, 2020

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Appendix A

Email for Participation in the Study to SoonerStart

To Whom It May Concern:

I am Caitlin Bruder, a doctoral student through the Creighton University in the Interdisciplinary Leadership Program. As a licensed Oklahoma Speech-Language Pathologist, I have chosen to investigate how early-intervention speech-language pathologists navigate the unique circumstances of conducting speech therapy in clients' homes. There is not much literature in the field of speech-language pathology regarding successful approaches to in-home early-intervention therapy and I aim to help bridge the gap to promote optimal success of early-intervention speech therapy services. Research will be conducted through an interview with each participant and observation of each participant during one therapy session.

Criteria for participation in the study is speech-language pathologists that have been licensed professionals working in the in-home early-intervention setting for at least 5 years.

If you have further questions about the research investigation or are interested in participation, please contact Caitlin Bruder at ctm78474@creighton.edu or 918-704-2760.

Thank you for your interest,

Caitlin Bruder, EdD Candidate, CCC-SLP

Appendix B

HIPAA CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

THIS AGREEMENT entered into this ____ day of _____, 20___, by and between Oklahoma SoonerStart hereafter this "Healthcare Facility" and _____ (name of Researcher), hereafter "Researcher", sets forth the terms and conditions under which information created or received by or on behalf of this Healthcare Facility (hereafter collectively referred to as protected health information or "PHI") may be used or disclosed under state law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter "HIPAA").

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the parties hereto, intending to be legally bound hereby, covenant and agree as follows: 1. All parties acknowledge that meaningful employment may or will necessitate disclosure of confidential information by this Healthcare Facility to the Employee and use of confidential information by the Researcher. Confidential information includes, but is not limited to, PHI, any information about patients or other employees, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about this Healthcare Facility or its patients that is not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns this Healthcare Facility's contractual relationships,

relates to this Healthcare Facility's competitive advantages, or is otherwise designated as confidential by this Healthcare Facility. 2. Disclosure and use of confidential information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks like Facebook™ or MySpace™ posting, magnetic or optical media, film, etc.).

The parties have entered into this Agreement to induce use and disclosure of confidential information and are relying on the covenants contained herein in making any such use or disclosure. This Healthcare Facility, not the Researcher, is the records owner under state law and the Researcher has no right or ownership interest in any confidential information. 3. Confidential information will not be used or disclosed by the Employee in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice's Notice of Privacy Practices, as amended; or other limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Researcher will use and access only the minimum amount of confidential information necessary to perform the Employee's duties and will not disclose Confidential information outside this Healthcare Facility unless expressly authorized in writing to do so by this Healthcare Facility.

All Confidential information received (or which may be received in the future) by Researcher will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as

authorized by this Healthcare Facility and will not be used other than in connection with the employment relationship. 4. The Researcher understands that he or she will be assigned a log-on code or password by Practice, which may be changed as this Healthcare Facility, in its sole discretion, sees fit. The Researcher will not change the log-on code or password without this Healthcare Facility's permission. Nor will the Researcher leave confidential information unattended (e.g., so that it remains visible on computer screens after the Researcher's use). The Employee agrees that his or her log-on code or password is equivalent to a legally-binding signature and will not be disclosed to or used by anyone other than the Researcher. Nor will the Employee use or even attempt to learn another person's log-on code or password. The Employee immediately will notify this Healthcare Facility's HIPAA Privacy Officer upon suspecting that his or her log-on code or password no longer is confidential. The Researcher agrees that all computer systems are the exclusive property of Practice and will not be used by the Researcher for any purpose unrelated to his or her research. The Researcher acknowledges that he or she has no right of privacy when using this Healthcare Facility's computer systems and that his or her computer use periodically will be monitored by this Healthcare Facility to ensure compliance with this Agreement and applicable law. 5. Immediately upon request by this Healthcare Facility, the Researcher will return all confidential information to this Healthcare Facility and will not retain any copies of any confidential information, except as otherwise expressly permitted in writing signed by this Healthcare Facility.

All confidential information, including copies thereof, will remain and be the exclusive property of this Healthcare Facility, unless otherwise required by applicable law. The Researcher understands that violating the terms of this Agreement may, in this Healthcare Facility's sole discretion, result in disciplinary action including termination of employment and/or legal action to prevent or recover damages for breach. Breach reporting is imperative. 6. The parties agree that any breach of any of the covenants or agreements set forth herein by the Researcher will result in irreparable injury to this Healthcare Facility for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, Practice will be entitled (in addition to any other rights and remedies which it may have at law or in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Employee and/or any other person involved from breaching this Agreement. 7.

This Agreement shall be binding upon and endure to the benefit of all parties hereto and to each of their successors, assigns, officers, agents, employees, shareholders and directors. This Agreement commences on the date set forth above and the terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of this Agreement unless the parties otherwise expressly agree in writing. 8. The parties agree that the interpretation, legal effect and enforcement of this Agreement shall be governed by the laws of the State and by execution hereof, each party agrees to the jurisdiction of the courts of the State. The parties agree that any suit arising out of or relation to this Agreement shall be brought in the county where this Healthcare Facility's principal place of business is

located. IN WITNESS WHEREOF, and intending to be legally bound, the parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand. EMPLOYEE DOCUMENTATION OF HIPAA PRIVACY TRAINING The Health Insurance Portability Act of 1996 (HIPAA) requires our privacy officer to train employees on our health information privacy policies and procedures to the HIPAA Omnibus Standards of 2013 which also includes HI-TECH and Protected Health Information (PHI), Electronic Protected Health Information (ePHI) and Electronic Health Records (EHR). All employees with treatment, payment or healthcare operations responsibilities, which allow access to protected health information, are trained with updates periodically as State and Federal mandates require. HIPAA also requires that we keep this documentation (that the training was completed) for six years after the training. I, the undersigned do hereby certify that I have received, read, understood and agree to abide by this Healthcare Facilities HIPAA Policies and Operating Procedures.

Printed Name

Signature

Date

Appendix C

Interview Protocol

Interview Protocol: Early Intervention Speech-Language Pathologists
Time of Interview: TBD
Date: TBD
Place: TBD
Interviewer: Caitlin Bruder
Interviewee: TBD
Position of Interviewee: Speech-language pathologist
Thank you for agreeing to be interviewed for this research project on early-intervention speech-language pathologists. This project is designed to investigate the best practices and ethical dilemmas that occur when working in clients' homes. I want to remind you that your comments will remain confidential and anonymous.
(Have them sign the consent form. Let them know they can take a break at any time and that they can ask you if they have any questions, etc.)

Questions:

1. Please describe your current role and place of work.

2. Will you please describe how you use clients' home environments to promote optimal speech and language output?

3. How do you keep children on task when conducting therapy in an environment with limited control?

4. Take me to a time when you felt the most uncomfortable in a client's home? What was it like?

5. How do you provide information to family members during therapy sessions or involve them in therapy?

6. What fears did you have before entering clients' homes to conduct therapy?

7. What surprised you the most about your role in early-intervention?

8. How did your graduate school experiences prepare you for your position working in-home early intervention?

9. What kinds of continuing education courses are provided to you on the topic of early intervention?

10. Explain your perception of the role you play in the lives of the families you serve.

11. If there is something more, you'd like to add about you experience as an early-intervention speech-language pathologist that I have not asked please describe that for me.

Additional questions for depth and breadth to the above questions:
Would you expound on that?
Tell me more.
How would you describe that in a different way?
I would like to hear more about that.
Would you clarify that for me?
What was the effect of that incident?
What were the consequences?
What was your reaction to that behavior?
Take me through your thought processes during that time.

Field Notes

Length of activity:

Description	Reflective Notes

	Map of Room

Adapted by Hawkins, P. & Ehrlich, J. from: Creswell, J. (2013). *Qualitative inquiry and Research Design: Choosing among the five approache*s. Sage, Los Angeles p.165.

Appendix D

Information Letter & Participant Bill of Rights

Dear Participant,

The purpose of this research study is to describe the approaches of speech-language pathologists navigating the unique circumstances that arise when conducting early-intervention speech therapy in clients' homes. Data will be collected face-to-face interviews, one for each participant, and observation of each participant during one of his or her therapy sessions. The interview will consist of 11 open-ended questions and should take roughly an hour of your time. At any time throughout the research investigation, you have the right to refuse participation in the study. Observation of one therapy session will be conducted to obtain more information about early-intervention speech therapy conducted in-home environments. All identifying information will be protected during the research investigation and deleted after the results are reported and the dissertation in practice is completed. HIPAA confidentiality forms will be signed to ensure the privacy of clients observed.

Thank you for your willingness to share of your expertise and help the field of speech-language pathology learn more about how to navigate the unique circumstances of conducting early-intervention speech therapy in clients' homes. If you have further questions or concerns about the research investigation contact Caitlin Bruder, ctm78474@creighton.edu, 918-704-2760.

Thank you,

Caitlin Bruder, EdD Candidate

Participant Bill of Rights

- To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.
- To refuse to be in the study at all, or to stop participating at any time after you begin the study. If you decide to stop participating in the study, you have a right to continued, necessary medical treatment.
- To be told what the study is trying to find out, what will happen to you, what drug/device will be used in the study, and what you will be asked to do if you are in the study.
- To be told about the reasonably foreseeable risks of being in the study.
- To be told about the possible benefits of being in the study.
- To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.
- To be told who will have access to information collected about you and how your confidentiality will be protected.
- To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.
- If the study involves treatment or therapy:
- To be told about the other non-research treatment choices you have.
- To be told where treatment is available should you have a research-related injury, and who will pay for research-related injury treatment.
- To receive a copy of the consent form that you will sign.

- To ask any questions you may have.

Caitlin Bruder, EdD Candidate, SLP

Appendix E

Creighton
UNIVERSITY

Office of the Provost
Research Compliance

DATE:	27-Apr-2020
TO:	Bruder, Caitlin
FROM:	Social / Behavioral IRB Board
PROJECT TITLE:	UTILIZING HOME ENVIRONMENTS FOR OPTIMAL OUTCOMES OF EARLY-INTERVENTION SPEECH THERAPY
REFERENCE #:	2000923-04
SUBMISSION TYPE:	Modifications
REVIEW TYPE	Exempt
ACTION:	APPROVED
EFFECTIVE DATE:	27-Apr-2020

Thank you for your Modifications submission materials for this project. The following items were reviewed with this submission:

- Request for Modification~
- Creighton University HS eForm~

This project has been determined to be exempt from Federal Policy for Protection of Human Subjects as per 45CFR46.101 (b) 2 and the revision(s) to transfer to online recruitment you have made does not change that determination. Therefore, the amendment/modification is approved until normal operations can be resumed.

All protocol amendments and changes are to be submitted to the IRB and may not be implemented until approved by the IRB. Please use the modification form when submitting changes.

If you have any questions, please contact the IRB Office at 402-280-2126 or irb@creighton.edu. Please include your project title and number in all correspondence with this committee.

Institutional Review Board
т 402.280.2126 | т 402.280.3200
Dr. C.C. and Mabel L. Criss Health Sciences Complex I
2500 California Plaza Omaha, NE 68178

creighton.edu
creighton.edu/researchservices/rcocommittees/irb

Appendix F

OKLAHOMA
State Department
of Health

May 4, 2020

Caitlin Bruder, MS, CCC-SLP
2101 S Missouri Pl
Claremore, OK 74019

Dear Ms. Bruder,

A review of Oklahoma State Department of Health (OSDH) Institutional Review Board (IRB) study 20-09: Utilizing for Optimal Outcomes of Early-Intervention Speech Therapy has been completed.

While no direct identifiers will be collected, the limited sample size and use of audio recording may allow for the possible re-identification of subjects. The information being collected, however, would not reasonably place subjects at risk of criminal or civil liability should a breach occur. As such, it has been determined this study meet criteria for Exemption 2 under HHS regulations at 45 CFR 46.104(d)(2).

Should you wish to deviate from the described protocol, you must notify this office, in writing, noting any changes or revisions in the protocol and/or informed consent document, and obtain prior approval. Changes may include but are not limited to adding data collection sites, adding or removing investigators, revising the research protocol, and changing the subject selection criteria.

Please notify the OSDH IRB and submit a final report when study has been completed.

If you have questions or need additional information please contact me by email at evarenp@health.ok.gov.

Sincerely,

Evaren Page, MPH

Digitally signed by Evaren Page, MPH
Date: 2020.05.04 16:37:21 -05'00'

Evaren Page, MPH
OSDH Director of Science and IRB